4–25–06
Vol. 71 No. 79
Book 1 of 2 Books
Pages 23855–23994

Tuesday
Apr. 25, 2006

# Federal Register

The **FEDERAL REGISTER** (ISSN 0097–6326) is published daily, Monday through Friday, except official holidays, by the Office of the Federal Register, National Archives and Records Administration, Washington, DC 20408, under the Federal Register Act (44 U.S.C. Ch. 15) and the regulations of the Administrative Committee of the Federal Register (1 CFR Ch. I). The Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 is the exclusive distributor of the official edition. Periodicals postage is paid at Washington, DC.

The **FEDERAL REGISTER** provides a uniform system for making available to the public regulations and legal notices issued by Federal agencies. These include Presidential proclamations and Executive Orders, Federal agency documents having general applicability and legal effect, documents required to be published by act of Congress, and other Federal agency documents of public interest.

Documents are on file for public inspection in the Office of the Federal Register the day before they are published, unless the issuing agency requests earlier filing. For a list of documents currently on file for public inspection, see *www.archives.gov.*

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

The **Federal Register** is published in paper and on 24x microfiche. It is also available online at no charge as one of the databases on GPO Access, a service of the U.S. Government Printing Office.

The online edition of the **Federal Register** *www.gpoaccess.gov/nara,* available through GPO Access, is issued under the authority of the Administrative Committee of the Federal Register as the official legal equivalent of the paper and microfiche editions (44 U.S.C. 4101 and 1 CFR 5.10). It is updated by 6 a.m. each day the **Federal Register** is published and includes both text and graphics from Volume 59, Number 1 (January 2, 1994) forward.

For more information about GPO Access, contact the GPO Access User Support Team, call toll free 1-888-293-6498; DC area 202-512-1530; fax at 202-512-1262; or via e-mail at *gpoaccess@gpo.gov.* The Support Team is available between 7:00 a.m. and 9:00 p.m. Eastern Time, Monday–Friday, except official holidays.

The annual subscription price for the **Federal Register** paper edition is $749 plus postage, or $808, plus postage, for a combined **Federal Register, Federal Register** Index and List of CFR Sections Affected (LSA) subscription; the microfiche edition of the **Federal Register** including the **Federal Register** Index and LSA is $165, plus postage. Six month subscriptions are available for one-half the annual rate. The prevailing postal rates will be applied to orders according to the delivery method requested. The price of a single copy of the daily **Federal Register,** including postage, is based on the number of pages: $11 for an issue containing less than 200 pages; $22 for an issue containing 200 to 400 pages; and $33 for an issue containing more than 400 pages. Single issues of the microfiche edition may be purchased for $3 per copy, including postage. Remit check or money order, made payable to the Superintendent of Documents, or charge to your GPO Deposit Account, VISA, MasterCard, American Express, or Discover. Mail to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; or call toll free 1-866-512-1800, DC area 202-512-1800; or go to the U.S. Government Online Bookstore site, see *bookstore.gpo.gov.*

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

**How To Cite This Publication:** Use the volume number and the page number. Example: 71 FR 12345.

**Postmaster:** Send address changes to the Superintendent of Documents, Federal Register, U.S. Government Printing Office, Washington DC 20402, along with the entire mailing label from the last issue received.

## SUBSCRIPTIONS AND COPIES

**PUBLIC**

**Subscriptions:**

| | |
|---|---|
| Paper or fiche | **202–512–1800** |
| Assistance with public subscriptions | **202–512–1806** |
| **General online information** | **202–512–1530; 1–888–293–6498** |

**Single copies/back copies:**

| | |
|---|---|
| Paper or fiche | **202–512–1800** |
| Assistance with public single copies | **1–866–512–1800 (Toll-Free)** |

**FEDERAL AGENCIES**

**Subscriptions:**

| | |
|---|---|
| Paper or fiche | **202–741–6005** |
| Assistance with Federal agency subscriptions | **202–741–6005** |

**FEDERAL REGISTER WORKSHOP**

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

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

WHO: Sponsored by the Office of the Federal Register.

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

1. The regulatory process, with a focus on the Federal Register system and the public's role in the development of regulations.

2. The relationship between the Federal Register and Code of Federal Regulations.

3. The important elements of typical Federal Register documents.

4. An introduction to the finding aids of the FR/CFR system.

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

WHEN: Tuesday, May 9, 2006
9:00 a.m.–Noon

WHERE: Office of the Federal Register
Conference Room, Suite 700
800 North Capitol Street, NW.
Washington, DC 20002

RESERVATIONS: (202) 741–6008

Printed on recycled paper.

# Contents

**Federal Register**

Vol. 71, No. 79

Tuesday, April 25, 2006

**Antitrust Division**
**NOTICES**
National cooperative research notifications:
Composites Consortium, 23948
PXI Systems Alliance, Inc., 23948

**Architectural and Transportation Barriers Compliance Board**

**NOTICES**
Meetings:
Access Board, 23894

**Army Department**
**PROPOSED RULES**
Army Privacy Act Program:
Policies and responsibilities; update, 24494–24513

**Arts and Humanities, National Foundation**
*See* National Foundation on the Arts and the Humanities

**Centers for Medicare & Medicaid Services**
**PROPOSED RULES**
Medicare:
Hospital inpatient prospective payment systems and 2007 FY rates, 23996–24472

**Coast Guard**
**RULES**
Drawbridge operations:
Virginia, 23864
**PROPOSED RULES**
Regattas and marine parades:
Atlantic County Day at the Bay, 23883–23885
**NOTICES**
Agency information collection activities; proposals, submissions, and approvals, 23936–23940
Meetings:
Navigation Safety Advisory Council, 23940

**Commerce Department**
*See* Foreign-Trade Zones Board
*See* Industry and Security Bureau
*See* International Trade Administration
*See* National Oceanic and Atmospheric Administration

**Customs and Border Protection Bureau**
**NOTICES**
Automation program test:
Automated Commercial Environment—
Truck carrier accounts; automated truck manifest data; deployment schedule, 23941–23942

**Defense Department**
*See* Army Department

**Delaware River Basin Commission**
**NOTICES**
Meetings and hearings, 23902–23904

**Drug Enforcement Administration**
**NOTICES**
*Applications, hearings, determinations, etc.:*
Cody Laboratories, Inc., 23948
Hospira, Inc., 23949
Johnson Matthey Inc., 23949
Noramco Inc., 23949–23950

**Energy Department**
*See* Energy Efficiency and Renewable Energy Office
*See* Federal Energy Regulatory Commission
**NOTICES**
Electricity export and import authorizations, permits, etc.:
Cargill Power Markets, LLC, 23904
Meetings:
Environmental Management Site-Specific Advisory Board—
Idaho National Laboratory, 23905
Northern New Mexico, 23905–23906

**Energy Efficiency and Renewable Energy Office**
**PROPOSED RULES**
Energy conservation:
Commercial and industrial equipment, energy efficiency program—
Commercial ice-cream freezers, self-contained commercial refrigerators, freezers, and refrigerator-freezers without doors, etc.; standards; meeting, 23876–23877

**Environmental Protection Agency**
**RULES**
Hazardous waste program authorizations:
Georgia, 23864–23867
**PROPOSED RULES**
Hazardous waste program authorizations:
Georgia, 23885–23886
**NOTICES**
Water pollution control:
Total maximum daily loads—
Colorado, 23918–23919
Water programs:
National Clean Water Act Recognition Awards, 23919

**Executive Office of the President**
*See* Presidential Documents

**Export-Import Bank**
**NOTICES**
Meetings:
Sub-Saharan Africa Advisory Committee, 23919
Meetings; Sunshine Act, 23919

**Federal Aviation Administration**
**NOTICES**
Aeronautical land-use assurance; waivers:
Searcy County Municipal Airport, AR, 23985–23986

**Federal Energy Regulatory Commission**
**NOTICES**
Agency information collection activities; proposals, submissions, and approvals, 23906–23908
Electric rate and corporate regulation combined filings, 23912–23915
Electric utilities (Federal Power Act):
Hold interlocking positions; authorization, 23916

Environmental statements; availability, etc.:
Hydraco Power, Inc., 23916
Hydroelectric applications, 23916–23917
Meetings:
Midwest Independent Transmission System Operator, Inc., 23917–23918
*Applications, hearings, determinations, etc.:*
Black Marlin Pipeline Co., 23908
Central Kentucky Transmission Co., 23908
Duke Energy Marketing America, LLC, 23908–23909
Gulf South Pipeline Co., LP, 23909
Gulfstream Natural Gas System, L.L.C., 23909
Iroquois Gas Transmission System, L.P., 23909–23910
National Fuel Gas Supply Corp., 23910
Natural Gas Pipeline Co. of America, 23910
North American Electric Reliability Council, 23910–23911
Northern Natural Gas Co., 23911
Stingray Pipeline Co., L.L.C., 23911–23912
Trans-Union Interstate Pipeline, L.P., 23912

**Federal Highway Administration**
**PROPOSED RULES**
Engineering and traffic operations:
Traffic control devices on Federal-aid and other streets and highways, 23877–23882
**NOTICES**
Environmental statements; notice of intent:
Blount County, TN, 23986

**Federal Reserve System**
**NOTICES**
Banks and bank holding companies:
Change in bank control, 23919–23920
Formations, acquisitions, and mergers, 23920–23921
Correction, 23920–23921
Meetings; Sunshine Act, 23921

**Fish and Wildlife Service**
**PROPOSED RULES**
Endangered and threatened species:
Findings on petitions—
Siskiyou Mountains salamander and Scott Bar salamander, 23886–23893
**NOTICES**
Endangered and threatened species:
Recovery Plans—
Nesogenes rotensis and osmoxylon mariannense; two plants from Northern Mariana Islands, 23942

**Food and Drug Administration**
**NOTICES**
Agency information collection activities; proposals, submissions, and approvals, 23921–23924
Center for Biologics Evaluation and Research:
Regulatory Site Visit Training Program; correction, 23924
Meetings:
Clinical trial requirements; industry exchange workshop; correction, 23924
Reports and guidance documents; availability, etc.:
In vitro diagnostic device studies using leftover human specimens that are not individually identifiable; informed consent guidance, 23924–23925

**Foreign-Trade Zones Board**
**NOTICES**
Foreign-zone programs; small and medium-sized manufacturers, 23895–23896
*Applications, hearings, determinations, etc.:*
California, 23894
Kansas
Cereal Ingredients, Inc.; food flavoring particulates and mixes manufacturing/processing activity, 23894–23895
Michigan
Marathon Petroleum Company, LLC; oil refinery complex, 23895
New Jersey, 23895

**General Services Administration**
**RULES**
Federal Management Regulation (FMR):
Surplus personal property donation, 23867–23868

**Geological Survey**
**NOTICES**
Meetings:
National Earthquake Prediction Evaluation Council, 23942–23943

**Health and Human Services Department**
*See* Centers for Medicare & Medicaid Services
*See* Food and Drug Administration
*See* Health Resources and Services Administration
*See* National Institutes of Health

**Health Resources and Services Administration**
**NOTICES**
Meetings:
Migrant Health National Advisory Council, 23925–23926

**Homeland Security Department**
*See* Coast Guard
*See* Customs and Border Protection Bureau

**Industry and Security Bureau**
**NOTICES**
Export privileges, actions affecting:
Wang, Ruo Ling, et al., 23896–23897

**Interior Department**
*See* Fish and Wildlife Service
*See* Geological Survey
*See* Land Management Bureau
*See* Minerals Management Service
*See* National Park Service
*See* Reclamation Bureau

**Internal Revenue Service**
**RULES**
Income taxes:
Life-nonlife consolidated returns; tacking rule requirements, 23856–23857
Separate limitations application to dividends from noncontrolled section 902 corporations, 24516–24542
Statutory mergers and consolidations, 23855
**PROPOSED RULES**
Income taxes:
Life-nonlife consolidated returns; tacking rule requirements; cross-reference, 23882
Separate limitations application to dividends from noncontrolled section 902 corporations; cross-reference, 24543–24544
**NOTICES**
Agency information collection activities; proposals, submissions, and approvals, 23988–23992

**International Trade Administration**
**NOTICES**
Antidumping:
Oil country tubular goods from—
Korea, 23897–23898
Weighted average dumping margin calculation during duty investigation, 23898
Countervailing duties:
Dynamic random access memory semiconductors from—
Korea, 23898–23899
Export trade certificates of review, 23899

**International Trade Commission**
**NOTICES**
Import investigations:
Helical spring lock washers from—
China and Taiwan, 23946–23947
Silicon metal from—
Brazil and China, 23947–23948

**Justice Department**
*See* Antitrust Division
*See* Drug Enforcement Administration

**Land Management Bureau**
**NOTICES**
Environmental statements; availability, etc.:
Carbon County, UT; Kenilworth tract coal lease, 23943–23944
Meetings:
Resource Advisory Committee—
Roseburg District, 23944
Resource Advisory Councils—
Boise District, 23944

**Minerals Management Service**
**RULES**
Outer Continental Shelf; oil, gas, and sulphur operations:
Data release and definitions, 23858–23864

**National Aeronautics and Space Administration**
**NOTICES**
Agency information collection activities; proposals, submissions, and approvals, 23950–23951
Meetings:
NASA Advisory Council, 23951

**National Foundation on the Arts and the Humanities**
**NOTICES**
Agency information collection activities; proposals, submissions, and approvals, 23951

**National Highway Traffic Safety Administration**
**NOTICES**
Motor vehicle safety standards
Nonconforming vehicle importation eligibility determinations, 23986–23988

**National Institutes of Health**
**NOTICES**
Meetings:
National Center for Complementary and Alternative Medicine, 23926–23927
National Center on Minority Health and Health Disparities, 23927
National Institute of Allergy and Infectious Diseases, 23928–23929
National Institute of Dental and Craniofacial Research, 23928–23929
National Institute of Neurological Disorders and Stroke, 23927
National Institute on Alcohol Abuse and Alcoholism, 23927–23928
National Institute on Deafness and Other Communication Disorders, 23928
Scientific Review Center, 23929–23931
National Toxicology Program:
Toxicological study nominations; comment request; clarification, 23931
Reports and guidance documents; availability, etc.:
Drugs for which pediatric studies are needed; list, 23931–23936

**National Oceanic and Atmospheric Administration**
**RULES**
Fishery conservation and management:
Alaska; fisheries of Exclusive Economic Zone—
Yellowfin sole, 23874–23875
Northeastern United States fisheries—
Monkfish, 23871–23874
Land Remote Sensing Policy Act of 1992:
Private land remote-sensing space systems; licensing requirements, 24474–24491
**NOTICES**
Endangered and threatened species:
Anadromous fish take—
Washington; Chinook salmon and steelhead, 23899
Scientific research permit applications, determinations, etc., 23900–23901

**National Park Service**
**NOTICES**
Environmental statements; availability, etc.:
Great Sand Dunes National Monument and Preserve, CO, 23945
Environmental statements; notice of intent:
Big Cypress National Preserve, FL, 23945–23946
Meetings:
National Park Subsistence Resource Commission, 23946

**National Transportation Safety Board**
**NOTICES**
Meetings; Sunshine Act, 23951–23952

**Nuclear Regulatory Commission**
**NOTICES**
Meetings; Sunshine Act, 23952
Operating licenses, amendments; no significant hazards considerations; biweekly notices, 23952–23970

**Pipeline and Hazardous Materials Safety Administration**
**RULES**
Hazardous materials:
Lighters and lighter refills; requirements; correction, 23869–23871

**Postal Service**
**NOTICES**
Meetings; Sunshine Act, 23970

**Presidential Documents**
**PROCLAMATIONS**
*Special observances:*
Jewish American Heritage Month (Proc. 8005), 24545–24547
National Crime Victims' Rights Week (Proc. 8006), 24549–24550

**Railroad Retirement Board**
**NOTICES**
Meetings:
Actuarial Advisory Committee, 23970–23971

**Reclamation Bureau**
**NOTICES**
Meetings:
Yakima River Basin Conservation Advisory Group, 23946

**Securities and Exchange Commission**
**NOTICES**
Public Company Accounting Oversight Board:
Independence, tax services, and contingent fees; ethics and independence rules, 23971–23974
Self-regulatory organizations; proposed rule changes:
American Stock Exchange LLC, 23974–23975
National Association of Securities Dealers, Inc., 23975–23977
Philadelphia Stock Exchange, Inc., 23977–23978

**Small Business Administration**
**NOTICES**
Disaster loan areas:
Kansas, 23978
Missouri, 23978–23979
Tennessee, 23979
Texas, 23979

**State Department**
**NOTICES**
Foreign Missions Act:
Foreign missions and freight forwarders; customs clearance requirements, 23979–23980
Grants and cooperative agreements; availability, etc.:
Bolivia, Ecuador and Venezuela; School Principals Exchange Program, 23980–23985

**Transportation Department**
*See* Federal Aviation Administration
*See* Federal Highway Administration
*See* National Highway Traffic Safety Administration
*See* Pipeline and Hazardous Materials Safety Administration

**Treasury Department**
*See* Internal Revenue Service
*See* United States Mint

**United States Mint**
**NOTICES**
Meetings:
Citizens Coinage Advisory Committee, 23992–23993

---

**Separate Parts In This Issue**

**Part II**
Health and Human Services Department, Centers for Medicare & Medicaid Services, 23996–24472

**Part III**
Commerce Department, National Oceanic and Atmospheric Administration, 24474–24491

**Part IV**
Defense Department, Army Department, 24494–24513

**Part V**
Treasury Department, Internal Revenue Service, 24516–24544

**Part VI**
Executive Office of the President, Presidential Documents, 24545–24547, 24549–24550

---

**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.

To subscribe to the Federal Register Table of Contents LISTSERV electronic mailing list, go to http://listserv.access.gpo.gov and select Online mailing list archives, FEDREGTOC-L, Join or leave the list (or change settings); then follow the instructions.

## CFR PARTS AFFECTED IN THIS ISSUE

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

**3 CFR**

**Proclamations:**
8005.....24547
8006.....24549

**10 CFR**

**Proposed Rules:**
431.....23876

**15 CFR**
960.....24474

**23 CFR**

**Proposed Rules:**
655.....23877

**26 CFR**
1 (3 documents) .....23855, 23856, 24516
602.....24516

**Proposed Rules:**
1 (2 documents) .....23882, 24543

**30 CFR**
250.....23858

**32 CFR**

**Proposed Rules:**
505.....24494

**33 CFR**
117.....23864

**Proposed Rules:**
100.....23883

**40 CFR**
271.....23864

**Proposed Rules:**
271.....23885

**41 CFR**
102-37.....23867

**42 CFR**

**Proposed Rules:**
409.....23996
410.....23996
412.....23996
413.....23996
424.....23996
485.....23996
489.....23996

**49 CFR**
171.....23869
172.....23869
173.....23869

**50 CFR**
648.....23871
679.....23874

**Proposed Rules:**
17.....23886

# Rules and Regulations

Federal Register
Vol. 71, No. 79
Tuesday, April 25, 2006

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

The Code of Federal Regulations is sold by the Superintendent of Documents. Prices of new books are listed in the first FEDERAL REGISTER issue of each week.

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### 26 CFR Part 1

**[TD 9259]**

**RIN 1545–BF36**

### Statutory Mergers and Consolidations

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Final regulations.

**SUMMARY:** This document amends final regulations concerning statutory mergers and consolidations under section 368(a)(1)(A) of the Internal Revenue Code. These regulations affect corporations engaging in statutory mergers and consolidations, and their shareholders. This amendment provides transitional relief for certain transactions initiated before January 23, 2006.

**DATES:** *Effective Date:* These regulations are effective January 23, 2006.

*Applicability Date:* For dates of applicability, see § 1.368–2(b)(1)(v).

**FOR FURTHER INFORMATION CONTACT:** Richard M. Heinecke, (202) 622–7930 (not a toll free-number).

**SUPPLEMENTARY INFORMATION:**

#### Background

The IRS and Treasury Department published final regulations (TD 9242) in the **Federal Register** on January 26, 2006 (71 FR 4259) concerning statutory mergers and consolidations under section 368(a)(1)(A) of the Internal Revenue Code. These regulations, § 1.368–2(b), generally apply to transactions occurring on or after January 23, 2006. Temporary regulations, § 1.368–2T(b), generally applied to transactions occurring in the three years preceding that date (see § 1.368–2T as contained in 26 CFR part 1, revised April 1, 2005).

This amendment provides transitional relief for certain transactions initiated before January 23, 2006. Parties to transactions within the scope of the relief may elect to apply the prior temporary regulations instead of the new final regulations. Certain parties must adopt consistent treatment to obtain this relief. This election requirement will be satisfied if none of the specified parties adopts inconsistent treatment.

#### Special Analyses

It has been determined that this Treasury decision is not a significant regulatory action as defined in Executive Order 12866. Therefore, a regulatory assessment is not required. This Treasury decision provides certain taxpayers with an alternative means of compliance with respect to section 368(a)(1)(A). Accordingly, it has been determined, pursuant to 5 U.S.C. 553(b)(B), that prior notice and public procedure is unnecessary and contrary to the public interest. For this reason, it has also been determined, pursuant to 5 U.S.C. 553(d)(1) and (3), that a delayed effective date is not required. Because no notice of proposed rulemaking is required, the Regulatory Flexibility Act (5 U.S.C. chapter 6) does not apply. Pursuant to section 7805(f) of the Internal Revenue Code, these regulations were submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on their impact on small business.

#### Drafting Information

The principal author of these final regulations is Richard M. Heinecke of the Office of the Associate Chief Counsel (Corporate). However, other personnel from the IRS and Treasury Department participated in their development.

#### List of Subjects in 26 CFR Part 1

Income taxes, Reporting and recordkeeping requirements.

#### Adoption of Amendments to the Regulations

■ Accordingly, 26 CFR part 1 is amended as follows:

## PART 1—INCOME TAXES

■ **Paragraph 1.** The authority citation for part 1 continues to read, in part, as follows:

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

■ **Par. 2.** Section 1.368–2 is amended by revising paragraph (b)(1)(v) to read as follows:

**§ 1.368–2 Definition of terms.**

* * * * *

(b)(1) * * *

(v) *Effective date*—(A) *In general.* This paragraph (b)(1) applies to transactions occurring on or after January 23, 2006. For rules regarding statutory mergers or consolidation occurring before January 23, 2006, see § 1.368–2T as contained in 26 CFR part 1, revised April 1, 2005, and § 1.368–2(b)(1) as in effect before January 24, 2003 (see 26 CFR part 1, revised April 1, 2002).

(B) *Transitional rule.* A taxpayer may elect to apply the provisions of § 1.368–2T(b) as contained in 26 CFR part 1, revised April 1, 2005 (the temporary regulations), instead of the provisions of this paragraph (b), to a transaction that occurs on or after January 23, 2006, pursuant to a written agreement which is (subject to customary conditions) binding on January 22, 2006, and at all times thereafter, or pursuant to a tender offer announced prior to January 23, 2006. However, the combining entity of the transferor unit, the combining entity of the transferee unit, any controlling corporation of the combining entity of the transferee unit if stock thereof is provided as consideration in the transaction, and any direct or indirect transferee of transferred basis property from any of the foregoing, may not elect to apply the provisions of the temporary regulations unless all such taxpayers elect to apply the provisions of the temporary regulations.

* * * * *

**Cono R. Namorato,**

*Acting Deputy Commissioner for Services and Enforcement.*

Approved: April 17, 2006.

**Eric Solomon,**

*Acting Deputy Assistant Secretary of the Treasury (Tax Policy).*

[FR Doc. 06–3886 Filed 4–24–06; 8:45 am]

BILLING CODE 4830–01–P

**DEPARTMENT OF THE TREASURY**

**Internal Revenue Service**

**26 CFR Part 1**

**[TD 9258]**

**RIN 1545–BE86**

## Guidance Under Section 1502; Amendment of Tacking Rule Requirements of Life-Nonlife Consolidated Regulations

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Temporary regulation.

**SUMMARY:** This document contains temporary regulations concerning the requirements for including insurance companies in a life-nonlife consolidated return. These regulations affect corporations filing life-nonlife consolidated returns. The text of these temporary regulations also serves as the text of the proposed regulations set forth in the notice of proposed rulemaking on this subject in the Proposed Rules section in this issue of the **Federal Register**.

**DATES:** *Effective Date:* These regulations are effective April 25, 2006.

*Applicability Date:* For dates of applicability, see § 1.1502–47T(b)(2).

**FOR FURTHER INFORMATION CONTACT:** Drafting Attorney, Ross Poulsen, (202) 622–7770 (not a toll-free number).

**SUPPLEMENTARY INFORMATION:**

### Background and Explanation of Provisions

In 1983, the IRS issued § 1.1502–47 of the Income Tax Regulations governing life-nonlife consolidated returns. Section 1.1502–47 provides rules for determining whether a life insurance company meets the five-year affiliation requirement of section 1504(c) of the Internal Revenue Code of 1986. As a general rule, a newly-formed life insurance company must be affiliated with the group for a period of five taxable years before it joins in the filing of a consolidated return. However, § 1.1502–47 sets forth an exception to the five-year affiliation requirement (the tacking rule). The tacking rule provides that, where an existing member of the group (the old corporation) transfers property to a new member of the group (the new corporation), the period during which the old corporation is affiliated with the group can be tacked onto the period for the new corporation if five conditions are met.

Of the five conditions, the third condition of the tacking rule requires, where both the old corporation and new corporation are life insurance companies, that the transfer from the old corporation to the new corporation not be reasonably expected to result in the separation of profitable activities from loss activities (the separation condition). The preamble to § 1.1502–47 expressed concern that, under the so-called bottom-line method, life insurance companies could separate profitable activities from loss activities in order to reduce consolidated life insurance company taxable income. The bottom-line method required life insurance companies in a consolidated group to determine their treatment under the three-phase system, then applicable to life insurance companies, on a separate entity basis. To address the concern, the separation condition was included as a condition of the tacking rule.

In the Tax Reform Act of 1984, Public Law 98–369 (1984–3 C.B. 1), Congress substantially revised the rules for taxing life insurance companies, largely eliminating the three-phase system. Under current section 801, a life company is taxed at the generally applicable corporate rate on its life insurance company taxable income.

In the American Jobs Creation Act of 2004, Public Law 108–357 (118 Stat. 1418), Congress suspended, during 2005 and 2006, the rules that impose a tax on direct or indirect distributions from a pre-1984 policyholders surplus account, the last significant remaining vestige of the former three-phase system.

In light of the changes to the taxation of life insurance companies, the IRS and Treasury Department believe that the separation condition should be eliminated because the rationale for adopting the separation condition is no longer relevant under current law.

Accordingly, these temporary regulations eliminate the separation condition of the tacking rule in § 1.1502–47(d)(12). These regulations apply to taxable years for which the due date (without extensions) for filing returns is after April 25, 2006.

In addition, this document amends § 1.1502–76 to reflect amendments to section 843.

### Special Analyses

It has been determined that this Treasury decision is not a significant regulatory action as defined in Executive Order 12866. Therefore, a regulatory assessment is not required. It has been determined under 5 U.S.C. 553(b)(B) that notice and public procedure are unnecessary because this Treasury decision merely conforms the regulations to current law. In addition, it has been determined under 5 U.S.C. 553(d)(1) that a delayed effective date is not required because these regulations relieve affected taxpayers of regulatory restrictions. Accordingly, good cause is found for dispensing with notice and public comment pursuant to 5 U.S.C. 553(b) and with a delayed effective date pursuant to 5 U.S.C. 553(d). For the applicability of the Regulatory Flexibility Act refer to the Special Analyses section of the preamble to the cross-reference notice of proposed rulemaking published in the Proposed Rules section in this issue of the **Federal Register**. Pursuant to section 7805(f) of the Internal Revenue Code, these temporary regulations will be submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on their impact on small business.

### Drafting Information

The principal author of these regulations is Ross Poulsen, Office of Associate Chief Counsel (Corporate). However, other personnel from the IRS and Treasury Department participated in their development.

### List of Subjects in 26 CFR Part 1

Income taxes, Reporting and recordkeeping requirements.

### Adoption of Amendments to the Regulations

■ Accordingly, 26 CFR part 1 is amended as follows:

## PART 1—INCOME TAXES

■ **Paragraph 1.** The authority citation for part 1 is amended by adding entries in numerical order to read, in part, as follows:

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

Section 1.1502–47T also issued under 26 U.S.C. 1502, 1503(c) and 1504(c). * * *

Section 1.1502–76T also issued under 26 U.S.C. 1502. * * *

■ **Par. 2.** Section 1.1502–47 is amended by:

■ 1. Revising paragraph (b).

■ 2. Revising paragraph (d)(12)(v).

■ 3. Removing paragraph (d)(14) *Example (10)* and *Example (11).*

■ 4. Redesignating paragraph (d)(14) *Example (12)* through *Example (16)* as paragraph (d)(14) *Example (10)* through *Example (14).*

■ 5. Revising paragraph (d)(14) newly-designated *Example (11), Example (13),* and *Example (14).*

The revisions and additions read as follows:

**§ 1.1502–47 Consolidated returns by life-nonlife groups.**

* * * * *

(b) *Effective dates*—(1) *General rule.* This section is effective for taxable years for which the due date (without extensions) for filing returns is after March 14, 1983, except as provided in paragraph (b)(2) of this section.

(2) [Reserved]. For further guidance, see § 1.1502–47T(b)(2).

* * * * *

(d) * * *

(12) * * *

(v) [Reserved]. For further guidance, see § 1.1502–47T(d)(12)(v).

* * * * *

(14) * * *

*Example (11).* The facts are the same as in *Example (10)* except that X owns all of the stock of $S_1$, $L_1$, and $S_2$. In addition, on January 1, 1982, X transfers the stock of $S_1$ and $S_2$ to $L_1$. $L_1$ is eligible in 1982 under paragraph (d)(12)(iv) of this section. $L_1$ would still be eligible even if it owned a subsidiary during the base period but sold the subsidiary prior to January 1, 1982. $S_1$ and $S_2$ are ineligible in 1982.

* * * * *

*Example (13).* The facts are the same as in *Example (12)* except that $S_2$ (the first corporation in § 1.1502–75(d)(3)) acquires the stock of $S_1$ in exchange for the stock of $S_2$. The result is that only $S_2$, $S_1$, and $L_1$ are eligible in 1982.

*Example (14).* Since 1974, S had owned all of the stock of $L_1$. $L_1$ is a large life company. On January 1, 1982, $L_1$ incorporates $L_2$ and transfers $40 million in cash and securities to $L_2$ in a transaction described in section 351(a). On March 1, 1982, $L_2$ purchases the assets of $L_3$, an unrelated life company. The purchased assets have a fair market value (without liabilities) of $30 million on March 1, 1982. $L_2$ is ineligible for 1982 because the tacking rule in § 1.1502–47T(d)(12)(v) does not apply. $L_2$ experienced a disproportionate asset acquisition in 1982. See § 1.1502–47T(d)(12)(v)(C).

* * * * *

■ **Par. 3.** Section 1.1502–47T is added to read as follows:

**§ 1.1502–47T Consolidated returns by life-nonlife groups (temporary).**

(a) Through (b)(1) [Reserved]. For further guidance, see § 1.1502–47(a) through (b)(1).

(2) *Tacking rule effective dates.* (i) *In general.* The provisions of paragraph (d)(12)(v) of this section apply to taxable years for which the due date (without extensions) for filing returns is after April 25, 2006.

(ii) *Prior law.* For taxable years for which the due date (without extensions) for filing returns is on or before April 25, 2006, see § 1.1502–47 as contained in the 26 CFR part 1 edition revised as of April 1, 2006.

(c) Through (d)(12)(iv) [Reserved]. For further guidance, see § 1.1502–47(c) through (d)(12)(iv).

(v) *Tacking rule.* The period during which an old corporation is in existence and a member of the group engaged in active business is included in (or tacks onto) the period for the new corporation if the following four conditions listed in this paragraph (d)(12)(v) are met. For purposes of this paragraph (d)(12)(v) and § 1.1502–47(d)(12), a new corporation is a corporation (whether or not newly organized) during the period its eligibility depends upon the tacking rule. The four conditions are as follows:

(A) The first condition is that, at any time, 80 percent or more of the new corporation's assets it acquired (other than in the ordinary course of its trade or business) were acquired from the old corporation in one or more transactions described in section 351(a) or 381(a). This asset test is applied by using the fair market values of assets on the date they were acquired and without regard to liabilities. Assets acquired in the ordinary course of business will be excluded from total assets only if they were acquired after the new corporation became a member of the group (determined without section 1504(b)(2)). In addition, assets that the old corporation acquired from outside the group in transactions not conducted in the ordinary course of its trade or business are not included in the 80 percent (but are included in total assets) if the old corporation acquired those assets within five calendar years before the date of their transfer to the new corporation.

(B) The second condition is that at the end of the taxable year during which the first condition is first met, the old corporation and the new corporation must both have the same tax character. For purposes of this paragraph (d)(12), a corporation's tax character is the section under which it would be taxed (*i.e.*, sections 11, 802, 821, or 831) if it filed a separate return. If the old corporation is not in existence (or adopts a plan of complete liquidation) at the end of that taxable year, this paragraph (d)(12)(v)(B) will apply to the old corporation's taxable year immediately preceding the beginning of the taxable year during which the first condition is first met.

(C) The third condition is that, at the end of the taxable year during which the first condition is first met, the new corporation does not undergo a disproportionate asset acquisition under § 1.1502–47(d)(12)(viii).

(D) The fourth condition is that, if there is more than one old corporation, the first two conditions apply to all of the corporations. Thus, the second condition (tax character) must be met by all of the old corporations transferring assets taken into account in meeting the test in paragraph (d)(12)(v)(A) of this section.

(vi) Through (s) [Reserved]. For further guidance, see § 1.1502–47(d)(12)(vi) through (s).

■ **Par. 4.** Section 1.1502–76 is amended by revising paragraph (a) to read as follows:

**§ 1.1502–76 Taxable year of members of group.**

(a) [Reserved]. For further guidance, see § 1.1502–76T(a).

* * * * *

■ **Par. 5.** Section 1.1502–76T is added to read as follows:

**§ 1.1502–76T Taxable year of members of group (temporary).**

(a) *Taxable year of members of group.* The consolidated return of a group must be filed on the basis of the common parent's taxable year, and each subsidiary must adopt the common parent's annual accounting period for the first consolidated return year for which the subsidiary's income is includible in the consolidated return. If any member is on a 52–53-week taxable year, the rule of the preceding sentence shall, with the advance consent of the Commissioner, be deemed satisfied if the taxable years of all members of the group end within the same 7-day period. Any request for such consent shall be filed with the Commissioner of Internal Revenue, Washington, DC 20224, not later than the 30th day before the due date (not including extensions of time) for the filing of the consolidated return.

(b) through (c)(3) [Reserved]. For further guidance, see § 1.1502–76(b) through (c)(3).

**Mark E. Matthews,**

*Deputy Commissioner for Services and Enforcement.*

Approved: April 12, 2006.

**Eric Solomon,**

*Acting Deputy Assistant Secretary of the Treasury (Tax Policy).*

[FR Doc. 06–3884 Filed 4–24–06; 8:45 am]

BILLING CODE 4830–01–P

**DEPARTMENT OF THE INTERIOR**

**Minerals Management Service**

**30 CFR Part 250**

**RIN 1010–AC99**

## Oil and Gas and Sulphur Operations in the Outer Continental Shelf (OCS), 30 CFR 250 Subpart A, General—Data Release and Definitions

**AGENCY:** Minerals Management Service (MMS), Interior.

**ACTION:** Final rule.

**SUMMARY:** This final rule will revise certain existing definitions, clarify the basis upon which the Regional Director invokes the requirement for an archaeological survey on a lease area, add notification requirements on production status of wells, and update both public information and Information Collection sections. MMS recently redesigned and renamed some of its forms to streamline data submission. MMS also discovered inconsistent practices in first production reporting, which is a prime parameter in determining inspection and testing schedules for safety system devices. This final rulemaking will update the regulations to correspond to recently revised forms, provide clarity and explanation of definitions and forms, and clarify the requirements for first production notices.

**DATES:** *Effective Date:* This rule becomes effective on May 25, 2006.

**FOR FURTHER INFORMATION CONTACT:** Kumkum Ray, Rules Processing Team, Regulations and Standards Branch, (703) 787–1604.

**SUPPLEMENTARY INFORMATION:** In this final rule MMS will revise certain existing definitions, clarify the basis upon which the Regional Director invokes the requirement for an archaeological survey on a lease area, add notification requirements on production status of wells, and update both public information and Information Collection sections, by making the following amendments:

1. Amend the definition of the term ''Person'' in § 250.105 to include joint ventures as an example of an association.

2. Amend the definition of the term ''You'' at § 250.105 to include the words ''designated operator.'' Under § 250.143, a designated operator is authorized to act on behalf of, and to fulfill the obligations of, a lessee under the Outer Continental Shelf Lands Act, the lease, and the regulations in 30 CFR part 250. Therefore, a designated operator is an entity that must comply with applicable requirements, and hence is a part of the regulated community covered by the word ''You.''

3. Clarify in § 250.194(a) the basis upon which the Regional Director invokes the requirement for an archaeological survey on a lease area. Because it cannot be determined whether it is ''likely'' that an archaeological resource exists on a specific lease area until the archaeological survey has first been conducted, the wording would be changed to state, ''If the Regional Director has reason to believe that an archaeological resource may exist.'' The ''reason to believe'' is established by a technical analysis of existing archaeological, geological, and other pertinent environmental data. To more closely reflect the wording of the new 30 CFR part 250, subpart B regulations, and to clarify that the archaeological report accompanies, but is not part of, the Exploration Plan (EP), Development Operations Coordination Document (DOCD), or Development and Production Plan (DPP), MMS is modifying the second part of this sentence to state that ''The Regional Director will require in writing that your EP, DOCD, or DPP be accompanied by an archaeological report.''

4. Redesignate §§ 250.195 and 250.196 as §§ 250.196 and 250.197, respectively, and add a new § 250.195 requiring the lessee or operator to notify MMS when a well has actually begun producing. When the lessee or operator files a Form MMS–125 (OMB Control Number 1010–0141), End of Operations Report (EOR) (formerly Well Summary Report), the well status is often shown as ''shut in'' since production facilities are not ready. Therefore, a ''first production notice'' often will be the only indication MMS receives that a well has actually begun producing. Such a notice is not currently required by our regulations, but has become standard practice. MMS is adding this requirement because this information has become one of the prime parameters in determining inspection and testing schedules for safety system devices.

5. Reorganize the forms data release table in the final redesignated § 250.197(a), and add entries for the new Forms MMS–123S, Supplemental Application for Permission to Drill (APD) Information Sheet; MMS–137, OCS Plan Information; MMS–133, Well Activity Report; MMS–133S, Open Hole Data Report; and MMS–140, Bottomhole Pressure Survey Report. The Office of Management and Budget (OMB) has approved the use of these new forms, all of which contain proprietary data. MMS is also deleting the entry for Form MMS–128, Semiannual Well Test Report, because no proprietary information is reported on this form. The reorganization of the table does not change the current data release timeframe for any of the other forms included in the table.

It should be noted that MMS very recently consolidated 10 forms, which were originally in 8 OMB approved information collections (ICs). These 10 forms have now been consolidated into 2 ICs. One collection now has six forms and one has four forms. We also redesigned, renumbered, and renamed some of the forms and received OMB approval for them. This is part of a separate process to provide a future option for electronic submission and streamlining of the data collected on MMS forms. In addition to any actual data element changes we made to the forms, we completely renumbered all of the data elements on most of the forms. The form and item numbers shown in the table at § 250.197(a) correspond to the revised forms. You may obtain copies of the forms listed in the table from any of the MMS regional offices or at the Web site: *http://www.gomr.mms.gov/homepg/mmsforms/frmindx.html.*

6. Revise § 250.197(b)(8) to clarify existing requirements by including release times for certain data and information submitted on well operations, and adding special provisions for the release of directional surveys.

7. Insert a new Form MMS–133S, Open Hole Data Report, in the table at existing § 250.199.

8. Insert a new Form MMS–144, Rig Movement Notification Report, in the table at existing § 250.199.

9. Remove the definitions of ''I, me, or you'' and ''Person'' at § 250.1402, because the definitions for these terms are found at § 250.105.

### Discussion and Analysis of Comments to Proposed Rule

MMS issued a proposed rule on March 23, 2005 (70 FR 14607). MMS received only one set of comments from the oil and gas industry prepared by the American Petroleum Institute and the Offshore Operators' Committee. A discussion of the comments and our responses follows:

*Section 250.105 Definitions*

*Comment:* ''It is requested that MMS include definitions for items listed in § 250.196(b) specifying what MMS considers to be geological data, geophysical data, interpreted G&G data, analyzed geological information, etc.

Without any definitions it is hard to know for sure when certain data types will be released such as pressure data, velocity surveys, geochemical data, etc.''

*Response:* The terms referred to in the comment are at § 250.196(b)(1) and (2). The rule did not propose any changes to these paragraphs, and in order to insert new definitions, we would have to propose them first. The terms data, interpreted geological information, interpreted geophysical information, and analyzed geological information are defined in our current regulations at § 250.105.

*Section 250.194 Archeological Report*

*Comment:* ''Only concern with new wording is timing of when the Regional Director (RD) will notify operators that an archeological report is required. Request that it be reworded so if a lease is added to the blocks that will require an archeological survey for, that the RD notify the existing operator when it is added, not when an EP or DOCD is submitted to the MMS. When the plan is submitted, it is too late in the process to have the survey performed. This is too late in the process when the plan is submitted to have the survey performed. The same notification would be helpful if the archeological designation is removed by the MMS from an active lease.''

*Response:* MMS recently began publishing an up-to-date list of leases requiring an archeological report on our Web site. Lessees are now responsible for checking the list to determine if their leases are affected. These new procedures are set forth in two recently issued NTL's; NTL No. 2005–607 and NTL No. 2005–610. Therefore, no change to the rule is necessary.

*Section 250.195 Notification of Production Status of Wells*

*Comment:* ''NTL No. 2002–G10 allows 5 business days to notify the District Manager of placing a well in a production status, but this new rule says ''on the date'' that a well is placed in a production status. When a new well is turned on, there is a clean-up period, and actual hydrocarbon production may not commence until several days later. It may be on a weekend or during the night.''

''The Supplementary Information to this proposed change, Paragraph 4, states that the ''first production notice'' is being added, ''because this information has become one of the prime parameters in determining inspection and testing schedules for safety systems devices.'' There is also a requirement that when a new production system is started up that we notify the District Supervisor 48 hours in advance of starting up the production system. This could lead to confusion about which notice is being made since it is industry understanding that this is done to allow for inspection of the new system before start-up or shortly thereafter.''

''We request that industry be allowed the five business days as in the past for the notification after hydrocarbons are brought to the surface so that it will not be an unnecessary reporting burden.''

*Response:* We agree with the comment and have changed the rule language to allow 5 working days for the required notification.

*Comment:* ''Additionally, if an End of Operations Report (EOR) is sent in with the status of shut in, waiting on production facilities, the public information copy of the EOR is without bottom hole or producing interval information. The public is therefore denied access to this information as prescribed in this rule.''

*Response:* Release time of the bottom-hole location and the production interval information will remain the same as before. This final rule does not change the fundamental structure of our data release policy and continues to uphold our established practices of data release to the public. MMS received OMB approval for several new or redesigned forms, in which data elements were numbered differently. This rule merely provides the new numbers for items that have always been held proprietary for certain periods of time before release to the public.

*Comment:* ''Since the notice of first production is being formalized as a requirement, we request that it be made available to the public.''

*Response:* Making the notice of first production available to the public is beyond the scope of this final rule and would need to be proposed first.

*Section 250.197(a) Data and Information To Be Made Available to the Public*

Concerns were expressed with the addition of, or changes to, several forms as discussed below:

*Comment:* ''Forms MMS–123S (Supplemental APD) & MMS–137(OCS Plan Information) are released when the well goes on production or according to paragraph (b) of the same section. We are concerned with the release when the well comes on production, since this is proposed information and actual data is available on the EOR, Subsequent APM (Application for Permit To Modify) and/or Final Well Activity Report (WAR). Form MMS–137 contains proposed bottom hole locations for all the wells in the plan and if only one well has been drilled and is producing, the other proposed bottom hole locations should still be confidential.''

*Response:* MMS will only release the bottom hole location of a well that has been drilled and is producing. Information on the other proposed wells in the plan will not be released at that time. As each well is drilled and produced only data pertaining to that well will be released.

*Comment:* ''Form MMS–125 (End of Operations Report). Our previous understanding was that significant (geological) markers were not made available to the public. What category does the MMS classify this as in paragraph (b)?''

*Response:* Geological markers items 37–38 in redesignated § 250.197(a)(4) (see also the third column of table at § 250.197(b)(8)) are not available to the public when the well goes on production unless the period of time in the table in paragraph (b) has expired.

*Comment:* ''Form MMS–127 (Sensitive Reservoir Information Report (SRI)). Release of fluid analysis data and volumetric data after two years makes proprietary data such as reserve estimates, recovery efficiencies, and recovery estimates public information. We would desire to keep this proprietary data non-releasable during production as we consider it to be competitive in nature.''

''Since the log data is available to the public two years after the submittal date, we feel this is sufficient data for the public if they want to look at the data and make their own estimates of reserves/recoveries without being privy to an operator's proprietary interpretations.''

*Response:* Information on forms frequently does not fit into a clear category of either analyzed or interpreted. In deciding when information should be released, MMS has attempted to balance the protection of the lessee's commercial rights associated with the information and the public's right to access data and information concerning public lands. The Volumetric Data and the Fluid Analysis Data information on the Sensitive Reservoir Information Report (Form MMS–127) has been available to the public 2 years after its effective date for over 30 years. Releasing such information, which includes reserve estimates, recovery efficiencies, and recovery estimates, two years after submittal date provides a balance between commercial interests of the lessees to protect data and information from premature disclosure after the well is drilled, and the interests of industry

and the public to have timely access to information concerning public lands. It is important that the same data and information appearing on different forms be made available simultaneously.

*Comment:* ''Form MMS–133 WAR. It is our understanding that this form is used by the MMS to follow an operator's progress on a job for inspections and to ensure compliance with approved permits. We feel this detailed information of our day-to-day operations is proprietary data and to release it to the public gives others an unfair competitive advantage. Combined with the entire APD & Form MMS–123S another operator can piece together our entire drilling plan. We feel enough data is available to the public on the EOR, Subsequent APM and/or final WAR. We would not have an issue with releasing the Special Well Events that are described in the WAR as they relate to possible safety issues.''

*Response:* We will protect information from respondents considered proprietary under the Freedom of Information Act (5 U.S.C. 552) and its implementing regulations (43 CFR part 2) and under regulations at 30 CFR 250.196, ''Data and information to be made available to the public,'' and 30 CFR part 252, ''OCS Oil and Gas Information Program.'' This final rule does not change the fundamental structure of our data release policy and continues to uphold our established practices of data release to the public. MMS received OMB approval for several new or redesigned forms, in which data elements were numbered differently. This final rule merely provides the new numbers for items that have always been held proprietary for certain periods of time before release to the public. Sharing information in a responsible manner enables all concerned to benefit equally without jeopardizing individual rights. MMS data release times will remain unchanged in this final rule.

*Section 250.197(b) Data and Information To Be Made Available to the Public*

*Comment:* ''We would appreciate definitions of what is meant by ''downhole locations,'' ''operations,'' and ''equipment'' in the ''MMS will release'' column.''

*Response:* In order to insert new definitions, we would have to propose them first. We do not believe this is necessary since these are commonly used non-controversial terms and we decided to provide them to you in the preamble. The terms have the following meanings:

*Downhole locations:* Observed, estimated, or derived well locations below the mudline including directional and inclination surveys, measured depths, true vertical and subsea depths, horizontal departures, and latitude and longitude locations thereof;

*Downhole operations:* Planned or completed well operations below the mudline including drilling, completion, recompletion, workover, wireline, coiled tubing operations, and stimulation treatment; and

*Downhole equipment:* Materials used for downhole well operations including drill pipe, drilling assemblies, casing, packers, and tools.

*Section 250.199(e) Paperwork Reduction Act Statements—Information Collection*

*Comment:* ''The listed form names such as Sundry Notices, Maximum Efficiency Rate (MER), and Well Summary Report are being replaced by those in § 250.197(a).''

*Response:* We appreciate this comment and have corrected our oversight by changing the form names in the table at § 250.199(e).

**Procedural Matters**

*Regulatory Planning and Review (Executive Order (E.O.) 12866)*

This document is not a significant rule and is not subject to review by the Office of Management and Budget (OMB) under E.O. 12866. This final rule:

1. Does not have an annual economic effect of $100 million or more on the economy. It does not adversely affect in a material way the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities. A cost-benefit and economic analysis is not required because:

a. The changes to the definitions and data release tables have no financial impact on the oil and gas industry.

b. The requirements minimally increase the paperwork burden for submitting first production notices under newly final § 250.195. At an average cost of $50 per hour, the increase of approximately 250 hours each year would result in an hour burden impact of $12,500. Refer to the Paperwork Reduction Act section later in the preamble.

2. Does not create a serious inconsistency or otherwise interfere with an action taken or planned by another agency. It would not affect how lessees or operators interact with other agencies.

3. Does not alter the budgetary effects or entitlements, grants, user fees, or loan programs or the rights or obligations of their recipients. It has no effect on the rights of the recipients of entitlements, grants, user fees, or loan programs.

4. Does not raise novel legal or policy issues.

*Regulatory Flexibility Act (RFA)*

The Department of the Interior certifies that this final rule does not have a significant economic effect on a substantial number of small entities under the RFA (5 U.S.C. 601 *et seq.*). It applies to all OCS lessees and operators operating on the OCS. Small lessees fall under the Small Business Administration's (SBA) North American Industry Classification System Codes 211111, which includes companies that extract crude petroleum and natural gas. Under this code, a small company is one with fewer than 500 employees. Based on these criteria, MMS estimates that about 70 percent of these companies are considered small. The requirements minimally increase the paperwork burden for submitting first production notices under newly final § 250.195. At an average cost of $50 per hour, the increase of approximately 250 man-hours each year results in an hour burden impact of $12,500. Refer to the Paperwork Reduction Act section later in the preamble. Thus, based on 130 lessees/operators, the average increase is $100, for both large and small entities. Since 70 percent of the companies are small businesses, the total paperwork burden increase for small companies is approximately 175 man-hours, representing an annual hour cost burden of $8,750.

*Small Business Regulatory Enforcement Fairness Act (SBREFA)*

This final rule is not a major rule under the SBREFA (5 U.S.C. 804(2)). The final rule:

a. Does not have an annual effect on the economy of $100 million or more. As described above, we estimate an annual paperwork burden increase of $100 per respondent. These costs will not cause an annual effect on the economy of $100 million or more.

b. Does not cause a major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies; or geographic regions. The minor increase in cost does not change the way the oil and gas industry conducts business, nor would it affect regional oil and gas prices. Therefore, it does not cause major cost increases for consumers, the oil and gas industry, or any government agencies.

c. Does not have significant adverse effects on competition, employment, investment, productivity, innovation, or ability of United States (U.S.)-based enterprises to compete with foreign-based enterprises. All lessees and drilling contractors, regardless of nationality, must comply with the requirements of this rule, so it does not affect competition, employment, investment, productivity, innovation, or the ability of U.S.-based enterprises to compete with foreign-based enterprises.

*Unfunded Mandates Reform Act (UMRA) of 1995*

This final rule will not impose an unfunded mandate on State, local, or tribal governments or the private sector of more than $100 million per year. It does not have any Federal mandates, nor a significant or unique effect on State, local, or tribal governments or the private sector. A statement containing the information required by the UMRA (2 U.S.C. 1531 *et seq.*) is not required.

*Takings Implication Assessment (Executive Order 12630)*

Pursuant to E.O. 12630, the final rule does not have significant Takings Implications. A Takings Implication Assessment is not required. The rulemaking is not a governmental action capable of interfering with constitutionally protected property rights.

*Federalism (Executive Order 13132)*

Pursuant to E.O. 13132, this final rule does not have Federalism implications. This final rule would not substantially and directly affect the relationship between Federal and State governments. This final rule clarifies and requires information from lessees/operators on the OCS, which is outside State jurisdiction. States have no role in this activity with or without this rule, and this rule does not impose costs on States or localities.

*Civil Justice Reform (Executive Order 12988)*

Pursuant to E.O. 12988, the Office of the Solicitor has determined that this final rule would not unduly burden the judicial system and does meet the requirements of sections 3(a) and 3(b)(2) of the Order.

*Paperwork Reduction Act (PRA)*

The rulemaking added a requirement and an information collection package was submitted to OMB for review and approval under section 3507(d) of the PRA. The title of the collection of information is ''30 CFR 250, Subpart A, General, Data Release and Definitions.''

Respondents include approximately 130 Federal OCS oil and gas lessees and operators. The frequency of reporting and recordkeeping is generally on occasion. Responses are mandatory. The IC does not include questions of a sensitive nature. MMS will protect information considered proprietary according to 30 CFR 250.196, ''Data and information to be made available to the public,'' 30 CFR part 252, ''OCS Oil and Gas Information Program,'' and the Freedom of Information Act (5 U.S.C. 552) and its implementing regulations (43 CFR part 2).

The final rule addresses several reports and forms required by current regulations. All the burdens for the individual reports and forms have been approved by OMB and assigned OMB control numbers according to their associated subparts.

Section 250.195 will require the lessee or operator to notify MMS when a well has actually begun producing. When the lessee or operator files a Form MMS–125, End of Operations Report (formerly the Well Summary Report), the well status is often shown as ''shut in'' since production facilities are not ready. Currently there is no regulatory requirement for lessees or operators to formally notify MMS of ''first production,'' although most companies already notify MMS when a well begins to produce. This practice will serve to alert both MMS and the operator of the requirements pertaining to the inspection, installation, and maintenance of safety systems. We estimate 250 annual notifications would be submitted, requiring about 1 hour each to prepare and submit.

OMB approved the 250 burden hours for this rulemaking and assigned OMB Control Number 1010–0161 (exp. 4/30/2008). There were no changes in the information collection requirements from the proposed rule to the final rule. When the rule becomes effective, MMS will merge these hours into the primary collection for 30 CFR part 250 subpart A (1010–0114, expiration 10/31/2007).

A Federal 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 public may comment, at any time, on the accuracy of the information collection burden in this rule and may submit any comments to the Department of the Interior; Minerals Management Service; Attention: Rules Processing Team; Mail Stop 4024; 381 Elden Street; Herndon, Virginia 20170–4817. If you wish to e-mail your comments to MMS, the address is: *rules.comment@mms.gov*. You may also submit comments on the burdens through *https://ocsconnect.mms.gov*. Please reference ''Oil and Gas and Sulphur Operations in the Outer Continental Shelf (OCS), 30 CFR Part 250 Subpart A, General—Data Release and Definitions,'' in your comments.

*National Environmental Policy Act (NEPA) of 1969*

The MMS has determined that this final rule is strictly administrative in nature. This qualified for a categorical exclusion under 516 Departmental Manual (DM) Chapter 2, Appendix 1.10. Therefore, it is categorically excluded from environmental review under section 102(2)(C) of the National Environmental Policy Act (NEPA), pursuant to 516 DM, Chapter 2, Appendix 1. In addition, the final rule does not involve any of the 10 extraordinary circumstances listed in 516 DM, Chapter 2, Appendix 2. Pursuant to Council on Environmental Quality regulations (40 CFR 1508.4) and the environmental policies and procedures of the Department of the Interior, the term ''categorical exclusions'' means a category of actions which do not individually or cumulatively have a significant effect on the human environment and that have been found to have no such effect in procedures adopted by a Federal agency and for which neither an environmental assessment nor an environmental impact statement is required.

*Energy, Supply, Distribution, or Use (Executive Order 13211)*

This is not a significant rule and is not subject to review by OMB under E. O. 13211. Thus, a Statement of Energy Effects is not required.

*Consultation and Coordination With Indian Tribal Governments (Executive Order 13175)*

In accordance with E.O. 13175, this final rule would not have tribal implications that impose substantial direct compliance costs on Indian tribal governments.

**List of Subjects in 30 CFR Part 250**

Administrative practice and procedure, Continental shelf, Environmental protection, Oil and gas exploration, Public lands—mineral resources, Public lands—rights-of-way, Reporting and recordkeeping requirements.

Dated: April 6, 2006.

**Chad Calvert,**

*Acting Assistant Secretary—Land and Minerals Management.*

■ For the reasons stated in the preamble, the Minerals Management Service amends 30 CFR part 250 as follows:

## PART 250—OIL AND GAS AND SULPHUR OPERATIONS IN THE OUTER CONTINENTAL SHELF

■ 1. The authority citation for part 250 continues to read as follows:

**Authority:** 43 U.S.C. 1331 *et seq.*; 31 U.S.C. 9701.

■ 2. In § 250.105, revise the definitions of the term, ''Person'' and ''You,'' to read as follows:

**§ 250.105 Definitions.**

* * * * *

*Person* includes a natural person, an association (including partnerships, joint ventures, and trusts), a State, a political subdivision of a State, or a private, public, or municipal corporation.

* * * * *

*You* means a lessee, the owner or holder of operating rights, a designated operator or agent of the lessee(s), a pipeline right-of-way holder, or a State lessee granted a right-of-use and easement.

* * * * *

■ 3. The heading of § 250.194 and the introductory text of paragraph (a) are revised to read as follows:

**§ 250.194 How must I protect archaeological resources?**

(a) If the Regional Director has reason to believe that an archaeological resource may exist in the lease area, the Regional Director will require in writing that your EP, DOCD, or DPP be accompanied by an archaeological report. If the archaeological report suggests that an archaeological resource may be present, you must either:

* * * * *

**§§ 250.195 and 250.196 [Redesignated]**

■ 4. Sections 250.195 and 250.196 are redesignated §§ 250.196 and 250.197, respectively.

■ 5. Add new § 250.195 to read as follows:

**§ 250.195 What notification does MMS require on the production status of wells?**

You must notify the appropriate MMS District Manager when you successfully complete or recomplete a well for production. You must:

(a) Notify the District Manager within 5 working days of placing the well in a production status. You must confirm oral notification by telefax or e-mail within those 5 working days.

(b) Provide the following information in your notification:

(1) Lessee or operator name;

(2) Well number, lease number, and OCS area and block designations;

(3) Date you placed the well on production (indicate whether or not this is first production on the lease);

(4) Type of production; and

(5) Measured depth of the production interval.

**§ 250.197 [Amended]**

■ 6. In newly redesignated § 250.197, the following revisions are made:

■ A. Revise paragraph (a) to read as set forth below.

■ B. Revise paragraph (7) in the table in paragraph (b) to read as set forth below.

**§ 250.197 Data and information to be made available to the public or for limited inspection.**

* * * * *

(a) All data and information you submit on MMS forms will be made available to the public upon submission, except as specified in the following table:

| On form . . . | Data and information not immediately available are . . . | Excepted data will be made available . . . |
|---|---|---|
| (1) MMS–123, Application for Permit to Drill. | Items 15, 16, 22 through 25 ..... | When the well goes on production or according to the table in paragraph (b) of this section, whichever is earlier. |
| (2) MMS–123S, Supplemental APD Information Sheet. | Items 3, 7, 8, 15 and 17 ..... | When the well goes on production or according to the table in paragraph (b) of this section, whichever is earlier. |
| (3) MMS–124, Application for Permit to Modify. | Item 17 ..... | When the well goes on production or according to the table in paragraph (b) of this section, whichever is earlier. |
| (4) MMS–125, End of Operations Report. | Items 12, 13, 17, 21, 22, 26 through 38. | When the well goes on production or according to the table in paragraph (b) of this section, whichever is earlier. However, items 33 through 38 will not be released when the well goes on production unless the period of time in the table in paragraph (b) has expired. |
| (5) MMS–126, Well Potential Test Report. | Item 101 ..... | 2 years after you submit it. |
| (6) MMS–127, Sensitive Reservoir Information Report. | Items 124 through 168 ..... | 2 years after the effective date of the Sensitive Reservoir Information Report. |
| (7) MMS–133 Well Activity Report .. | Item 10 Fields [WELLBORE START DATE, TD DATE, OP STATUS, END DATE, MD, TVD, AND MW PPG]. Item 11 Fields [WELLBORE START DATE, TD DATE, PLUGBACK DATE, FINAL MD, AND FINAL TVD] and Items 12 through 15. | When the well goes on production or according to the table in paragraph (b) of this section, whichever is earlier. |
| (8) MMS–133S Open Hole Data Report. | Boxes 7 and 8 ..... | When the well goes on production or according to the table in paragraph (b) of this seciton, whichever is earlier. |
| (9) MMS–137 OCS Plan Information. | Items providing the bottomhole location, true vertical depth, and measured depth of wells. | When the well goes on production or according to the table in paragraph (b) of this section, whichever is earlier. |
| (10) MMS–140, Bottomhole Pressure Survey Report. | All items ..... | 2 years after the date of the survey. |

(b) * * *

| If . . . | MMS will release . . . | At this time . . . | Special provisions |
|---|---|---|---|
| * * * | * * * | * * * | * * * |
| (7) Data or information is submitted on well operations. | Descriptions of downhole locations, operations, and equipment. | When the well goes on production or when geological data is released according to §§ 250.197(b)(6) and (b)(7), whichever occurs earlier. | Directional survey data may be released earlier to the owner of an adjacent lease according to Subpart D of this part. |
| * * * | * * * | * * * | * * * |

* * * * *

■ 7. Revise § 250.199 (e), to read as follows:

**§ 250.199 Paperwork Reduction Act statements—information collection.**

(e) MMS is collecting this information for the reasons given in the following table:

| 30 CFR 250 Subpart/title (OMB control number) | Reasons for collecting information and how used |
|---|---|
| (1) Subpart A, General (1010–0114), including Forms MMS–132, Evacuation Statistics; MMS–1123, Designation of Operator; MMS–1882, Notification of Incidents of Noncompliance. | To inform MMS of actions taken to comply with general operational requirements on the OCS. To ensure that operations on the OCS meet statutory and regulatory requirements, are safe and protect the environment, and result in diligent exploration, development, and production on OCS leases. To support the unproved and proved reserve estimation, resource assessment, and fair market value determinations. |
| (2) Subpart B, Exploration and Development and Production Plans (1010–0151), including Forms MMS–137, OCS Plan Information Form; MMS–139, EP Air Quality Screening Checklist; MMS–138, DOCD Air Quality Screening Checklist, MMS–141, ROV Survey Report Form; MMS–142, Environmental Impact Analysis Worksheet. | To inform MMS, States, and the public of planned exploration, development, and production operations on the OCS. To ensure that operations on the OCS are planned to comply with statutory and regulatory requirements, will be safe and protect the human, marine, and coastal environment, and will result in diligent exploration, development, and production of leases. |
| (3) Subpart C, Pollution Prevention and Control (1010–0057) | To inform MMS of measures to be taken to prevent water and air pollution. To ensure that appropriate measures are taken to prevent water and air pollution. |
| (4) Subpart D, Oil and Gas and Drilling Operations (1010–0141), including Forms MMS–123, Application for Permit to Drill; MMS–123S, Supplemental APD Information Sheet; MMS–124, Application for Permit to Modify; MMS–125, End of Operations Report; MMS–133, Well Activity Report; MMS–133S, Open Hole Data Report. | To inform MMS of the equipment and procedures to be used in drilling operations on the OCS. To ensure that drilling operations are safe and protect the human, marine, and coastal environment. |
| (5) Subpart E, Oil and Gas Well-Completion Operations (1010–0067). | To inform MMS of the equipment and procedures to be used in well-completion operations on the OCS. To ensure that well-completion operations are safe and protect the human, marine, and coastal environment. |
| (6) Subpart F, Oil and Gas Well Workover Operations (1010–0043). | To inform MMS of the equipment and procedures to be used during well-workover operations on the OCS. To ensure that well-workover operations are safe and protect the human, marine, and coastal environment. |
| (7) Subpart H, Oil and Gas Production Safety Systems (1010–0059). | To inform MMS of the equipment and procedures to be used during production operations on the OCS. To ensure that production operations are safe and protect the human, marine, and coastal environment. |
| (8) Subpart I, Platforms and Structures (1010–0149) ..... | To provide MMS with information regarding the design, fabrication, and installation of platforms on the OCS. To ensure the structural integrity of platforms installed on the OCS. |
| (9) Subpart J, Pipelines and Pipeline Rights-of-Way (1010–0050). | To provide MMS with information regarding the design, installation, and operation of pipelines on the OCS. To ensure that pipeline operations are safe and protect the human, marine, and coastal environment. |
| (10) Subpart K, Oil and Gas Production Rates (1010–0041), including Forms MMS–126, Well Potential Test Report; MMS–127, Sensitive Reservoir Information Report; MMS–128, Semiannual Well Test Report; MMS–140 Bottomhole Pressure Survey Report. | To inform MMS of production rates for hydrocarbons produced on the OCS. To ensure economic maximization of ultimate hydrocarbon recovery. |
| (11) Subpart L, Oil and Gas Production Measurement, Surface Commingling, and Security (1010–0051). | To inform MMS of the measurement of production, commingling of hydrocarbons, and site security plans. To ensure that produced hydrocarbons are measured and commingled to provide for accurate royalty payments and security is maintained. |
| (12) Subpart M, Unitization (1010–0068) ..... | To inform MMS of the unitization of leases. To ensure that unitization prevents waste, conserves natural resources, and protects correlative rights. |
| (13) Subpart N, Remedies and Penalties ..... | The requirements in subpart N are exempt from the Paperwork Reduction Act of 1995 according to 5 CFR 1320.4. |
| (14) Subpart O, Well Control and Production Safety Training (1010–0128). | To inform MMS of training program curricula, course schedules, and attendance. To ensure that training programs are technically accurate and sufficient to meet safety and environmental requirements, and that workers are properly trained to operate on the OCS. |

| 30 CFR 250 Subpart/title (OMB control number) | Reasons for collecting information and how used |
|---|---|
| (15) Subpart P, Sulphur Operations (1010–0086) | To inform MMS of sulphur exploration and development operations on the OCS. To ensure that OCS sulphur operations are safe; protect the human, marine, and coastal environment; and will result in diligent exploration, development, and production of sulphur leases. |
| (16) Subpart Q, Decommissioning Activities (1010–0142) | To determine that decommissioning activities comply with regulatory requirements and approvals. To ensure that site clearance and platform or pipeline removal are properly performed to protect marine life and the environment and do not conflict with other users of the OCS. |
| (17) Form MMS–131, Performance Measures (1010–0112) | Voluntary. We use the information obtained from this form to develop an industry average that helps to describe how well the offshore oil and gas industry is performing. |
| (18) Form MMS–144, Rig Movement Notification Report (form used in the GOM OCS Region), Subparts D, E, F, (1010–0150). | The rig notification requirement is essential for MMS inspection scheduling and to verify that the equipment being used complies with approved permits. |

**§ 250.1402 [Amended]**

■ 8. In § 250.1402, remove the definitions of ''I, me, or you'' and ''Person.''

[FR Doc. 06–3898 Filed 4–24–06; 8:45 am]

**BILLING CODE 4310–MR–P**

## DEPARTMENT OF HOMELAND SECURITY

### Coast Guard

### 33 CFR Part 117

**[CGD05–06–041]**

**RIN 1625–AA09**

### Drawbridge Operation Regulations; Southern Branch of the Elizabeth River, Chesapeake, VA

**AGENCY:** Coast Guard, DHS.

**ACTION:** Temporary deviation from the regulations.

**SUMMARY:** The Coast Guard has approved a temporary deviation from the regulations governing the operation of the Jordan Bridge across the Southern Branch of the Elizabeth River, at mile 2.8, in Chesapeake, Virginia. This deviation allows the drawbridge to be maintained in the limited open-to-navigation position at 90 feet above mean high water each day from 8 a.m. to 8 p.m. on May 13, May 14, May 20, and May 21, 2006. Mariners requiring openings in excess of 90 feet above mean high water are requested to provide at least two hours advance notice to the Jordan Bridge Office at (757) 545–4695. This deviation is necessary to facilitate the completion of repairs to the counterweight system.

**DATES:** This rule is effective from 8 a.m. on May 13, 2006, through 8 p.m. on May 21, 2006.

**ADDRESSES:** Materials referred to in this document are available for inspection or copying at Commander (dpb), Fifth Coast Guard District, Federal Building, 1st Floor, 431 Crawford Street, Portsmouth, VA 23704–5004 between 8 a.m. and 4 p.m., Monday through Friday, except Federal holidays. The telephone number is (757) 398–6222. Commander (dpb), Fifth Coast Guard District maintains the public docket for this temporary deviation.

**FOR FURTHER INFORMATION CONTACT:** Bill Brazier, Bridge Management Specialist, Fifth Coast Guard District, at (757) 398–6422.

**SUPPLEMENTARY INFORMATION:** The Jordan Bridge, a vertical lift-type drawbridge, has vertical clearances in the full closed-to-navigation position and in the full open-to-navigation position of 15 feet and 145 feet above mean high water, respectively. The bridge owner, the City of Chesapeake, has requested a temporary deviation from the current operating regulation set out in 33 CFR 117.997(b), to effect mechanical repairs of the vertical lift span.

To facilitate the repairs, the drawbridge will be maintained in the limited open-to-navigation position at 90 feet, above mean high water, each day from 8 a.m. to 8 p.m. on May 12, May 13, May 20, and May 21, 2006. Mariners requiring openings in excess of 90 feet, above mean high water, are requested to provide at least two hours advance notice to the Jordan Bridge Office at (757) 545–4695. At all other times, the drawbridge will operate in accordance with the current operating regulations outlined in 33 CFR 117.997(b).

The Coast Guard has informed the known users of the waterway so that they can arrange their transits to minimize any impact caused by the temporary deviation.

In accordance with 33 CFR 117.35(c), this work will be performed with all due speed in order to return the bridge to normal operation as soon as possible. This deviation from the operating regulations is authorized under 33 CFR 117.35.

Dated: April 13, 2006.

**Waverly W. Gregory, Jr.,**

*Chief, Bridge Administration Branch, Fifth Coast Guard District.*

[FR Doc. 06–3887 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–15–P**

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 271

**[EPA–R04–RCRA–2006–0375; FRL–8161–2]**

### Georgia: Final Authorization of State Hazardous Waste Management Program Revision

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Immediate final rule.

**SUMMARY:** Georgia has applied to EPA for Final authorization of the changes to its hazardous waste program under the Resource Conservation and Recovery Act (RCRA). EPA proposes to grant final authorization to Georgia. In the ''Rules and Regulations'' section of this **Federal Register**, EPA is authorizing the changes by an immediate final rule. EPA did not make a proposal prior to the immediate final rule because we believe this action is not controversial and do not expect comments that oppose it. We have explained the reasons for this authorization in the preamble of the immediate final rule. Unless we get written comments which oppose this authorization during the comment period, the immediate final rule will become effective on the date it establishes, and we will not take further action on this proposal. If we receive comments that oppose this action, we will withdraw the immediate final rule and it will not take effect. We will respond to public comments in a later final rule based on this proposal. You

may not have another opportunity for comment.

**DATES:** Final authorization will become effective on June 26, 2006 unless EPA receives adverse written comment on or before May 25, 2006. If EPA receives such comment, it will publish a timely withdrawal of this immediate final rule in the **Federal Register** and inform the public that this authorization will not take effect.

**ADDRESSES:** Submit your comments, identified by Docket ID No. EPA–R04–RCRA–2006–0375 by one of the following methods:

- *http://www.regulations.gov*: Follow the on-line instructions for submitting comments.
- E-mail: *baker.audrey@epa.gov*.
- Fax: (404) 562–8439 (prior to faxing, please notify the EPA contact listed below)
- Mail: Send written comments to Audrey E. Baker, RCRA Services Section, RCRA Programs Branch, Waste Management Division, U.S. Environmental Protection Agency, The Sam Nunn Federal Center, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960.
- Hand Delivery: Audrey E. Baker, RCRA Services Section, RCRA Programs Branch, Waste Management Division, U.S. Environmental Protection Agency, The Sam Nunn Federal Center, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. Such deliveries are only accepted during the Docket's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to Docket ID No. EPA–R04–RCRA–2006–0375. EPA's policy is that all comments received will be included in the public docket without change and may be made available online at *www.regulations.gov* including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through *www.regulations.gov* or e-mail. The *www.regulations.gov* Web site is an ''anonymous access'' system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through *www.regulations.gov* your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD–ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses. (For additional information about EPA's public docket, visit the EPA Docket Center homepage at *http://www.epa.gov/epahome/dockets.htm*).

Docket: All documents in the docket are listed in the *www.regulations.gov index*. Although listed in the index, some information is not publicly available, *e.g.*, CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, will be publicly available only in hard copy. Publicly available docket materials are available either electronically in *www.regulations.gov* or in hard copy. You may view and copy Georgia's application at The EPA, Region 4, Library, The Sam Nunn Atlanta Federal Center, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. The Library is open from 8:30 a.m. to 4 p.m. Monday through Friday, excluding legal holidays. The Library telephone number is (404) 562–8190.

You may also view and copy Georgia's application from 8 a.m. to 4:30 p.m. at The Georgia Department of Natural Resources, Environmental Protection Division, 2 Martin Luther King, Jr. Drive, Suite 1154 East Tower, Atlanta, Georgia 30334–4910.

**FOR FURTHER INFORMATION CONTACT:** Audrey E. Baker, RCRA Services Section, RCRA Programs Branch, Waste Management Division, U.S. Environmental Protection Agency, The Sam Nunn Federal Center, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960; (404) 562–8483; fax number: (404) 562–8439; e-mail address: *baker.audrey@epa.gov*.

**SUPPLEMENTARY INFORMATION:**

## A. Why Are Revisions to State Programs Necessary?

States which have received final authorization from EPA under RCRA section 3006(b), 42 U.S.C. 6926(b), must maintain a hazardous waste program that is equivalent to, consistent with, and no less stringent than the Federal program. As the Federal program changes, States must change their programs and ask EPA to authorize the changes. Changes to State programs may be necessary when Federal or State statutory or regulatory authority is modified or when certain other changes occur. Most commonly, States must change their programs because of changes to EPA's regulations in 40 Code of Federal Regulations (CFR) parts 124, 260 through 266, 268, 270, 273 and 279.

## B. What Decisions Have We Made in This Rule?

We conclude that Georgia's application to revise its authorized program meets all of the statutory and regulatory requirements established by RCRA. Therefore, we grant Georgia Final authorization to operate its hazardous waste program with the changes described in the authorization application. Georgia has responsibility for permitting Treatment, Storage, and Disposal Facilities (TSDF) within its borders and for carrying out the aspects of the RCRA program described in its revised program application, subject to the limitations of the Hazardous and Solid Waste Amendments of 1984 (HSWA). New Federal requirements and prohibitions imposed by Federal regulations that EPA promulgates under the authority of HSWA take effect in authorized States before they are authorized for the requirements. Thus, EPA will implement those requirements and prohibitions in Georgia, including issuing permits, until the State is granted authorization to do so.

## C. What Is the Effect of This Authorization Decision?

The effect of this decision is that a facility in Georgia subject to RCRA will now have to comply with the authorized State requirements instead of the equivalent Federal requirements in order to comply with RCRA. Georgia has enforcement responsibilities under its State hazardous waste program for violations of such program, but EPA retains its authority under RCRA sections 3007, 3008, 3013, and 7003, which include, among others, authority to:

- Do inspections, and require monitoring, tests, analyses or reports
- Enforce RCRA requirements and suspend or revoke permits
- Take enforcement actions regardless of whether the State has taken its own actions

This action does not impose additional requirements on the regulated community because the regulations for which Georgia is being authorized by today's action are already effective, and are not changed by today's action.

**D. Why Wasn't There a Proposed Rule Before This Rule?**

EPA did not publish a proposal before today's rule because we view this as a routine program change and do not expect comments that oppose this approval. We are providing an opportunity for public comment now. In addition to this rule, in the proposed rules section of today's **Federal Register** we are publishing a separate document that proposes to authorize the State program changes.

**E. What Happens If EPA Receives Comments That Oppose This Action?**

If EPA receives comments that oppose this authorization, we will withdraw this rule by publishing a document in the **Federal Register** before the rule becomes effective. EPA will base any further decision on the authorization of the State program changes on the proposal mentioned in the previous paragraph. We will then address all public comments in a later final rule. You may not have another opportunity to comment. If you want to comment on this authorization, you must do so at this time.

If we receive comments that oppose only the authorization of a particular change to the State hazardous waste program, we will withdraw that part of this rule but the authorization of the program changes that the comments do not oppose will become effective on the date specified above. The **Federal Register** withdrawal document will specify which part of the authorization will become effective, and which part is being withdrawn.

**F. What Has Georgia Previously Been Authorized for?**

Georgia initially received Final authorization on August 7, 1984, effective August 21, 1984 (49 FR 31417), to implement the RCRA hazardous waste management program. We granted authorization for changes to their program on July 7, 1986, effective September 18, 1986 (51 FR 24549), July 28, 1988, effective September 26, 1988 (53 FR 28383), July 24, 1990, effective September 24, 1990 (55 FR 30000), February 12, 1991, effective April 15, 1991 (56 FR 5656), May 11, 1992, effective July 10, 1992 (57 FR 20055), November 25, 1992, effective January 25, 1993 (57 FR 55466), February 26, 1993, effective April 27, 1993 (58 FR 11539), November 16, 1993, effective January 18, 1994 (58 FR 60388), April 26, 1994, effective June 27, 1994 (59 FR 21664), May 10, 1995, effective July 10, 1995 (60 FR 24790), August 30, 1995, effective October 30, 1995 (60 FR 45069), March 7, 1996, effective May 6, 1996 (61 FR 9108), September 18, 1998, effective November 17, 1998 (63 FR 49852), October 14, 1999, effective December 13, 1999 (64 FR 55629), November 28, 2000, effective March 30, 2001 (66 FR 8090), July 16, 2002, effective September 16, 2002 (67 FR 46600), November 19, 2002, effective January 21, 2003 (67 FR 69690), July 18, 2003, effective September 16, 2003 (68 FR 42605), and January 27, 2005, effective April 20, 2005 (70 FR 12973).

**G. What Changes Are We Authorizing With This Action?**

On October 13, 2005, Georgia submitted a final complete program revision application, seeking authorization of their changes in accordance with 40 CFR 271.21. Georgia's revision consists of provisions promulgated July 1, 2003, through June 30, 2004, otherwise known as RCRA Cluster XIV. The Georgia Board of Natural Resources adopted the rules for RCRA Cluster XIV on December 7, 2004, which became effective January 9, 2005. We now make an immediate final decision, subject to receipt of written comments that oppose this action, that Georgia's hazardous waste program revision satisfies all of the requirements necessary to qualify for Final authorization. Therefore, we grant Georgia Final authorization for the following program changes:

| Description of Federal requirement | **Federal Register** | Analogous state authority |
|---|---|---|
| Checklist 203, Recycled Used Oil Management Standards; Clarification. | July 30, 2003, 68 FR 44659–44665. | 391–3–11–.07(1) and 391–3–11–.17 Georgia Rule for Hazardous Waste Management. |
| Checklist 204, National Environmental Performance Track Program. | April 22, 2004, 69 FR 21737–21754. | 391–3–11–.08(1) Georgia Rules for Hazardous Waste Management. |
| Checklist 205, NESHAP: Surface Coating of Automobiles and Light-Duty Trucks. | April 26, 2004, 69 FR 22601–22661. | 391–3–11–.10(1) and 391–3–11–.10(2) Georgia Rules for Hazardous Waste Management. |

**H. Where Are the Revised State Rules Different From the Federal Rules?**

There are no State requirements in this program revision considered to be more stringent or broader in scope than the Federal requirements.

**I. Who Handles Permits After the Authorization Takes Effect?**

Georgia will issue permits for all the provisions for which it is authorized and will administer the permits it issues. EPA will continue to administer any RCRA hazardous waste permits or portions of permits which we issued prior to the effective date of this authorization until they expire or are terminated. We will not issue any more new permits or new portions of permits for the provisions listed in the Table above after the effective date of this authorization. EPA will continue to implement and issue permits for HSWA requirements for which Georgia is not yet authorized.

**J. What Is Codification and Is EPA Codifying Georgia's Hazardous Waste Program as Authorized in This Rule?**

Codification is the process of placing the State's statutes and regulations that comprise the State's authorized hazardous waste program into the Code of Federal Regulations. We do this by referencing the authorized State rules in 40 CFR part 272. We reserve the amendment of 40 CFR part 272, subpart L for this authorization of Georgia's program changes until a later date.

**K. Administrative Requirements**

The Office of Management and Budget has exempted this action from the requirements of Executive Order 12866 (58 FR 51735, October 4, 1993), and therefore this action is not subject to review by OMB. This action authorizes State requirements for the purpose of RCRA 3006 and imposes no additional requirements beyond those imposed by State law. Accordingly, I certify that this action 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 action authorizes 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). For the same reason, this action also does not significantly or uniquely affect the communities of Tribal governments, as

specified by Executive Order 13175 (65 FR 67249, November 9, 2000). This action 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 (64 FR 43255, August 10, 1999), because it merely authorizes State requirements as part of the State RCRA hazardous waste program without altering the relationship or the distribution of power and responsibilities established by RCRA. This action also is not subject to Executive Order 13045 (62 FR 19885, April 23, 1997), because it is not economically significant and it does not make decisions based on environmental health or safety risks. This rule is not subject to 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 significant regulatory action under Executive Order 12866.

Under RCRA 3006(b), EPA grants a State's application for authorization as long as the State meets the criteria required by RCRA. It would thus be inconsistent with applicable law for EPA, when it reviews a State authorization application, to require the use of any particular voluntary consensus standard in place of another standard that otherwise satisfies the requirements of RCRA. 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. As required by section 3 of Executive Order 12988 (61 FR 4729, February 7, 1996), in issuing this rule, 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. 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 document 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 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). This action will be effective June 26, 2006.

### List of Subjects in 40 CFR Part 271

Environmental protection, Administrative practice and procedure, Confidential business information, Hazardous waste, Hazardous waste transportation, Indian lands, Intergovernmental relations, Penalties, Reporting and recordkeeping requirements.

**Authority:** This action is issued under the authority of Sections 2002(a), 3006, and 7004(b), of the Solid Waste Disposal Act, as amended, 42 U.S.C. 6912(a), 6926, and 6974(b).

Dated: April 3, 2006.

**A. Stanley Meiburg,**

*Deputy Regional Administrator, Region 4.*

[FR Doc. 06–3851 Filed 4–24–06; 8:45 am]

**BILLING CODE 6560–50–P**

## GENERAL SERVICES ADMINISTRATION

### 41 CFR Part 102–37

**[FMR Amendment 2006–01; FMR Case 2006–102–2]**

**RIN 3090–AI25**

## Federal Management Regulation; Donation of Surplus Personal Property

**AGENCY:** Office of Governmentwide Policy, General Services Administration (GSA).

**ACTION:** Final rule.

**SUMMARY:** The General Services Administration is amending the Federal Management Regulation (FMR) language that pertains to personal property by correcting references to outdated or superceded provisions of law or regulation; correcting text to be in conformance with revised laws, regulation, or Federal agency responsibilities; and clarifying text where the intended meaning could be updated or made clearer. The FMR and any corresponding documents may be accessed at GSA's Web site at http://www.gsa.gov/fmr.

**DATES:** *Effective Date:* May 25, 2006.

**FOR FURTHER INFORMATION CONTACT:** The Regulatory Secretariat, Room 4035, GSA Building, Washington, DC 20405, (202) 208–7312, for information pertaining to status or publication schedules. For clarification of content, contact Mr. Robert Holcombe, Office of Governmentwide Policy, Office of Travel, Transportation, and Asset Management (MT), at (202) 501–3828 or e-mail at Robert.Holcombe@gsa.gov. Please cite FMR case 2006–102–2, Amendment 2006–01.

**SUPPLEMENTARY INFORMATION:**

### A. Background

In the years since 41 CFR part 102–37 was published as a final rule, the references to other regulations which migrated from the Federal Property Management Regulations (FPMR) (41 CFR chapter 101) to the Federal Management Regulation (FMR) (41 CFR chapter 102) became outdated. Also, Public Law 107–217 revised and recodified certain provisions of the Federal Property and Administrative Services Act of 1949 (Property Act). For example, the Property Act provisions and topics previously found at 40 U.S.C. 471–514 will now generally be found at 40 U.S.C. 101–705. This revised regulation updates the title 40 U.S.C. citations to reflect the changes made by Public Law 107–217. Additionally, in the intervening years since these three regulations were published, several agencies have moved or changed names. Finally, updating or clarifying revisions were made where the revisions are seen as administrative or clerical in nature. This includes—

1. Elimination of the requirement for a biennial report to Congress on the donation of Federal surplus personal property (obsolete because of section 3003 of the Federal Reports Elimination and Sunset Act of 1995 (31 U.S.C. 1113 note)); and

2. A revised threshold for audits made under OMB Circular A–133.

### B. Executive Order 12866

The General Services Administration (GSA) has determined that this final rule is not a significant regulatory action for the purposes of Executive Order 12866.

### C. Regulatory Flexibility Act

This final rule is not required to be published in the **Federal Register** for comment. Therefore, the Regulatory Flexibility Act does not apply.

### D. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the changes to the FMR do not impose information

collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.*

**E. Small Business Regulatory Enforcement Fairness Act**

This final rule is exempt from Congressional review under 5 U.S.C. 801 since it relates solely to agency management and personnel.

**List of Subjects in 41 CFR Part 102–37**

Government property management, Reporting and recordkeeping requirements, Surplus government property, and Government property.

Dated: April 10, 2006.

**David L. Bibb,**

*Acting Administrator of General Services.*

■ For the reasons set forth in the preamble, GSA amends 41 CFR part 102–37 as set forth below:

■ 1. The authority citation for 41 CFR part 102–37 continues to read as follows:

## PART 102–37—DONATION OF SURPLUS PERSONAL PROPERTY

**Authority:** 40 U.S.C. 549 and 121(c).

**§ 102–37.10 [Amended]**

■ 2. Amend § 102–37.10 by removing ''Subsection 203(j)(1) of the Federal Property and Administrative Services Act of 1949 (40 U.S.C. 484(j)(1)), as amended (the Property Act)'' and adding ''Section 549 of title 40, United States Code'' in its place.

**§ 102–37.25 [Amended]**

■ 3. Amend § 102–37.25 by removing the definition ''Property Act''; and in the definition ''State agency for surplus property (SASP)'' by removing ''subsection 203(j) of the Property Act (40 U.S.C. 484(j))'' and adding ''40 U.S.C. 549'' in its place.

**§ 102–37.80 [Amended]**

■ 4. Amend § 102–37.80 by removing ''part 101–45 of this title'' and adding ''part 102–38 of this chapter'' in its place.

**§ 102–37.105 [Removed]**

■ 5. Remove § 102–37.105

**§ 102–37.125 [Amended]**

■ 6. Amend § 102–37.125 in paragraph (a)(4), by removing ''40 U.S.C. 484(r)'' and adding ''40 U.S.C. 555'' in its place.

**§ 102–37.145 [Amended]**

■ 7. Amend § 102–37.145 in paragraph (c) by removing ''subsection 203(j)(4) of the Property Act (40 U.S.C. 484(j))'' and adding ''40 U.S.C. 549(e)'' in its place.

**§ 102–37.150 [Amended]**

■ 8. Amend § 102–37.150 by removing from the first sentence ''subsection 203(j)(4) of the Property Act (40 U.S.C. 484(j))''' and adding ''40 U.S.C. 549(e)''in its place; and by removing from the last sentence ''the Property Act'' and adding ''title 40 of the United States Code'' in its place.

**§ 102–37.200 [Amended]**

■ 9. Amend § 102–37.200 in paragraph (a) by removing ''subsection 203(j) of the Property Act (40 U.S.C. 484(j))'' and adding ''40 U.S.C. 549'' in its place.

**§ 102–37.205 [Amended]**

■ 10. Amend § 102–37.205 by–

■ a. Removing from paragraph (a) ''section 203(j) of the Property Act (40 U.S.C. 484(j))'' and adding ''40 U.S.C. 549'' in its place; and

■ b. Removing from paragraph (f) ''part 101–6, subpart 101–6.2, and part 101–8 of this title''and adding ''parts 101–4, subparts 101–6.2, and 101–8.3 of this title'' in its place.

**§ 102–37.325 [Amended]**

■ 11. Amend § 102–37.325 by removing from the introductory paragraph ''Section 203(n) of the Property Act (40 U.S.C. 484(n)'' and adding ''Section 549(f) of title 40, United States Code'' in its place.

**§ 102–37.345 [Amended]**

■ 12. Amend § 102–37.345 by removing ''$300,000'' and adding ''$500,000'' in its place.

**§ 102–37.350 [Amended]**

■ 13. Amend § 102–37.350 by removing ''General Accounting Office'' and adding ''Government Accountability Office'' in its place.

**§ 102–37.355 [Amended]**

■ 14. Amend § 102–37.355 by removing ''$300,000'' (twice) and adding ''$500,000'' in its place.

**§ 102–37.380 [Amended]**

■ 15. Amend § 102–37.380 by—

■ a. Removing from paragraph (a) ''Subsection 203(j)(2) of the Property Act (40 U.S.C. 484(j)(2))'' and adding ''Section 549(d) of title 40, United States Code'' in its place; and

■ b. Removing from paragraph (b) ''Subsection 203(j) of the Property Act (40 U.S.C. 484(j)(3))'' and adding ''Section 549(c)(3) of title 40, United States Code'' in its place.

**§ 102–37.445 [Amended]**

■ 16. Amend § 102–37.445, by removing from paragraph (d) ''section 606 of title VI of the Federal Property and Administrative Services Act of 1949 (40 U.S.C. 476), as amended'' and adding ''section 122 of title 40, United States Code'' in its place.

**§ 102–37.455 [Amended]**

■ 17. Amend § 102–37.455 by—

■ a. Removing from the table in paragraph (a)(1) ''Part 101–37, subpart 101–37.6, of this title''and adding ''Part 102–33, subpart D, of this chapter'' in its place; and

■ b. Removing from paragraph (b)(1) ''Bureau of Alcohol, Tobacco, and Firearms (BATF), Department of the Treasury'' and adding ''Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), Department of Justice'' in its place; and by removing from the second sentence ''BATF'' and adding ''ATF'' in its place.

**§ 102–37.520 [Amended]**

■ 18. Amend § 102–37.520 by removing ''41 U.S.C. 47102'' and adding ''49 U.S.C. 47102'' in its place.

**§ 102–37.540 [Amended]**

■ 19. Amend § 102–37.540 by removing ''Subsection 203(l) of the Property Act (40 U.S.C. 484(l))'' and adding ''Section 551 of title 40, United States Code'' in its place.

**§ 102–37.565 [Amended]**

■ 20. Amend § 102–37.565 by removing ''Subsection 202(h) of the Property Act (40 U.S.C. 483(h))'' and adding ''Section 527 of title 40, United States Code'' in its place.

**Appendix C to Part 102—[Amended]**

■ 21. Amend Appendix C in the definition ''Nationally recognized accrediting agency'' by removing ''*http://www.ed.gov/offices/OPE/accreditation/index.html*'' and adding ''*http://www.ed.gov/admins/finaid/accred''* in its place.

[FR Doc. 06–3881 Filed 4–24–06; 8:45 am]

BILLING CODE 6820–14–S

**DEPARTMENT OF TRANSPORTATION**

**Pipeline and Hazardous Materials Safety Administration**

**49 CFR Parts 171, 172, and 173**

**[Docket No. RSPA–2004–18795 (HM–237)]**

**RIN 2137–AD88**

## Hazardous Materials: Requirements for Lighters and Lighter Refills

**AGENCY:** Pipeline and Hazardous Materials Safety Administration (PHMSA), DOT.

**ACTION:** Final rule; response to appeals; correction.

**SUMMARY:** On January 23, 2006, PHMSA published a final rule entitled ''Requirements for Lighters and Lighter Refills'' that amended requirements in the Hazardous Materials Regulations pertaining to the examination, testing, certification, and transportation of lighters and lighter refills. In response to appeals submitted by persons affected by the final rule, this final rule amends requirements applicable to the transportation of lighter refills and allows for immediate voluntary compliance with certain provisions.

**DATES:** *Effective Date:* The effective date of this final rule is January 1, 2007.

*Voluntary compliance:* Except for paragraphs (a), (b)(1), (b)(3), (b)(4), and (d) in § 173.308, voluntary compliance with the final rule amending 49 CFR parts 171, 172, and 173 published at 71 FR 3418 on January 23, 2006, and with this final rule is authorized as of April 25, 2006.

**FOR FURTHER INFORMATION CONTACT:** Michael G. Stevens or Kurt Eichenlaub, Office of Hazardous Materials Standards, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, telephone (202) 366–8553.

**SUPPLEMENTARY INFORMATION:**

### I. Background

On January 23, 2006, the Pipeline and Hazardous Materials Safety Administration (PHMSA, we) adopted a final rule specifying requirements for the examination, testing, certification, and transportation of lighters and lighter refills. Specifically, the final rule amended the Hazardous Materials Regulations (HMR; 49 CFR parts 171 through 180) to:

a. Adopt requirements for the design, capacity, and pressure capability of lighters that are generally consistent with definitions in the American Society for Testing and Materials (ASTM), Standard Consumer Safety Specification for Lighters (ASTM F–400);

b. Revise approval procedures to permit lighter designs to be examined, tested, and assigned a unique identification number by a qualified person authorized by PHMSA; and

c. Revise packaging and transportation requirements for lighters and lighter refills that are generally consistent with international standards.

The final rule will be effective January 1, 2007.

### II. Appeals of the Final Rule

We received four appeals to the final rule from the Lighter Association, Zippo Manufacturing Company (Zippo), Ronson Consumer Products Corporation (Ronson), and Ms. Andrea C. Sassa, Esq. (Sassa). The Lighter Association, Zippo, and Ronson express concern about the provisions of the final rule applicable to the transportation of lighter refills. Sassa requests us to permit voluntary compliance with the provisions of the final rule in advance of the effective date. These appeals are discussed in detail below.

#### *A. Lighter Refills*

Currently, the Hazardous Materials Table (HMT) in § 172.101 of the HMR lists ''Lighters or lighter refills'' as a single entry and refers shippers and transporters to Special Provision N10 and §§ 173.21 and 173.308 for packing requirements. However, neither Special Provision N10 nor §§ 173.21 and 173.308 include specific packaging requirements for lighter refills. These sections of the HMR set forth requirements applicable to lighters only. Thus, no provisions of the HMR establish transportation requirements specific to lighter refills.

In letters of interpretation issued over the past several years, we have advised persons offering lighter refills for transportation to use the HMT entry applicable to the fuel contained in the lighter refill—typically butane—to determine applicable packaging requirements. The HMT entry for butane refers shippers and transporters to Special Provision 19 and § 173.304 for packaging requirements. In addition, the HMT entry refers to § 173.306 for exceptions applicable to the shipment of butane; no exceptions apply to the transportation of ''lighters and lighter refills.''

Section 173.306 permits a limited quantity of butane or other flammable gas (not more than 4 fluid ounces) to be renamed ''consumer commodity'' and reclassed as ORM–D material. ORM–D shipments are excepted from specification packaging requirements and, for other than air transportation, from shipping paper and labeling requirements.

One goal of the HM–237 rulemaking was to develop transportation requirements specific to lighter refills. To this end, in the NPRM we proposed a separate entry in the HMT for ''lighter refills *containing flammable gas exceeding 4 fluid ounces capacity*.'' We inadvertently omitted a separate HMT entry for ''lighter refills *containing flammable gas not exceeding 4 fluid ounces capacity,*'' but added a new paragraph (h) to § 173.306 to specify requirements for lighter refills not exceeding 4 fluid ounces. The provisions proposed in this paragraph were identical to provisions for lighter refills in the UN Recommendations for the Transport of Dangerous Goods, the International Civil Aviation Organization's Technical Instructions for the Safe Transport of Dangerous Goods by Air (ICAO Technical Instructions), and the International Maritime Dangerous Goods Code (IMDG Code).

The NPRM proposal for lighter refills included an exception for shipments transported by highway, but did not include limited quantity or consumer commodity exceptions. Indeed, the preamble discussion on lighter refills stated that, under the NPRM, ''regardless of transportation mode, lighter refills [would not be] eligible for the exceptions under the ORM–D hazard class and [could] not be renamed 'Consumer commodity.' '' The preamble did not specifically address the option that currently permits shippers to utilize consumer commodity exceptions applicable to shipments of butane nor did the proposed regulatory text specifically prohibit lighter refills from taking advantage of limited quantity and consumer commodity exceptions.

The Lighter Association was the only commenter to address the consumer commodity exception in its comments to the NPRM. The Lighter Association comments on lighter refills specifically address the exception provided in the NPRM for highway shipments and its view that the packaging proposed for this exception was unnecessarily rigorous. In support of this view, the Lighter Association noted that ''lighter refills under 4 fluid ounces have been treated as ORM–D for over thirty years. To the best of our knowledge, there have not been any safety incidents with the transportation of any size lighter refills * * *'' The Association did not specifically address our proposal to prohibit lighter refills from taking advantage of the consumer commodity exception. In the final rule, we modified

the NPRM provisions applicable to the highway exception for lighter refills to accommodate the Lighter Association comments. No other commenters addressed the proposal in the NPRM applicable to consumer commodity exceptions for lighter refills.

In the final rule, we added the entry to the HMT for ''lighter refills containing flammable gas not exceeding 4 fluid ounces'' that had been inadvertently omitted from the NPRM. In addition, we amended § 173.306(a)(1) to clarify, consistent with the NPRM proposal, that lighter refills may not utilize limited quantity or consumer commodity exceptions. However, in the preamble to the final rule we did not include a detailed discussion of these changes to the NPRM.

The Lighter Association, Zippo, and Ronson suggest that the changes in the final rule eliminated the limited quantity and consumer commodity exceptions that had been utilized by shippers of lighter refills without providing adequate notice and opportunity for comment. The appeals are based on our clarifying amendments to § 173.306(a)(1), which was not proposed in the NPRM. Zippo suggests that ''PHSMA [sought] to bring these changes about in a process that was not open and transparent. This major change was not in the Proposed Rule as published for public comment. Rather it was slipped in by an almost hidden amendment to 49 CFR Part 173.306(a)(1) in the Final Rule.'' In addition, the Lighter Association is concerned that neither the NPRM nor the final rule includes an explanation of why the change is needed. ''PHMSA provides no evidence that there have been safety issues associated with the transportation of lighter refills.'' The Lighter Association suggests that elimination of the limited quantity and consumer commodity exceptions for lighter refills ''causes great economic harm to at least three significant lighter companies in this country and thousands of smaller businesses.''

Upon review, we believe the discussion in the preamble to the NPRM provided sufficient notice of our intention to prohibit shippers of lighter refills from utilizing limited quantity and consumer commodity exceptions. However, we did not provide notice that the limited quantity and consumer commodity exceptions authorized for transportation of butane and other flammable gases would no longer be available for lighter refill shipments. Further, appellants have highlighted potential economic impacts of this provision on the regulated community that were not considered in the development of the final rule. Therefore, we are granting the appeals submitted by the Lighter Association, Zippo, and Ronson by correcting the final rule to permit shippers to continue to utilize limited quantity and consumer commodity exceptions for shipments of lighter refills when in containers with a capacity of 4 fluid ounces (7.22 cubic inches) or less. We note in this regard, however, that neither the ICAO Technical Instructions nor the IMDG Code provide limited quantity or consumer commodity exceptions for lighter refills. Therefore, the exceptions we are providing in the HMR for lighter refills would not be acceptable for aircraft or vessel shipments under international standards. In addition, lighter refills with a capacity greater than 4 fluid ounces (7.22 cubic inches) must be described as the gas contained therein and packaged in an authorized specification container regardless of transportation mode.

*B. Voluntary Compliance*

The effective date of the January 23, 2006 final rule is January 1, 2007. This provides almost a full year for the industry to implement the new program and procedures for the testing and examination of lighter designs. However, the final rule contains several amendments providing regulatory relief that are currently authorized only under the terms of a special permit granted by PHMSA. The Sassa appeal relates to one such special permit (DOT–SP 14273) that would no longer be needed if the final rule were in effect. We are aware of additional special permits that would also be affected, but to date we have not received any requests for relief. Sassa requests that offerors and transporters be permitted to voluntarily comply with the provisions of the HM–237 final rule.

There are significant portions of the new examination, testing, marking, and record retention procedures for which immediate voluntary compliance will not be possible. For example, there are no laboratories currently approved by PHMSA to test and examine lighter designs under the procedures adopted in the final rule. We anticipate that a number of entities will consider examining and testing lighter designs in the near future. However, until additional laboratories are authorized to examine and test lighter designs, those portions of § 173.308 related to lighter design, examination, testing, marking, and record retention will not be effective until January 1, 2007. In response to the Sassa appeal we are authorizing immediate voluntary compliance with all other provisions of the HM–237 final rule, including:

- Procedures for submitting lighter design samples to an authorized examination and testing facility prescribed in § 173.308(b)(2);
- Inner and outer packaging requirements prescribed in § 173.308(c); and
- Exceptions for the private, common, or contract carriage of lighters prescribed in § 173.308(e)(1) and (e)(2).

**III. Regulatory Analyses and Notices**

*A. Statutory/Legal Authority for This Rulemaking*

This final rule is published under authority of Federal hazardous materials transportation law (Federal hazmat law; 49 U.S.C. 5101 *et seq.*). Section 5103(b) of Federal hazmat law authorizes the Secretary of Transportation to prescribe regulations for the safe transportation, including security, of hazardous material in intrastate, interstate, and foreign commerce. In accordance with § 5103(a) of Federal hazmat law, the Secretary is authorized to designate a material or a group or class of materials as hazardous when transportation of that material in commerce may pose an unreasonable risk to health and safety, or property. A lighter fueled by a flammable gas or a flammable liquid is a hazardous material for purposes of regulation under Federal hazmat law and the HMR.

*B. Executive Order 12866 and DOT Regulatory Policies and Procedures*

This final rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and, therefore, was not formally reviewed by the Office of Management and Budget. This final rule is not a significant rule under the Regulatory Policies and Procedures of the Department of Transportation (44 FR 11034).

This final rule will not impose increased compliance costs on the regulated industry. The corrections we are making to the January 23, 2006 final rule will provide regulatory relief to persons offering lighters and lighter refills for transportation in commerce by reinstituting limited quantity and consumer commodity exceptions for lighter refills and permitting immediate voluntary compliance with certain provisions of the final rule. Overall, this final rule will reduce the compliance burden on the regulated industry without compromising transportation safety.

*C. Executive Order 13132*

This final rule has been analyzed in accordance with the principles and criteria contained in Executive Order

13132 (''Federalism''). This final rule would preempt State, local, and Indian tribe requirements but does not propose any regulation that has substantial direct effects on the States, the relationship between the national government and the States, or the distribution of power and responsibilities among the various levels of government. Therefore, the consultation and funding requirements of Executive Order 13132 do not apply.

The Federal hazardous materials transportation law, 49 U.S.C. 5101–5127, contains an express preemption provision (49 U.S.C. 5125 (b)) that preempts State, local, and Indian tribe requirements on certain covered subjects. Covered subjects are:

(i) The designation, description, and classification of hazardous materials;

(ii) The packing, repacking, handling, labeling, marking, and placarding of hazardous materials;

(iii) The preparation, execution, and use of shipping documents related to hazardous materials and requirements related to the number, contents, and placement of those documents;

(iv) The written notification, recording, and reporting of the unintentional release in transportation of hazardous material; or

(v) The design, manufacture, fabrication, marking, maintenance, recondition, repair, or testing of a packaging or container represented, marked, certified, or sold as qualified for use in transporting hazardous material.

This final rule addresses covered subject items (i), (ii), (iii), and (v) above and preempts State, local, and Indian tribe requirements not meeting the ''substantively the same'' standard. This final rule is necessary to update, clarify, and provide relief from regulatory requirements.

Federal hazardous materials transportation law provides at section 5125(b)(2) that, if DOT issues a regulation concerning any of the covered subjects, DOT must determine and publish in the **Federal Register** the effective date of Federal preemption. The effective date may not be earlier than the 90th day following the date of issuance of the final rule and not later than two years after the date of issuance. PHMSA has determined that the effective date of Federal preemption for these requirements will be 1 year from the date of publication of a final rule in the **Federal Register**.

*D. Executive Order 13175*

This final rule has been analyzed in accordance with the principles and criteria contained in Executive Order 13175 (''Consultation and Coordination with Indian Tribal Governments''). Because this final rule does not have tribal implications and does not impose substantial direct compliance costs, the funding and consultation requirements of Executive Order 13175 do not apply.

*E. Regulatory Flexibility Act, Executive Order 13272, and DOT Regulatory Policies and Procedures*

The Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) requires an agency to review regulations to assess their impact on small entities unless the agency determines that a rule is not expected to have a significant impact on a substantial number of small entities. This final rule will not impose increased compliance costs on the regulated industry. The revisions we are making to the January 23, 2007 final rule will provide regulatory relief to persons offering lighters and lighter refills for transportation in commerce by reinstituting limited quantity and consumer commodity exceptions for lighter refills and permitting immediate voluntary compliance with certain provisions of the final rule. Therefore, I certify that this rule will not have a significant economic impact on a substantial number of small entities.

This final rule has been developed in accordance with Executive Order 13272 (''Proper Consideration of Small Entities in Agency Rulemaking'') and DOT's procedures and policies to promote compliance with the Regulatory Flexibility Act to ensure that potential impacts of draft rules on small entities are properly considered.

*F. Paperwork Reduction Act*

PHMSA currently has an approved information collection under Office of Management and Budget (OMB) Control Number 2137–0557, ''Approvals for Hazardous Materials,'' with an expiration date of June 30, 2007. This final rule imposes no new information collection and recordkeeping requirements.

*G. Regulation Identifier Number (RIN)*

A regulation identifier number (RIN) is assigned to each regulatory action listed in the Unified Agenda of Federal Regulations. The Regulatory Information Service Center publishes the Unified Agenda in April and October of each year. The RIN number contained in the heading of this document can be used to cross-reference this action with the Unified Agenda.

*H. Unfunded Mandates Reform Act*

This final rule does not impose unfunded mandates under the Unfunded Mandates Reform Act of 1995. It will not result in costs of $120.7 million or more, in the aggregate, to any of the following: State, local, or Native American tribal governments, or the private sector.

*I. Privacy Act*

Anyone is able to search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (Volume 65, Number 70; pages 19477–78) or you may visit *http://dms.dot.gov.*

**List of Subjects in 49 CFR Part 173**

Hazardous materials transportation, Packaging and containers, Radioactive materials, Reporting and recordkeeping requirements, Uranium.

■ In consideration of the foregoing, we are making the following correction to rule FR Doc. 06–464, published on January 23, 2006 (71 FR 3418):

**§ 173.306 [Corrected]**

■ 1. On page 3427, in the middle column, correct amendatory instruction 12.a. to read ''a. In paragraph (a)(1), in the last sentence, the wording ''paragraph (h)'' is removed and the wording ''paragraph (i)'' is added in its place.''

Issued in Washington, DC on April 10, 2006 under authority delegated in 49 CFR part 1.

**Brigham A. McCown,**

*Acting Administrator.*

[FR Doc. 06–3834 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–60–M**

## DEPARTMENT OF COMMERCE

## National Oceanic and Atmospheric Administration

## 50 CFR Part 648

**[Docket No. 060315071–6101–02; I.D. 030906C]**

**RIN 0648–AT22**

## Fisheries of the Northeastern United States; Monkfish Fishery

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

**ACTION:** Final rule.

**SUMMARY:** NMFS implements measures to establish target total allowable catch

(TAC) levels for the monkfish fishery for the 2006 fishing year (FY), and adjusts trip limits and establishes days-at-sea (DAS) restrictions for limited access monkfish vessels fishing in the Southern Fishery Management Area (SFMA) based upon the annual target TAC setting, trip limit, and DAS adjustment methods established in Framework Adjustment 2 (Framework 2) to the Monkfish Fishery Management Plan (FMP). The action is necessary to comply with the rebuilding plan established in the FMP and modified in Framework 2. The intent of this action is to help eliminate overfishing and rebuild the monkfish resource in accordance with Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act) requirements.

**DATES:** Effective May 1, 2006.

**ADDRESSES:** Copies of the Environmental Assessment (EA), including the Regulatory Impact Review (RIR) and Initial Regulatory Flexibility Analysis (IRFA), prepared for this action are available upon request from Paul Howard, Executive Director, New England Fishery Management Council (NEFMC), 50 Water Street, Newburyport, MA 01950. The document is also available online at *http://www.nefmc.org*. NMFS prepared a Final Regulatory Flexibility Analysis (FRFA), which is contained in the classification section of this rule. The small entity compliance guide is available from Patricia A. Kurkul, Regional Administrator, Northeast Regional Office, National Marine Fisheries Service, One Blackburn Drive, Gloucester, MA 01930–2298, and on the Northeast Regional Office's website at *http://www.nero.noaa.gov*.

**FOR FURTHER INFORMATION CONTACT:** Allison Ferreira, Fishery Policy Analyst, e-mail *Allison.Ferreira@noaa.gov*, phone (978) 281–9103, fax (978) 281–9135.

**SUPPLEMENTARY INFORMATION:**

## Background

Framework Adjustment 2 to the FMP, which became effective on May 1, 2003 (68 FR 22325; April 28, 2003), implemented a method for setting the annual target TACs. This method is based upon the relationship between the 3-year running average of NMFS's fall trawl survey biomass index (3-year average biomass index) and established annual biomass index targets (annual index target). Once the annual target TACs are established, trip limits and/or DAS are adjusted accordingly, using a set of procedures established in Framework 2.

The FMP, as modified by Framework 2, requires that the Monkfish Monitoring Committee (MFMC) recommend to the NEFMC and the Mid-Atlantic Fishery Management Council (MAFMC), on an annual basis, target TACs for the Northern Fishery Management Area (NFMA) and SFMA. The MFMC reviewed the fall trawl survey biomass indices and monkfish landings for FY 2004, and calculated the target TACs for FY 2006 in accordance with the procedures established in Framework 2. According to these procedures, if the current 3-year average biomass index is below the annual index target, then the target TAC for the upcoming fishing year (e.g., FY 2006) is set equivalent to the monkfish landings for the previous fishing year (e.g., FY 2004), minus the percentage difference between the 3-year average biomass index and the annual index target. Based on the information presented in Table 1, the current 3-year average biomass indices are less than the current targets for both management areas. Therefore, the FY 2006 target TAC for the NFMA is 7,737 mt (33.7 percent less than FY 2004 landings), and the FY 2006 target TAC for the SFMA is 3,667 mt (39.7 percent less than FY 2004 landings).

TABLE 1. CALCULATION OF 2006 TARGET TACS

| Management Area | FY 2004 Landings (mt) | 2005 3-year Average (kg/tow) | 2005 BiomassTarget (kg/tow) | Percent Below Target | 2006 Target TAC (mt) |
|---|---|---|---|---|---|
| NFMA | 11,666 | 1.214 | 1.83 | 33.7 % | 7,737 |
| SFMA | 6,078 | 0.778 | 1.29 | 39.7 % | 3,667 |

This action does not implement any changes to the management measures for limited access monkfish vessels fishing in the NFMA because the annual adjustment procedure specified in the regulations at § 648.96(b) applies only to the SFMA. At the time Framework 2 was developed and implemented, the monkfish resource was well above the biomass threshold established for the NFMA. However, recent restrictions on fishing effort in the Northeast (NE) multispecies fishery, implemented through Amendment 13 to the NE Multispecies FMP, have helped constrain monkfish effort in the NFMA. In fact, monkfish landings during FY 2004 were only 69 percent of the FY 2004 target TAC for that management area. Furthermore, additional effort restrictions in the NE multispecies fishery to be implemented during FY 2006 (through the emergency Secretarial action and joint NE Multispecies Framework 42/Monkfish Framework 3) are expected to further constrain monkfish landings.

Framework 2 also established an adjustment procedure for the SFMA that requires either the DAS or the trip limits to be adjusted, based on whether the target TAC is less than or greater than 8,000 mt (the approximate target TAC level that would result in the 550 and 450 lb (249 and 204 kg) tail weight trip limits). Since this action establishes a target TAC for the SFMA that is well below 8,000 mt, it will reduce the trip limits for vessels fishing in the SFMA to 550 lb (249 kg) tail weight per DAS for limited access Category A, C, and G vessels, and 450 lb (204 kg) tail weight per DAS for limited access Category B, D, and H vessels, and also restrict the FY 2006 DAS available for monkfish limited access vessels fishing in the SFMA to 12 monkfish DAS (plus up to 10 carryover DAS). The number of DAS available to limited access monkfish vessels fishing in the SFMA during FY 2006 was calculated using the analysis procedures established in Framework 2, and outlined in the regulations at § 648.96(b)(3).

This action also notifies limited access monkfish vessels of the monkfish DAS proration for vessels participating in the Offshore Fishery Program in the SFMA, as required by § 648.95(g). The Offshore Fishery Program, which was established through Amendment 2 to the FMP (70 FR 21927; April 28, 2005), authorizes limited access monkfish

permit holders with Category A, B, C, or D permits to elect, on an annual basis, to participate in a designated offshore monkfish fishery in the SFMA by obtaining a Category F permit for the fishing year. Under this program, participants are allowed a higher daily possession limit of 1,600 lb (726 kg) tail weight per DAS in exchange for a reduced monkfish DAS allocation. Monkfish DAS for limited access Category A and C vessels that participate in this program during FY 2006 are adjusted by a factor of 0.344, equal to 4.1 DAS, based on the 12 DAS restriction, and limited access Category B and D vessels are adjusted by a factor of 0.281, equal to 3.4 DAS, based on the 12 DAS restriction. Any carryover DAS available to the permit holder is to be factored into this calculation.

**Comments and Responses**

One public comment was received on the proposed rule.

*Comment 1:* One commenter requested that NMFS cut the target TACs for both management areas in half.

*Response:* Framework 2 specified a target TAC setting method based upon a series of annual biomass index targets that gradually increase to achieve the biomass target established in the FMP. Since monkfish stocks in both management areas are behind in their respective rebuilding schedules, the application of the target TAC setting method implemented in Framework 2 for FY 2006 has resulted in target TACs that are about one-half the target TACs established for FY 2005. Specifically, the FY 2006 target TAC for the NFMA represents a 41–percent decrease from the FY 2005 target TAC, while the FY 2006 target TAC for the SFMA represents a 62–percent decrease from the FY 2005 target TAC.

**Classification**

The Administrator, NE Region, NMFS (Regional Administrator), determined that this action to establish target TACs, trip limits, and DAS restrictions for the 2006 monkfish fishery is necessary for the conservation and management of the monkfish fishery, and that it is consistent with the Magnuson-Stevens Act and other applicable law.

There is good cause under 5 U.S.C. 553(d)(3) to waive the 30 day delay in effectiveness of this final rule. This action establishes annual measures (target TACs, trip limits, DAS restrictions) for the monkfish fishery for FY 2006 (May 1, 2006 to April 30, 2007) that are more restrictive than the measures currently in effect for FY 2005. Failure to implement these measures in a timely manner will enable the monkfish resource to be overharvested since it would delay implementation of reduced trip limits and DAS restrictions for vessels fishing in the SFMA for up to 30 days beyond the start of the fishing year. Vessels that fish for monkfish in the SFMA are typically highly active during the month of May, using a large portion of their allocated monkfish DAS. This is due to the fact that monkfish are readily available during this time of year as a result of their annual spring migratory pattern. Therefore, any delay in implementation beyond the start of the fishing year would provide limited access monkfish vessels with the ability to use more than the 12 monkfish DAS being authorized for the SFMA under this final rule, resulting in an increase in fishing effort and enabling overharvest of the target TAC for this management area to occur. Any overharvest of the target TAC for the SFMA would result in negative impacts to the monkfish resource as a whole since stocks in both management areas are well behind the rebuilding schedules established in the FMP. Furthermore, this action could not be implemented earlier due to the lateness in the availability of the NMFS fall trawl survey data necessary for the calculation of the annual target TACs for the monkfish fishery, and the lateness in submission of this action by the NEFMC. A draft version of the EA/RIR/IRFA was made available to NMFS for review on February 13, 2006. The final version of the EA/RIR/IRFA was made available to NMFS and the public, through posting of the document on the NEFMC's website, on March 10, 2006. In order to implement this final rule before the start of FY 2006 and prevent any negative impacts to the monkfish resource, such as overharvesting of the target TAC for the SFMA, resulting from a delay in implementation , the Assistant Administrator (AA) finds good cause to waive the 30-day delay in effectiveness.

The NEFMC prepared an EA for this action and the AA concluded that there will be no significant impact on the human environment as a result of this rule. A copy of the EA is available from the NEFMC (see **ADDRESSES**).

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

**Final Regulatory Flexibility Analysis**

This section constitutes the FRFA, which NMFS, pursuant to section 604 of the Regulatory Flexibility Act (RFA), has prepared in support of this action. The FRFA describes the economic impact that this final rule will have on small entities. This FRFA incorporates the IRFA, any comments received on the proposed rule, NMFS's responses to those comments, and the analyses completed to support the action. There are no Federal rules that may duplicate, overlap, or conflict with this final rule. A copy of the IRFA is available from the NEFMC (see **ADDRESSES**).

**Statement of Objective and Need**

A description of the reasons why action by the agency is being taken and the objectives of this action are explained in the preamble of the proposed rule and this final rule and are not repeated here. This action is taken under the authority of the Magnuson-Stevens Act and regulations at 50 CFR part 648.

**Summary of Significant Issues Raised in Public Comments**

One public comment was received on the proposed rule, but it did not pertain to the economic analyses summarized in the IRFA. The comment and the agency's response to that comment are provided in the preamble of this final rule.

**Description and Estimate of Number of Small Entities to Which this Rule Will Apply**

This action will impact approximately 325 limited access monkfish permit holders that fish all or part of the fishing year in the SFMA, based on vessel landings for the 2003 FY. Of these 325 permit holders, 151 fished exclusively in the SFMA, and are likely to be most affected by this action. All of the these vessels are considered small entities under the Small Business Administration's size standards for small fishing businesses (less than $3.5 million in gross annual sales) and, therefore, there is no disproportionate impact of the regulations between large and small entities.

**Description of Projected Reporting, Recordkeeping, and Other Compliance Requirements**

This action does not introduce any new reporting, recordkeeping, or other compliance requirements.

**Description of the Steps Taken to Minimize Economic Impacts on Small Entities**

The target TAC setting alternative adopted in Framework 2 to the FMP, and utilized in this action, is less precautionary than the other alternatives considered in Framework 2, but minimizes impacts to small entities to the greatest extent. This target TAC

setting method minimizes impacts to small entities because it enables the NEFMC and MAFMC to increase the target TAC in response to an increase in monkfish stock biomass, in the absence of a reliable estimate of fishing mortality (F), but with a cap on that increase. Because the monkfish stocks in both management areas are behind in their respective rebuilding schedules, this action will reduce the target TACs in both management areas, resulting in reductions in trip limits and DAS available to vessels that fish in the SFMA. Therefore, because Framework 2 established methods for calculating annual target TACs, trip limits, and DAS restrictions, there are no alternatives to the target TACs, trip limits, and DAS restrictions being implemented for FY 2006 under this annual adjustment process.

Framework 2 considered other alternatives to the formulaic method that was chosen to establish annual TACs for monkfish. The annual target TAC setting method established in Framework 2 compares annual biomass targets with a 3-year running average of the NMFS fall trawl survey. If the trawl survey biomass index is less than the annual target, as is the case for FY 2005, the target TAC in the subsequent year (FY 2006) is set to equal the monkfish landings for the previous fishing year (FY 2004), minus the percentage difference between the 3 year average biomass index and the annual index target (see Table 1). Another option considered in Framework 2 would have compared the current F in relation to Fthreshold for establishing annual target TACs. This option was determined to be unreasonable because current estimates of F are too imprecise to set target TACs and make a status determination regarding overfishing.

**Small Entity Compliance Guide**

Section 212 of the Small Business Regulatory Enforcement Fairness Act of 1996 states that, for each rule or group of related rules for which an agency is required to prepare a FRFA, the agency shall publish one or more guides to assist small entities in complying with the rule, and shall designate such publications as ''small entity compliance guides.'' The agency shall explain the actions a small entity is required to take to comply with a rule or group of rules. As part of this rulemaking process, a small entity compliance guide was prepared. The guide will be sent to all vessels issued a limited access monkfish permit, and to all Federal dealers issued a monkfish permit. In addition, copies of this final rule and guide (i.e., permit holder letter) are available from the Regional Administrator (see **ADDRESSES**) and are also available at the following web site: *http://www.nero.noaa.gov*.

**List of Subjects in 50 CFR Part 648**

Fisheries, Fishing, Reporting and recordkeeping requirements.

Dated: April 20, 2006.

**William T. Hogarth,**

*Assistant Administrator for Fisheries, National Marine Fisheries Service.*

■ For the reasons set out in the preamble, 50 CFR part 648 is amended as follows:

## PART 648—FISHERIES OF THE NORTHEASTERN UNITED STATES

■ 1. The authority citation for part 648 continues to read as follows:

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

■ 2. In § 648.92, paragraph (b)(1)(ii) is added to read as follows:

**§ 648.92 Effort-control program for monkfish limited access vessels.**

* * * * *

(b) * * *

(1) * * *

(ii) FY 2006 DAS restrictions for vessels fishing in the SFMA. For the 2006 fishing year, limited access monkfish vessels are restricted to utilizing only 12 of their 40 monkfish DAS allocation in the SFMA. If a vessel does not possess a valid letter of authorization from the Regional Administrator to fish in the NFMA as described in § 648.94(f), NMFS will presume that any monkfish DAS used was fished in the SFMA.

* * * * *

■ 3. In § 648.94, paragraphs (b)(2)(i) and (ii) are revised to read as follows:

**§ 648.94 Monkfish possession and landing restrictions.**

* * * * *

(b) * * *

(2) * * *

(i) *Category A, C, and G vessels.* Category A, C, and G vessels fishing under the monkfish DAS program in the SFMA may land up to 550 lb (249 kg) tail weight or 1,826 lb (828 kg) whole weight of monkfish per monkfish DAS (or any prorated combination of tail-weight and whole weight based on the conversion factor for tail weight to whole weight of 3.32), unless modified pursuant to § 648.96(b)(2)(ii).

(ii) *Category B, D, and H vessels.* Category B, D, and H vessels fishing under the monkfish DAS program in the SFMA may land up to 450 lb (204 kg) tail weight or 1,494 lb (678 kg) whole weight of monkfish per monkfish DAS (or any prorated combination of tail-weight and whole weight based on the conversion factor for tail weight to whole weight of 3.32), unless modified pursuant to § 648.96(b)(2)(ii).

* * * * *

[FR Doc. 06–3908 Filed 4–20–06; 4:01 pm]

**BILLING CODE 3510–22–S**

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

### 50 CFR Part 679

**[Docket No. 060216045–6045–01; I.D. 041906C]**

## Fisheries of the Exclusive Economic Zone Off Alaska; Yellowfin Sole by Vessels Using Trawl Gear in Bering Sea and Aleutian Islands Management Area

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

**ACTION:** Temporary rule; closure.

**SUMMARY:** NMFS is closing directed fishing for yellowfin sole by vessels using trawl gear in the Bering Sea and Aleutian Islands management area (BSAI). This action is necessary to prevent exceeding the second seasonal allowance of the 2006 halibut bycatch allowance specified for the trawl yellowfin sole fishery category in the BSAI.

**DATES:** Effective 1200 hrs, Alaska local time (A.l.t.), April 20, 2006, through 1200 hrs, A.l.t., May 21, 2006.

**FOR FURTHER INFORMATION CONTACT:** Josh Keaton, 907–586–7228.

**SUPPLEMENTARY INFORMATION:** NMFS manages the groundfish fishery in the BSAI according to the Fishery Management Plan for Groundfish of the Bering Sea and Aleutian Islands Management Area (FMP) prepared by the North Pacific Fishery Management Council under authority of the Magnuson-Stevens Fishery Conservation and Management Act. Regulations governing fishing by U.S. vessels in accordance with the FMP appear at subpart H of 50 CFR part 600 and 50 CFR part 679.

The second seasonal allowance of the 2006 halibut bycatch allowance specified for the trawl yellowfin sole fishery category in the BSAI is 195 metric tons as established by the 2006 and 2007 final harvest specifications for groundfish in the BSAI (71 FR 10894, March 3, 2006).

In accordance with § 679.21(e)(7)(v), the Administrator, Alaska Region, NMFS, has determined that the second seasonal allowance of the 2006 halibut bycatch allowance specified for the trawl yellowfin sole fishery category in the BSAI has been caught. Consequently, NMFS is closing directed fishing for yellowfin sole by vessels using trawl gear in the BSAI.

After the effective date of this closure the maximum retainable amounts at § 679.20(e) and (f) apply at any time during a trip.

**Classification**

This action responds to the best available information recently obtained from the fishery. The Assistant Administrator for Fisheries, NOAA (AA), finds good cause to waive the requirement to provide prior notice and opportunity for public comment pursuant to the authority set forth at 5 U.S.C. 553(b)(B) as such requirement is impracticable and contrary to the public interest. This requirement is impracticable and contrary to the public interest as it would prevent NMFS from responding to the most recent fisheries data in a timely fashion and would delay the closure of directed fishing for yellowfin sole by vessels using trawl gear in the BSAI. NMFS was unable to publish a notice providing time for public comment because the most recent, relevant data only became available as of April 19, 2006.

The AA also finds good cause to waive the 30-day delay in the effective date of this action under 5 U.S.C. 553(d)(3). This finding is based upon the reasons provided above for waiver of prior notice and opportunity for public comment.

This action is required by § 679.21 and is exempt from review under Executive Order 12866.

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

Dated: April 19, 2006.

**James P. Burgess,**

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

[FR Doc. 06–3907 Filed 4–20–06; 4:01 pm]

BILLING CODE 3510–22–S

# Proposed Rules

Federal Register
Vol. 71, No. 79
Tuesday, April 25, 2006

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 ENERGY

### Office of Energy Efficiency and Renewable Energy

### 10 CFR Part 431

**[Docket No. EE–2006–STD–0126]**

**RIN: 1904–AB59**

## Energy Conservation Standards for Commercial Ice-Cream Freezers; Self-Contained Commercial Refrigerators, Freezers, and Refrigerator-Freezers Without Doors; and Remote Condensing Commercial Refrigerators, Freezers, and Refrigerator-Freezers: Public Meeting and Availability of the Framework Document

**AGENCY:** Office of Energy Efficiency and Renewable Energy, Department of Energy.

**ACTION:** Notice of public meeting and availability of the Framework Document.

**SUMMARY:** The Department of Energy (DOE or Department) will hold an informal public meeting to present its proposed methodologies for conducting this rulemaking, discuss issues relevant to this rulemaking proceeding, and initiate stakeholder interaction in this rulemaking proceeding. The Department is also interested in information that will assist it in establishing energy conservation standards for ice cream freezers; self-contained commercial refrigerators, freezers, and refrigerator-freezers without doors; and remote-condensing commercial refrigerators, freezers, and refrigerator-freezers. (These types of equipment are referred to collectively hereafter as ''commercial refrigeration equipment.'') The Department encourages written comments on these subjects. This effort is the result of the directive in the Energy Policy Act of 2005 to DOE to establish energy conservation standards for such equipment by January 1, 2009. To inform stakeholders and facilitate this process, DOE has prepared a Framework Document, a draft of which is available at *http://www.eere.energy.gov/buildings/appliance_standards.*

**DATES:** The Department will hold a public meeting on Tuesday, May 16, 2006, from 9 a.m. to 5 p.m. EDT in Washington, DC. Any person requesting to speak at the public meeting should submit a request to speak before 4 p.m., Tuesday, May 2, 2006. The Department must receive a signed original and an electronic copy of statements to be given at the public meeting before 4 p.m., Tuesday, May 2, 2006. Written comments on the Framework Document are welcome and encouraged following the public meeting and should be submitted by Tuesday, May 30, 2006.

**ADDRESSES:** The public meeting will be held at the U.S. Department of Energy, Forrestal Building, Room 1E–245, 1000 Independence Avenue, SW., Washington, DC 20585–0121. (Please note that foreign nationals participating in the public meeting are subject to advance security screening procedures. If a foreign national wishes to participate in the public meeting, please inform DOE of this fact as soon as possible by contacting Ms. Brenda Edwards-Jones at (202) 586–2945 so that the necessary procedures can be completed.)

Stakeholders may submit comments, identified by docket number EE–2006–STD–0126 and/or RIN number 1904–AB59, by any of the following methods:

- Federal eRulemaking Portal: *http://www.regulations.gov.* Follow the instructions for submitting comments.
- E-mail: *commercialrefrigeration.rulemaking@ee.doe.gov.* Include EE–2006–STD–0126 and/or RIN 1904–AB59 in the subject line of the message.
- Mail: Ms. Brenda Edwards-Jones, U.S. Department of Energy, Building Technologies Program, Mailstop EE–2J, Framework Document for Commercial Refrigeration Equipment, EE–2006–STD–0126 and/or RIN 1904–AB59, 1000 Independence Avenue, SW., Washington, DC 20585–0121. Telephone: (202) 586–2945. Please submit one signed paper original.
- Hand Delivery/Courier: Ms. Brenda Edwards-Jones, U.S. Department of Energy, Building Technologies Program, Room 1J–018, 1000 Independence Avenue, SW., Washington, DC 20585–0121.

*Instructions:* All submissions received must include the agency name and docket number or Regulatory Information Number (RIN) for this rulemaking.

*Docket:* For access to the docket to read background documents or comments received, go to the U.S. Department of Energy, Forrestal Building, Room 1J–018 (Resource Room of the Building Technologies Program), 1000 Independence Avenue, SW., Washington, DC, (202) 586–9127, between 9 a.m. and 4 p.m., Monday through Friday, except Federal holidays. Please call Ms. Brenda Edwards-Jones at the above telephone number for additional information regarding visiting the Resource Room. Please note that the Department's Freedom of Information Reading Room (formerly Room 1E–190 at the Forrestal Building) is no longer housing rulemaking materials.

**FOR FURTHER INFORMATION CONTACT:** James Raba, U.S. Department of Energy, Office of Energy Efficiency and Renewable Energy, Building Technologies, EE–2J, 1000 Independence Avenue, SW., Washington, DC 20585–0121, (202) 586–8654. E-mail: *Jim.Raba@ee.doe.gov.* Francine Pinto, U.S. Department of Energy, Office of General Counsel, GC–72, 1000 Independence Avenue, SW., Washington, DC 20585–0121, (202) 586–9507. E-mail: *Francine.Pinto@hq.doe.gov.*

**SUPPLEMENTARY INFORMATION:** Part B of Title III of the Energy Policy and Conservation Act (EPCA), 42 U.S.C. 6291 *et seq.*, established an energy conservation program for major household appliances. The National Energy Conservation Policy Act (NECPA), 42 U.S.C. 6311 *et seq.*, amended EPCA to add Part C of Title III, which established an energy conservation program for certain industrial equipment. The Energy Policy Act of 1992 (EPACT 1992), Public Law 102–486, included amendments to EPCA that expanded Title III to include certain commercial equipment. The recent Energy Policy Act of 2005 (EPACT 2005), Public Law 109–58, updated several existing standards and test procedures, prescribed definitions, standards, and test procedures for certain new consumer products and commercial equipment, and mandated that the Secretary of Energy (the Secretary) commence rulemakings to develop test procedures and standards

for certain other new consumer products and commercial equipment.

In particular, section 136(c) of EPACT 2005 amends section 342 of EPCA by adding new subsection 342(c)(4)(A), 42 U.S.C. 6313(c)(4)(A), which directs the Secretary to issue by rule, no later than January 1, 2009, energy conservation standards for the following equipment manufactured on or after January 1, 2012: ice-cream freezers; self-contained commercial refrigerators, freezers, and refrigerator-freezers without doors; and remote-condensing commercial refrigerators, freezers, and refrigerator-freezers. These are the types of equipment covered under today's notice. In addition, section 136(f) of EPACT 2005 directs the Secretary to issue test procedures and appropriate rating temperatures for the above commercial refrigeration equipment. (42 U.S.C. 6314(a)(6)(A)–(D)) The Department intends to propose such rating temperatures and test procedures under a separate rulemaking.

To begin this rulemaking, the Department prepared a Framework Document to explain the issues, analyses, and process it is considering for the development of energy conservation standards for the above commercial refrigeration equipment. The main focus of the public meeting will be to discuss the analyses and issues contained in various sections of the Framework Document. For each item listed, the Department will make a presentation with discussion to follow. In addition, the Department will also make a brief presentation on the rulemaking process for commercial refrigeration equipment. The Department encourages those who wish to participate in the public meeting to obtain the Framework Document and be prepared to discuss its contents. A copy of the draft Framework Document is available at *http://www.eere.energy.gov/buildings/appliance_standards.* However, public meeting participants need not limit their discussion to the topics in the Framework Document. The Department is also interested in receiving comments concerning other relevant issues that participants believe would affect energy conservation standards for commercial refrigeration equipment. The Department also welcomes all interested parties, whether or not they participate in the public meeting, to submit in writing by Tuesday, May 30, 2006, comments and information on the matters addressed in the Framework Document and on other matters relevant to consideration of standards for commercial refrigeration equipment.

The public meeting will be conducted in an informal, conference style. During the public meeting, there shall be no discussion of proprietary information, costs or prices, market shares, or other commercial matters regulated by the U.S. antitrust laws.

After the public meeting and the expiration of the period for submitting written statements, the Department will begin collecting data, conducting the analyses as discussed in the Framework Document and reviewing the comments received.

Anyone who would like to participate in the public meeting, receive meeting materials, or be added to the DOE mailing list to receive future notices and information regarding commercial refrigeration equipment, should contact Ms. Brenda Edwards-Jones at (202) 586–2945.

Issued in Washington, DC, on April 19, 2006.

**Douglas L. Faulkner,**

*Principal Deputy Assistant Secretary, Energy Efficiency and Renewable Energy.*

[FR Doc. E6–6206 Filed 4–24–06; 8:45 am]

**BILLING CODE 6450–01–P**

## DEPARTMENT OF TRANSPORTATION

### Federal Highway Administration

### 23 CFR Part 655

**[FHWA Docket No. FHWA–2005–23182]**

**RIN 2125–AF16**

## Traffic Control Devices on Federal-Aid and Other Streets and Highways; Standards

**AGENCY:** Federal Highway Administration (FHWA), DOT.

**ACTION:** Notice of proposed rulemaking; request for comments.

**SUMMARY:** The FHWA proposes to revise its regulation that prescribes procedures for obtaining basic uniformity of traffic control devices on Federal-aid and other streets and highways. This notice of proposed rulemaking makes some nomenclature changes, provides clarification on the meaning of ''substantial conformance'' and ''roads open to public travel,'' and removes certain outdated references.

**DATES:** Comments must be received on or before June 26, 2006. Late-filed comments will be considered to the extent practicable.

**ADDRESSES:** Mail or hand deliver comments to the U.S. Department of Transportation, Dockets Management Facility, Room PL–401, 400 Seventh Street, SW., Washington, DC 20590, or submit electronically at *http://dmses.dot.gov/submit* or fax comments to (202) 493–2251. All comments should include the docket number that appears in the heading of this document. All comments received will be available for examination at the above address from 9 a.m. to 5 p.m., e.t., Monday through Friday, except Federal holidays. Those desiring notification of receipt of comments must include a self-addressed, stamped postcard or print the acknowledgement page that appears after submitting comments electronically. Anyone is able to search the electronic form of all comments in any one of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, or labor union). You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (Volume 65, Number 70, Pages 19477–78) or you may visit *http://dms.dot.gov.*

**FOR FURTHER INFORMATION CONTACT:** Ms. Linda Brown, Office of Transportation Operations, (202) 366–2192; or Mr. Raymond W. Cuprill, Office of the Chief Counsel, (202) 366–0791, U.S. Department of Transportation, Federal Highway Administration, 400 Seventh Street SW., Washington, DC 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

**SUPPLEMENTARY INFORMATION:**

### Electronic Access and Filing

You may submit or retrieve comments online through the Document Management System (DMS) at: *http://dmses.dot.gov/submit.* Electronic submission and retrieval help and guidelines are available under the help section of the Web site. Alternatively, internet users may access all comments received by the DOT Docket Facility by using the universal resource locator (URL) *http://dms.dot.gov.* It is available 24 hours each day, 365 days each year. Please follow the instructions. An electronic copy of this document may also be downloaded by accessing the Office of the Federal Register's home page at: *http://www.archives.gov* or the Government Printing Office's Web page at: *http://www.gpoaccess.gov/nara.*

### Background

The Manual on Uniform Traffic Control Devices (MUTCD), also referred to as the Manual, is developed and approved by the Federal Highway Administration and recognized as the national standard for all traffic control

devices installed on any street, highway, or shared-use path open to public travel in accordance with 23 U.S.C. 109(d) and 402(a). It is incorporated by reference into the Code of Federal Regulations at 23 CFR part 655. The FHWA is issuing this notice to provide an opportunity for public comment on the following proposed changes to 23 CFR part 655:

1. The Standard Alphabets for Highway Signs (SAHS), 1966 Edition, is incorporated by reference in 23 CFR 655.601(b). The SAHS no longer exists as a separate document, and the FHWA now publishes the Standard Highway Signs (SHS) book, which is referenced in the MUTCD. The FHWA therefore proposes to remove the reference to the SAHS.

2. In 23 CFR 655.603(a), the FHWA proposes to add language to clarify the meaning of the MUTCD as the national standard for all traffic control devices installed on facilities ''open to public travel.''

3. Section 23 CFR 655.603(b) provides that where State or other Federal agency MUTCDs or supplements are required, they shall be in ''substantial conformance'' with the National MUTCD. The FHWA proposes to clarify the term ''substantial conformance.''

4. Section 23 CFR 655.603(b) provides that States must adopt any changes to the National MUTCD within two years of issuance. The FHWA proposes to change the required adoption date to be two years from the effective date instead of two years from the issuance date. The FHWA recognizes that some State laws automatically adopt the new MUTCD editions and revisions immediately upon FHWA's final rule. The FHWA proposes to give consideration to those States that automatically adopt the new MUTCD but may have existing stock of devices that are no longer compliant with the new changes.

The FHWA also proposes to reorganize the discussion in section 655.603 regarding the effective date of the MUTCD and make it a separate paragraph (b)(3).

5. The FHWA proposes to relocate the information in 23 CFR 655.603(d)(4). Since it applies to target dates for achieving traffic control device compliance on existing highways, the FHWA proposes to make this discussion a part of 23 CFR 655.603(d)(1).

6. The FHWA proposes to delete 23 CFR 655.603(e). This section was originally included in title 23, CFR, when the Specific Service Signing Program was first adopted in accordance with provisions in the 34 FR 1016, January 23, 1969. Text was included in title 23, CFR, in order to inform readers where to find information about Specific Information Signs since at that time the program was relatively new. Since the public is very familiar with this program, the FHWA believes that this information is no longer necessary or appropriate for inclusion in this title.

7. Due to the reorganization of the FHWA and the deletion of the National Highway Safety Program Standard Number 13 (23 CFR 1204.4) by the National Highway Traffic Safety Administration (NHTSA), the FHWA proposes to update 23 CFR 655.604 to remove the reference to this document.

Based on the comments received and its own experience, the FHWA may issue a final rule concerning the proposed changes included in this notice at any time after the close of the comment period.

**Discussion of Proposed Amendments**

*Section 655.601 Purpose*

This section discusses publications that are incorporated by reference and on file at the National Archives and Records Administration (NARA). The Standard Alphabets for Highway Signs (SAHS), 1966 Edition, is one of the publications incorporated by reference. The 1966 SAHS is outdated and no longer exists as a separate document. Unlike in the previous editions of the MUTCD, the FHWA decided with the 2003 Edition of the MUTCD to include illustrations of every approved sign and to provide detailed information in the Manual for the design of each sign. Sign size tables are now included so that readers can easily determine appropriate size signs based on the roadway classification. In addition, the FHWA now publishes the Standard Highway Signs (SHS) Book and it includes the updated standard alphabets for highway signs and for pavement markings. The SHS Book is posted on the MUTCD Web site at *http://mutcd.fhwa.dot.gov*. Every sign in the MUTCD goes through the rulemaking process before it can be adopted in the MUTCD. Subsequent to the effective date of this rulemaking and parallel with future MUTCD revisions, the SHS illustrations of sign design and manufacturing details for any proposed new signs will be posted on the MUTCD Web site for review. The FHWA believes that this new process is a more efficient method for our users. Therefore, the FHWA proposes to delete the reference in 23 CFR 655.601(b) to the obsolete 1966 Edition of the Standard Alphabets for Highway Signs. Instead, the SHS Book is referenced in the MUTCD Section 1A.11 along with other documents related to the Manual. Reference to the SHS Book is also included throughout MUTCD Part 2A. Paragraph (b) would be removed.

*Section 655.603 Standards*

Paragraph (a) states, in part, that ''The MUTCD approved by the Federal Highway Administrator is the national standard for all traffic control devices installed on any street, highway, or bicycle trail open to public travel in accordance with 23 U.S.C. 109(d) and 402(a).'' The FHWA has interpreted the phrase ''open to public travel'' to include toll roads and roads within shopping centers, airports, sports arenas, and other similar business and recreation facilities that are privately owned, but where the public is invited to travel without access restrictions. To clarify the application of the MUTCD to roads on private property, the FHWA proposes to revise paragraph (a) to include examples of what is meant by roads ''open to public travel.'' The Uniform Vehicle Code (UVC) is a compendium of national, model legislation for the purpose of developing uniform traffic laws and regulations.[1] The current MUTCD encourages States to adopt a legislative code similar to section 15–116 of the UVC, which indicates that traffic control devices intended to regulate, warn, or guide traffic shall not be installed on private roads open to public travel unless the devices conform to the State Manual and the MUTCD. At present, there are only 17 States with such laws. The FHWA believes that the proposed rewording of this section will increase uniformity and achieve the goal of the UVC.

Paragraph (b)(1) provides that where State MUTCDs are required, they shall be in substantial conformance with the National MUTCD as approved by the FHWA Division Administrator. Currently, this regulation does not provide a definition for the term ''substantial conformance'' and the FHWA proposes to modify paragraph (b)(1) to clarify the meaning of this term.

The term ''substantial conformance'' does not mean that the State MUTCD or supplement must fully conform or be identical to every statement in the National MUTCD. It would be unreasonable to require all State Manuals or supplements to conform to every statement in the National MUTCD because the National MUTCD is composed not only of standard and

[1] The Uniform Vehicle Code is published by the National Committee on Uniform Traffic laws and Ordinances (NCUTLO)(a private, non-profit membership organization dedicated to providing uniformity of traffic laws and regulations), 107 S. West Street, No. 110, Alexandria, VA 22314, telephone 800–807–5290 or FAX 540–465–5383.

guidance statements, but also option and support statements. Substantial conformance in this context means that the State MUTCD or supplement shall conform as a minimum to the standard statements included in the National MUTCD.

Standard statements in the MUTCD describe required practices and are indicated by the term ''shall.'' Guidance statements describe recommended practices and are indicated by the term ''should.'' The guidance statements contained in the National MUTCD are also expected to be in the State Manual or supplement. If a guidance statement is not included, then the reason for not including it must be satisfactorily explained based on a documented engineering study or engineering judgment. The Division Administrator and the FHWA Associate Administrator of the Federal Lands Highway Program have the flexibility to determine on a case-by-case basis the degree of variation allowed.

The State Manuals or supplements cannot be less prescriptive than the National MUTCD but they can be more prescriptive. For example, a guidance or ''should'' statement in the National MUTCD cannot be an option or ''may'' statement in the State Manual; however, a guidance or ''should'' statement in the National MUTCD can be a standard or ''shall'' statement in the State Manual. The FHWA proposes to revise paragraph (b)(1) to include this clarification of the term ''substantial conformance.''

In current paragraph (b)(1), States or other Federal agencies shall adopt the National MUTCD within two years of issuance of any changes. The issuance date is the date that the Federal Highway Administrator signs any **Federal Register** notice. The FHWA proposes to move this discussion to new paragraph (b)(3) and change the reference to read as two years from the effective date. The effective date occurs 30 days after the final rule is published in the **Federal Register** in order to allow parties affected by the rule a reasonable time to prepare for the effective date of a rule, or to take any other action which the issuance of the rule may prompt. For this reason, we are proposing to change the nomenclature from ''issuance date'' to ''effective date.''

The FHWA also proposes to revise the second sentence in paragraph (b)(1) by expanding it to address States that automatically adopt the MUTCD immediately upon the effective date. This new discussion is proposed for inclusion in the new paragraph (b)(3). The FHWA recognizes that some State laws automatically adopt the latest edition of the MUTCD and revisions immediately upon the effective date of a final rule. These States cannot plan in advance to restock their inventory of certain traffic control devices because they cannot be sure what will be in the final rule until it is actually published. Further, manufacturers are unlikely to start producing the new traffic control devices until the final rule is published. Consequently when the final rule is published, States typically have warehouses stocked with some traffic control devices that, although compliant with the previous edition of the MUTCD, are technically not compliant with the new edition of the MUTCD and, thus, cannot be used on existing highways because the new MUTCD is immediately effective. Similar situations occur when construction projects are nearing completion and are ready to open to traffic. When the new MUTCD is automatically adopted, the highway project may have noncompliant traffic control devices because the construction plans were done prior to the effective date of the new MUTCD.

In general, States have up to two years to adopt the provisions contained in new editions or revisions to the MUTCD. The FHWA believes that States that automatically adopt the MUTCD should be given the same amount of time to revise their traffic control plans and to re-stock their warehouse supplies in order to comply with the new provisions of a new MUTCD edition or revision. In an effort to give consideration to those States that automatically adopt the new MUTCD, the FHWA proposes to include language in the new paragraph (b)(3) that will provide the Division Administrators with flexibility to allow such States the same two-year period as the adoption period in which they may use their existing stocks of certain noncompliant traffic control devices and complete construction projects with previously approved plans that have certain noncompliant traffic control devices under the new MUTCD.

The FHWA proposes minor corrections to 23 CFR 655.603(b)(2). Paragraph (b)(1) includes a discussion that the FHWA Division Administrators shall approve the State MUTCDs and supplements. The first sentence in paragraph (b)(2) includes a similar discussion that gives the FHWA Associate Administrator of the Federal Lands Highway Program approval authority for Federal land management agencies' MUTCDs. Since these two discussions are related, the FHWA proposes to combine them together under paragraph (b)(1).

The second sentence in paragraph (b)(2) discusses a different subject matter from the discussion about who has the authority to approve State MUTCDs or supplements. The second sentence encourages States and other Federal agencies to adopt the National MUTCD as their official Manual on Uniform Traffic Control Devices. The FHWA proposes to revise this sentence and designate it as a new paragraph (b)(2).

Paragraph (c) currently references the FHWA Color Tolerance Charts and directs the reader to footnote 2 for information on where these charts are available. In section 655.603 there is only one footnote. Therefore, the FHWA proposes to correct the footnote number in paragraph (c) to read as ''1'' and thereby correct the footnote itself.

Paragraph (d)(1) requires States and Federal agencies to upgrade substandard traffic control devices and install needed devices on existing highways to achieve compliance with the MUTCD. Paragraph (d)(4) discusses FHWA's option to establish target dates for achieving compliance with changes to specific devices in the MUTCD. The FHWA proposes to move this discussion to paragraph (d)(1) since it more appropriately belongs in the section that addresses existing highways. Therefore, paragraph (d)(4) will be removed.

The FHWA proposes to remove paragraph (e). This paragraph was originally included when the Specific Service Signing Program was first adopted on January 23, 1969. It was included to inform readers where to find information about the new program. Paragraph (e) directed interested persons to the information contained in the MUTCD. Since the public is now very familiar with this program, the FHWA believes that this information is no longer necessary or appropriate for inclusion in title 23, CFR.

*Section 655.604 Achieving Basic Uniformity*

Paragraphs (a) and (b) indicate that the systematic upgrading of existing traffic control devices and installation of devices should be based on inventories made in accordance with 23 CFR 1204.4. That section refers to a program required by the former Highway Safety Program Standard Number 13, Traffic Engineering Services (23 CFR 1204.4), a NHTSA regulation that no longer exists. Section 655.604 would be amended to remove the reference to 23 CFR 1204.4.

The Highway Safety Act of 1966 (Pub. L. 89–564, 80 Stat. 731), amended title 23, United States Code, to add Chapter 4, ''Highway Safety.'' Section 402(a) of title 23, United States Code (the Highway Safety Program) required that

States have a highway safety program designed to reduce traffic accidents, deaths, injuries, and property damage. These programs were to be in accordance with uniform standards promulgated by the Secretary of Transportation. The NHTSA was the agency within the DOT responsible for promulgating these uniform standards. Originally promulgated in November 1966, these uniform standards were codified in 23 CFR 1204.4. There were 18 standards in all.

Standard number 13 of the uniform standards, ''Traffic Control Devices'' required, among other things, that each State's highway safety program have, at a minimum: A method to identify needs and deficiencies of traffic control devices; a method to upgrade all existing traffic control devices on all streets and highways to conform with standards issued by the Federal Highway Administrator; and a program for preventive maintenance, repair, and daytime and nighttime inspection of all traffic control devices.[2]

Until the Surface Transportation and Uniform Relocation Assistance Act of 1987 (Pub. L. 100–17, April 2, 1987), it was mandated that the States comply with these 18 standards as there were financial sanctions imposed for non-compliance. In 1987, the Congress revised 23 U.S.C. 402(a) to replace the word ''standards'' with the word ''guidance.'' This change, combined with the changes made to the Highway Safety Program under the Intermodal Surface Transportation Efficiency Act of 1991 (Pub. L. 102–240, December 18, 1991) led to the revision of the uniform standards by NHTSA. In 1995, NHTSA revised the standards to make them guidelines and removed them from the Code of Federal Regulations.[3] The guidelines, now 21 in all, are published in separate documents made available to the States (see *http://www.nhtsa.dot.gov/nhtsa/whatsup/tea21/gratMan/HTML/05h_ProgGuidelines.html*).

Guideline 21, entitled ''Roadway Safety,'' captures the requirements regarding traffic control devices of former standard number 13 but characterizes them as guidelines. Guideline 21 was published as a notice in the **Federal Register** on July 18, 1995 (60 FR 36641, 36665).

Paragraphs (a) and (b) indicate that the systematic upgrading of existing traffic control devices and installation of devices should be based on inventories made in accordance with 23 CFR 1204.4. Since 23 CFR 1204 has been removed from the Code of Federal Regulations, we propose to revise the reference to read as Highway Safety Program Guideline 21, ''Roadway Safety.''

**Rulemaking Analysis and Notices**

All comments received on or before the close of business on the comment closing date indicated above will be considered and will be available for examination in the docket at the above address. Comments received after the comment closing date will be filed in the docket and will be considered to the extent practicable, but the FHWA may issue a final rule at any time after the close of the comment period. In addition to late comments, the FHWA will also continue to file in the docket relevant information that becomes available after the comment closing date, and interested persons should continue to examine the docket for new material.

**Executive Order 12866 (Regulatory Planning and Review) and U.S. DOT Regulatory Policies and Procedures**

The FHWA has determined preliminarily that this action would not be a significant regulatory action within the meaning of Executive Order 12866 or significant within the meaning of U.S. Department of Transportation regulatory policies and procedures. These proposed changes are not anticipated to adversely affect, in any material way, any sector of the economy. The FHWA expects that these proposed changes will provide clarity at little or no additional expense to public agencies or the motoring public. In addition, these proposed changes would not create a serious inconsistency with any other agency's action or materially alter the budgetary impact of any entitlements, grants, user fees, or loan programs. Therefore, a full regulatory evaluation is not required.

**Regulatory Flexibility Act**

In compliance with the Regulatory Flexibility Act (Pub. L. 96–354, 5 U.S.C. 601–612), the FHWA has evaluated the effects of these proposed changes on small entities and has determined that the proposed action would not have a significant economic impact on a substantial number of small entities. This action proposes to update the authorities of the FHWA and referenced documents regarding MUTCD compliance on existing highways. Such updates will provide transportation entities with the appropriate points of contact regarding the MUTCD. The FHWA hereby certifies that these proposed revisions would not have a significant economic impact on a substantial number of small entities.

**Unfunded Mandates Reform Act of 1995**

This notice of proposed rulemaking would not impose unfunded mandates as defined by the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4, 109 Stat. 48, March 22, 1995). This proposed action will not result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $120.7 million or more in any one year (2 U.S.C. 1532). Further, in compliance with the Unfunded Mandates Reform Act of 1995, the FHWA will evaluate any regulatory action that might be proposed in subsequent stages of the proceeding to assess the effects on State, local, and tribal governments and the private sector.

**Executive Order 13132 (Federalism)**

This proposed action has been analyzed in accordance with the principles and criteria contained in Executive Order 13132 dated August 4, 1999, and the FHWA has preliminarily determined that this proposed action would not warrant the preparation of a Federalism assessment. The FHWA has also determined that this proposed rulemaking will not preempt any State law or State regulation or affect the States' ability to discharge traditional State governmental functions.

**Executive Order 13175 (Tribal Consultation)**

The FHWA has analyzed this proposed action under Executive Order 13175, dated November 6, 2000, and believes that it would not have substantial direct effects on one or more Indian tribes; would not impose substantial direct compliance costs on Indian tribal governments; and would not preempt tribal law. Therefore, a tribal summary impact statement is not required.

**Executive Order 13211 (Energy Effects)**

The FHWA has analyzed this proposed action under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a significant energy action under that order because it is not likely to have a significant adverse effect on the supply, distribution, or use of energy. Therefore, a Statement of Energy Effects under Executive Order 13211 is not required.

[2] See 33 FR 16560, 16564; November 14, 1966. Originally codified in 23 CFR 204, however, it was redesignated as 23 CFR 1204 in 1973 at 38 FR 10810; May 2, 1973.

[3] See 60 FR 36641, July 18, 1995.

**Executive Order 12372 (Intergovernmental Review)**

Catalog of Federal Domestic Assistance program Number 20.205, Highway Planning and Construction. The regulations implementing Executive Order 12372 regarding intergovernmental consultation on Federal programs and activities apply to this program.

**Paperwork Reduction Act**

Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct, sponsor, or require through regulations. The FHWA has determined that this proposed action does not contain collection information requirements for purposes of the PRA.

**Executive Order 12988 (Civil Justice Reform)**

This proposed action meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

**Executive Order 13045 (Protection of Children)**

The FHWA has analyzed this proposed action under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. The FHWA certifies that this proposed action would not concern an environmental risk to health or safety that may disproportionately affect children.

**Executive Order 12630 (Taking of Private Property)**

The FHWA does not anticipate that this proposed action would affect a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

**National Environmental Policy Act**

The agency has analyzed this proposed action for the purpose of the National Environmental Policy Act of 1969 (42 U.S.C. 4321–4347) and has determined that it would not have any effect on the quality of the environment.

**Regulation Identification Number**

A regulation identification number (RIN) is assigned to each regulatory action listed in the Unified Agenda of Federal Regulations. The Regulatory Information Service Center publishes the Unified Agenda in April and October of each year. The RIN contained in the heading of this document can be used to cross reference this action with the Unified Agenda.

**List of Subjects in 23 CFR Part 655**

Design standards, Grant programs—transportation, Highways and roads, Incorporation by reference, Signs, Traffic regulations.

Issued on: April 19, 2006.

**Frederick G. Wright,**

*Federal Highway Executive Director.*

In consideration of the foregoing, the FHWA proposes to amend title 23, Code of Federal Regulations, part 655, subpart F as follows:

## PART 655—TRAFFIC OPERATIONS

1. The authority citation for part 655 continues to read as follows:

**Authority:** 23 U.S.C. 101(a), 104, 109(d), 114(a), 217, 315, and 402(a); 23 CFR 1.32; and 49 CFR 1.48(b).

**§ 655.601 [Amended]**

2. Amend § 655.601 by removing paragraph (b) and by redesignating paragraphs (c) and (d) as paragraphs (b) and (c), respectively.

3. Amend § 655.603 by revising paragraphs (a) and (b); paragraph (c), by removing footnote number and footnote reference ''2'' and adding in their place, footnote number and footnote reference ''1''; by revising paragraph (d)(1); and by removing paragraphs (d)(4) and (e) to read as follows:

**§ 655.603 Standards.**

(a) *National MUTCD.* The MUTCD approved by the Federal Highway Administrator is the national standard for all traffic control devices installed on any street, highway, or bicycle trail open to public travel in accordance with 23 U.S.C. 109(d) and 402(a). Open to public travel includes private property where the public is invited to travel including toll facilities, shopping centers, airports, sports arenas, and other similar business and/or recreation facilities. Private highway-rail grade crossings are not included in this definition.

(b) *State or other Federal MUTCD.* (1) Where State or other Federal agency MUTCDs or supplements are required, they shall be in substantial conformance with the National MUTCD. Substantial conformance means that the State MUTCD or supplement shall conform as a minimum to the standard statements included in the National MUTCD. The guidance statements contained in the National MUTCD shall also be in the State Manual or supplement unless documentation is provided to satisfactorily explain by engineering judgment or engineering study the reason a certain guidance statement is not included. A State Manual or supplement cannot be less prescriptive than the MUTCD but it can be more prescriptive. The FHWA Division Administrators shall approve the State MUTCDs and supplements that are in substantial conformance with the National MUTCD. The FHWA Associate Administrator of the Federal Lands Highway Program shall approve other Federal land management agencies MUTCDs that are in substantial conformance with the National MUTCD. The FHWA Division Administrators and the FHWA Associate Administrators for the Federal Lands Highway Program have the flexibility to determine on a case-by-case basis the degree of variation allowed.

(2) States and other Federal agencies are encouraged to adopt the National MUTCD in its entirety as their official Manual on Uniform Traffic Control Devices.

(3) States and other Federal agencies shall adopt changes issued by the FHWA to the National MUTCD within two years from the effective date of the final rule. For those States that automatically adopt the MUTCD immediately upon the effective date of the latest edition or revision of the MUTCD, the FHWA Division Administrators have the flexibility to allow these States to install certain devices from existing inventory or previously approved construction plans that comply with the previous MUTCD during the two-year adoption period.

* * * * *

(d) *Compliance*—(1) *Existing highways.* Each State, in cooperation with its political subdivisions, and Federal agency shall have a program as required by 23 U.S.C. 402(a), which shall include provisions for the systematic upgrading of substandard traffic control devices and for the installation of needed devices to achieve conformity with the MUTCD. The FHWA may establish target dates of achieving compliance with changes to specific devices in the MUTCD.

* * * * *

4. Revise the first sentence of paragraph (a) and the first sentence of paragraph (b) of § 655.604 to read as follows:

**§ 655.604 Achieving basic uniformity.**

(a) *Programs.* Programs for the orderly and systematic upgrading of existing

traffic control devices or the installation of needed traffic control devices on or off the Federal-aid system should be based on inventories made in accordance with the Highway Safety Program Guideline 21, ''Roadway Safety.'' * * *

(b) *Inventory.* An inventory of all traffic control devices is recommended in the Highway Safety Program Guideline 21, ''Roadway Safety.'' * * *

[FR Doc. E6–6219 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–22–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### 26 CFR Part 1

**[REG–133036–05]**

**RIN 1545–BE85**

## Guidance Under Section 1502; Amendment of Tacking Rule Requirements of Life-Nonlife Consolidated Regulations

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice of proposed rule making by cross-reference to temporary regulations.

**SUMMARY:** In the Rules and Regulations section of this issue of the **Federal Register**, the IRS is issuing temporary regulations relating to the requirements for including insurance companies in a life-nonlife consolidated return. The text of those regulations also serves as the text of these proposed regulations. These regulations affect corporations filing life-nonlife consolidated returns.

**DATES:** Written or electronic comments and requests for a public hearing must be received by July 24, 2006.

**ADDRESSES:** Send submissions to: CC:PA:LPD:PR (REG–133036–05), room 5203, Internal Revenue Service, PO Box 7604, Ben Franklin Station, Washington, DC 20044. Submissions may be hand-delivered Monday through Friday between the hours of 8 a.m. and 4 p.m. to CC:PA:LPD:PR (REG–133036–05), Courier's Desk, Internal Revenue Service, 1111 Constitution Avenue, NW., Washington, DC, or sent electronically, via the IRS Internet site at *http://www.irs.gov/regs* or via the Federal eRulemaking Portal at *http://www.regulations.gov* (IRS–REG–133036–05).

**FOR FURTHER INFORMATION CONTACT:** Concerning the proposed regulations, Drafting Attorney, Ross Poulsen, (202) 622–7770; concerning submission of comments and/or requests for a public hearing, Richard Hurst, *Richard.A.Hurst@irscounsel.treas.gov*, (202) 622–7180 (not toll-free numbers).

**SUPPLEMENTARY INFORMATION:**

### Background and Explanation of Provisions

Temporary regulations in the Rules and Regulations section of this issue of the **Federal Register** amend the Income Tax Regulations (26 CFR part 1) under section 1502 relating to the life-nonlife consolidated return regulations. The temporary regulations contain an exception (the tacking rule) to the five-year affiliation rules of sections 1503(c)(2) and 1504(c)(2). The temporary regulations replace the tacking rule of § 1.1502–47(d)(12)(v) with a rule that does not contain a condition relating to the separation of profitable activities from loss activities. The text of those regulations also serves as the text of these proposed regulations. The preamble to the temporary regulations explains the amendments.

### Special Analyses

It has been determined that this notice of proposed rulemaking is 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 primarily affect affiliated groups of corporations with one or more life insurance company members, which tend to be larger businesses. Moreover, the number of taxpayers affected is minimal. Therefore, a Regulatory Flexibility Analysis under the Regulatory Flexibility Act (5 U.S.C. chapter 6) is not required. Pursuant to section 7805(f) of the Internal Revenue Code, this notice of proposed rulemaking will be submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on its impact on small business.

### Comments and Requests for a Public Hearing

Before these proposed regulations are adopted as final regulations, consideration will be given to any written (a signed original and eight (8) copies) or electronic comments that are submitted timely to the IRS. All comments will be available for public inspection and copying. A public hearing will be scheduled if requested in writing by any person that timely submits written comments. If a public hearing is scheduled, notice of the date, time, and place for the public hearing will be published in the **Federal Register**.

### Drafting Information

The principal author of these regulations is Ross Poulsen, Office of Associate Chief Counsel (Corporate). However, other personnel from the IRS and Treasury Department participated in their development.

### List of Subjects in 26 CFR Part 1

Income taxes, Reporting and recordkeeping requirements.

### Proposed Amendments to the Regulations

Accordingly, 26 CFR part 1 is proposed to be amended as follows:

## PART 1—INCOME TAXES

**Paragraph 1.** The authority citation for part 1 continues to read, in part, as follows:

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

**Par. 2.** Section 1.1502–47 is amended by:

1. Adding paragraphs (b)(2)(i) and (b)(2)(ii).

2. Removing paragraph (d)(12)(v)(C).

3. Redesignating paragraph (d)(12)(v)(D) and (d)(12)(v)(E) as (d)(12)(v)(C) and (d)(12)(v)(D).

4. Revising paragraph (d)(12)(v), and newly-designated paragraphs (d)(12)(v)(C) and (d)(12)(v)(D).

The revisions and additions read as follows:

#### § 1.1502–47 Consolidated returns by life-nonlife groups.

[The text of this proposed section is the same as the text of § 1.1502–47T published elsewhere in this issue of the **Federal Register**]

**Par. 3.** Section 1.1502–76 is amended by:

1. Removing paragraph (a)(2).

2. Redesignating paragraph (a)(1) as paragraph (a).

3. Revising the paragraph heading for newly-designated paragraph (a).

The revision reads as follows:

#### § 1.1502–76 Taxable year of members of group.

[The text of this proposed section is the same as the text of § 1.1502–76T published elsewhere in this issue of the **Federal Register**.]

**Mark E. Matthews,**

*Deputy Commissioner for Services and Enforcement.*

[FR Doc. 06–3883 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

**33 CFR Part 100**

**[CGD05–06–032]**

**RIN 1625–AA08**

## Special Local Regulations for Marine Events; Great Egg Harbor, Somers Point, NJ

**AGENCY:** Coast Guard, DHS.

**ACTION:** Notice of proposed rulemaking.

**SUMMARY:** The Coast Guard proposes to establish special local regulations for ''Atlantic County Day at the Bay'', an aerial demonstration to be held over the waters of Great Egg Harbor Bay adjacent to the City of Somers Point, New Jersey. These special local regulations are necessary to provide for the safety of life on navigable waters during the event. This action is intended to restrict vessel traffic in portions of the Great Egg Harbor Bay adjacent to Somers Point, New Jersey during the aerial demonstration.

**DATES:** Comments and related material must reach the Coast Guard on or before May 25, 2006.

**ADDRESSES:** You may mail comments and related material to Commander (dpi), Fifth Coast Guard District, 431 Crawford Street, Portsmouth, Virginia 23704–5004, hand-deliver them to Room 119 at the same address between 9 a.m. and 2 p.m., Monday through Friday, except Federal holidays, fax them to (757) 398–6203, or e-mail them to *Dennis.M.Sens@uscg.mil*. The Compliance and Inspection Branch, Fifth Coast Guard District, maintains the public docket for this rulemaking. Comments and material received from the public, as well as documents indicated in this preamble as being available in the docket, will become part of this docket and will be available for inspection or copying at the above address between 9 a.m. and 2 p.m., Monday through Friday, except Federal holidays.

**FOR FURTHER INFORMATION CONTACT:** Dennis Sens, Project Manager, Compliance and Inspection Branch, at (757) 398–6204.

**SUPPLEMENTARY INFORMATION:**

### Request for Comments

We encourage you to participate in this rulemaking by submitting comments and related material. If you do so, please include your name and address, identify the docket number for this rulemaking (CGD05–06–032), indicate the specific section of this document to which each comment applies, and give the reason for each comment. Please submit all comments and related material in an unbound format, no larger than 8½ by 11 inches, suitable for copying. If you would like to know they reached us, please enclose a stamped, self-addressed postcard or envelope. We will consider all comments and material received during the comment period. We may change this proposed rule in view of them.

Should this rule become final, we expect to make it effective less than 30 days after publication. Under 5 U.S.C. 553(d)(3), the Coast Guard finds that good cause exists for making this rule effective less than 30 days after publication in the **Federal Register**. Delaying the effective date would be contrary to the public interest, since immediate action is needed to ensure the safety of the event participants, support craft and other vessels transiting the event area. However, advance notifications will be made to affected waterway users via marine information broadcasts local radio stations and area newspapers.

### Public Meeting

We do not now plan to hold a public meeting. But you may submit a request for a meeting by writing to the address listed under **ADDRESSES** explaining why one would be beneficial. If we determine that one would aid this rulemaking, we will hold one at a time and place announced by a later notice in the **Federal Register**.

### Background and Purpose

On June 4, 2006, Atlantic County, New Jersey will sponsor the ''2006 Atlantic County Day at the Bay''. The event will consist of aircraft performing low altitude aerial aerobatic maneuvers over the waters of Great Egg Harbor Bay adjacent to Somers Point, New Jersey. A fleet of spectator vessels is expected to gather nearby to view the aerial demonstration. Due to the need for vessel control during the event, vessel traffic will be temporarily restricted to provide for the safety of spectators and transiting vessels.

### Discussion of Proposed Rule

The Coast Guard proposes to establish temporary special local regulations on specified waters of Great Egg Harbor Bay adjacent to the City of Somers Point, New Jersey. The regulated area includes a section of the harbor approximately 1.5 miles long, extending approximately 900 yards out from the shoreline along John F. Kennedy Park and the City of Somers Point, New Jersey. The temporary special local regulations will be enforced from 12:30 p.m. to 3:30 p.m. on June 4, 2006, and will restrict general navigation in the regulated area during the aerial demonstration. Except for persons or vessels authorized by the Coast Guard Patrol Commander, no person or vessel may enter or remain in the regulated area during the enforcement period.

### Regulatory Evaluation

This proposed rule is not a ''significant regulatory action'' under section 3(f) of Executive Order 12866, Regulatory Planning and Review, and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. The Office of Management and Budget has not reviewed it under that Order. It is not ''significant'' under the regulatory policies and procedures of the Department of Homeland Security (DHS).

We expect the economic impact of this proposed rule to be so minimal that a full Regulatory Evaluation under the regulatory policies and procedures of DHS is unnecessary.

Although this regulation prevents traffic from transiting a portion of Great Egg Harbor Bay adjacent to Somers Point, New Jersey during the event, the effect of this regulation will not be significant due to the limited duration that the regulated area will be in effect and the extensive advance notifications that will be made to the maritime community via marine information broadcasts, local commercial radio stations and area newspapers so mariners can adjust their plans accordingly.

### Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), we have considered whether this proposed rule would have a significant economic impact on a substantial number of small entities. The term ''small entities'' comprises small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

The Coast Guard certifies under 5 U.S.C. 605(b) that this proposed rule would not have a significant economic impact on a substantial number of small entities. This proposed rule would affect the following entities, some of which might be small entities: The owners or operators of vessels intending to transit this section of Great Egg Harbor Bay, New Jersey during the event.

This rule will not have a significant economic impact on a substantial number of small entities for the following reasons. This rule will be in effect for only a short period, from 12:30 p.m. to 3:30 p.m. on June 4, 2006. Affected waterway users may pass safely around the regulated area with approval from the patrol commander. Before the enforcement period, we will issue maritime advisories so mariners can adjust their plans accordingly.

If you think that your business, organization, or governmental jurisdiction qualifies as a small entity and that this rule would have a significant economic impact on it, please submit a comment (see **ADDRESSES**) explaining why you think it qualifies and how and to what degree this rule would economically affect it.

**Assistance for Small Entities**

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121), we want to assist small entities in understanding this proposed rule so that they can better evaluate its effects on them and participate in the rulemaking. If the rule would affect your small business, organization, or governmental jurisdiction and you have questions concerning its provisions or options for compliance, please contact the Coast Guard at the address listed under **ADDRESSES**. The Coast Guard will not retaliate against small entities that question or complain about this rule or any policy or action of the Coast Guard.

**Collection of Information**

This proposed rule would call for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520.).

**Federalism**

A rule has implications for federalism under Executive Order 13132, Federalism, if it has a substantial direct effect on State or local governments and would either preempt State law or impose a substantial direct cost of compliance on them. We have analyzed this proposed rule under that Order and have determined that it does not have implications for federalism.

**Unfunded Mandates Reform Act**

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of $100,000,000 or more in any one year. Though this proposed rule would not result in such an expenditure, we do discuss the effects of this rule elsewhere in this preamble.

**Taking of Private Property**

This proposed rule would not effect a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

**Civil Justice Reform**

This proposed rule meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

**Protection of Children**

We have analyzed this proposed rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not an economically significant rule and would not create an environmental risk to health or risk to safety that might disproportionately affect children.

**Indian Tribal Governments**

This proposed rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it would 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.

**Energy Effects**

We have analyzed this proposed rule under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a ''significant energy action'' under that order because it is not a ''significant regulatory action'' under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. The Administrator of the Office of Information and Regulatory Affairs has not designated it as a significant energy action. Therefore, it does not require a Statement of Energy Effects under Executive Order 13211.

**Technical Standards**

The National Technology Transfer and Advancement Act (NTTAA) (15 U.S.C. 272 note) directs agencies to use voluntary consensus standards in their regulatory activities unless the agency provides Congress, through the Office of Management and Budget, with an explanation of why using these standards would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (*e.g.*, specifications of materials, performance, design, or operation; test methods; sampling procedures; and related management systems practices) that are developed or adopted by voluntary consensus standards bodies.

This proposed rule does not use technical standards. Therefore, we did not consider the use of voluntary consensus standards.

**Environment**

We have analyzed this proposed rule under Commandant Instruction M16475.lD, which guides the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321–4370f), and have concluded that there are no factors in this case that would limit the use of a categorical exclusion under section 2.B.2 of the Instruction. Therefore, this rule is categorically excluded, under figure 2–1, paragraph (34)(h), of the Instruction, from further environmental documentation. Special local regulations issued in conjunction with a regatta or marine parade permit are specifically excluded from further analysis and documentation under that section.

Under figure 2–1, paragraph (34)(h), of the Instruction, an ''Environmental Analysis Check List'' and a ''Categorical Exclusion Determination'' are not required for this rule. Comments on this section will be considered before we make the final decision on whether to categorically exclude this rule from further environmental review.

**List of Subjects in 33 CFR Part 100**

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

For the reasons discussed in the preamble, the Coast Guard proposes to amend 33 CFR part 100 as follows:

## PART 100—SAFETY OF LIFE ON NAVIGABLE WATERS

1. The authority citation for part 100 continues to read as follows:

**Authority:** 33 U.S.C. 1233; Department of Homeland Security Delegation No. 0170.1.

2. Add temporary § 100.35-T06–032 to read as follows: *§ 100.35–T06–032, Great Egg Harbor, Somers Point, NJ.*

(a) *Regulated area.* The regulated area is established for the waters of Great Egg Harbor Bay, adjacent to Somers Point, New Jersey, bounded by a line drawn along the following boundaries: the area is bounded to the north by the shoreline along John F. Kennedy Park and Somers Point, New Jersey; bounded to the east by the State Route 52 bridge; bounded to the south by a line that runs along latitude 39°18′00″ N; and bounded to the west by a line that runs along longitude 074°37′00″ W. All coordinates reference Datum NAD 1983.

(b) *Definitions.* (1) *Coast Guard Patrol Commander* means a commissioned, warrant, or petty officer of the Coast Guard who has been designated by the Commander, Coast Guard Sector Delaware Bay.

(2) *Official Patrol* means any vessel assigned or approved by Commander, Coast Guard Sector Delaware Bay with a commissioned, warrant, or petty officer on board and displaying a Coast Guard ensign.

(c) *Special local regulations.* (1) Except for participating vessels and persons or vessels authorized by the Coast Guard Patrol Commander, no person or vessel may enter or remain in the regulated area.

(2) The operator of any vessel in the regulated area shall:

(i) Stop the vessel immediately when directed to do so by any Official Patrol.

(ii) Proceed as directed by any Official Patrol.

(d) *Enforcement period.* This section will be enforced from 12:30 p.m. to 3:30 p.m. on June 4, 2006.

Dated: April 11, 2006.

**Larry L. Hereth,**

*Rear Admiral, U.S. Coast Guard, Commander, Fifth Coast Guard District.*

[FR Doc. E6–6214 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–15–P**

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 271

**[EPA–R04–RCRA–2006–0375; FRL–8161–1]**

## Georgia: Proposed Authorization of State Hazardous Waste Management Program Revision

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Proposed rule.

**SUMMARY:** Georgia has applied to EPA for Final authorization of the changes to its hazardous waste program under the Resource Conservation and Recovery Act (RCRA). EPA proposes to grant final authorization to Georgia. In the ''Rules and Regulations'' section of this **Federal Register**, EPA is authorizing the changes by an immediate final rule. EPA did not make a proposal prior to the immediate final rule because we believe this action is not controversial and do not expect comments that oppose it. We have explained the reasons for this authorization in the preamble of the immediate final rule. Unless we get written comments which oppose this authorization during the comment period, the immediate final rule will become effective on the date it establishes, and we will not take further action on this proposal.

If we receive comments that oppose this action, we will withdraw the immediate final rule and it will not take effect. We will respond to public comments in a later final rule based on this proposal. You may not have another opportunity for comment.

**DATES:** Comments must be received on or before May 25, 2006.

**ADDRESSES:** Submit your comments, identified by Docket ID No. EPA–R04–RCRA–2006–0375 by one of the following methods:

- *http://www.regulations.gov*. Follow the on-line instructions for submitting comments.
- *E-mail: baker.audrey@epa.gov.*
- *Fax:* (404) 562–8439 (prior to faxing, please notify the EPA contact listed below).
- *Mail:* Send written comments to Audrey E. Baker, RCRA Services Section, RCRA Programs Branch, Waste Management Division, U.S. Environmental Protection Agency, The Sam Nunn Federal Center, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960.
- *Hand Delivery:* Audrey E. Baker, RCRA Services Section, RCRA Programs Branch, Waste Management Division, U.S. Environmental Protection Agency, The Sam Nunn Federal Center, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. Such deliveries are only accepted during the Docket's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

*Instructions:* Direct your comments to Docket ID No. EPA–R04–RCRA–2006–0375. EPA's policy is that all comments received will be included in the public docket without change and may be made available online at *http://www.regulations.gov* including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through *http://www.regulations.gov* or e-mail. The *http://www.regulations.gov* Web site is an ''anonymous access'' system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through *http://www.regulations.gov* your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD–ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses. (For additional information about EPA's public docket, visit the EPA Docket Center homepage at *http://www.epa.gov/epahome/dockets.htm*).

*Docket:* All documents in the docket are listed in the *http://www.regulations.gov* index. Although listed in the index, some information is not publicly available, e.g., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, will be publicly available only in hard copy. Publicly available docket materials are available either electronically in *http://www.regulations.gov* or in hard copy. You may view and copy Georgia's application at The EPA, Region 4, Library, The Sam Nunn Atlanta Federal Center, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. The Library is open from 8:30 a.m. to 4 p.m. Monday through Friday, excluding legal holidays. The Library telephone number is (404) 562–8190.

You may also view and copy Georgia's application from 8 a.m. to 4:30 p.m. at the Georgia Department of Natural Resources, Environmental Protection Division, 2 Martin Luther King, Jr. Drive, Suite 1154 East Tower, Atlanta, Georgia 30334–4910.

**FOR FURTHER INFORMATION CONTACT:** Audrey E. Baker, RCRA Services Section, RCRA Programs Branch, Waste Management Division, U.S. Environmental Protection Agency, The Sam Nunn Federal Center, 61 Forsyth Street, SW., Atlanta, Georgia 30303–

8960; (404) 562–8483; fax number: (404) 562–8439; e-mail address: *baker.audrey@epa.gov.*

**SUPPLEMENTARY INFORMATION:** For additional information, please see the immediate final rule published in the ''Rules and Regulations'' section of this **Federal Register**.

Dated: April 3, 2006.

**A. Stanley Meiburg,**

*Deputy Regional Administrator, Region 4.*

[FR Doc. 06–3850 Filed 4–24–06; 8:45 am]

**BILLING CODE 6560–50–P**

## DEPARTMENT OF THE INTERIOR

### Fish and Wildlife Service

### 50 CFR Part 17

### Endangered and Threatened Wildlife and Plants: 90-Day Finding on a Petition To List the Siskiyou Mountains Salamander and Scott Bar Salamander as Threatened or Endangered

**AGENCY:** Fish and Wildlife Service, Interior.

**ACTION:** Notice of 90-day petition finding.

**SUMMARY:** We, the U.S. Fish and Wildlife Service (Service), announce a 90-day finding on a petition to list the Siskiyou Mountains salamander (*Plethodon stormi*) and Scott Bar salamander (*Plethodon asupak*) as threatened or endangered, under the Endangered Species Act (Act) of 1973, as amended (16 U.S.C. 1531 *et seq.*). We find that the petition and additional information in our files do not present substantial scientific or commercial information indicating that listing these species may be warranted. We will not be initiating a status review in response to this petition. We ask the public to submit to us any new information that becomes available concerning the status of, or threats to these species.

**DATES:** The finding announced in this document was made on April 17, 2006. You may submit new information concerning these species for our consideration at any time.

**ADDRESSES:** The complete file for this finding is available for public inspection, by appointment, during normal business hours at the Yreka Fish and Wildlife Office, U.S. Fish and Wildlife Service, 1829 S. Oregon Street, Yreka, California 96097. Submit new information, materials, comments, or questions concerning these species to us at the address above.

**FOR FURTHER INFORMATION CONTACT:** Phil Detrich, Field Supervisor, Yreka Fish and Wildlife Office (see **ADDRESSES**), or at (530) 842–5763.

**SUPPLEMENTARY INFORMATION:**

#### Background

Section 4(b)(3)(A) of the Act requires that the Service make a finding on whether a petition to list, delist, or reclassify a species presents substantial scientific or commercial information indicating that the petitioned action may be warranted. This finding is based on information contained in the petition and information otherwise available in our files at the time we make the finding. To the maximum extent practicable, we are to make this finding within 90 days of our receipt of the petition, and publish our notice of the finding promptly in the **Federal Register**.

In making this finding, we relied on information provided by the petitioners and otherwise available in our files at the time of the petition review. We also had access to a Geographic Information System database of all known Siskiyou Mountain salamander and Scott Bar salamander sites, based on data obtained from researchers, the State of California, the United States Forest Service, and private land managers. We evaluated this information in accordance with 50 CFR 424.14(b). The process of making a 90-day finding under section 4(b)(3)(A) of the Act and section 424.14(b) of our regulations is based on a determination of whether the information in the petition meets the ''substantial scientific or commercial information'' threshold.

Our standard for substantial scientific or commercial information within the Code of Federal Regulations (CFR) with regard to a 90-day petition finding is ''that amount of information that would lead a reasonable person to believe that the measure proposed in the petition may be warranted'' (50 CFR 424.14(b)). If we find that substantial scientific or commercial information was presented, we are required to promptly commence a status review of the species.

On June 18, 2004, we received a petition dated June 16, 2004 from the Center for Biological Diversity, Klamath-Siskiyou Wildlands Center, and Noah Greenwald, to list the Siskiyou Mountains salamander (*Plethodon stormi*) as a threatened or endangered species on behalf of themselves and five other organizations. Since the time of the petition, Mead *et al.* (2005) recognized the Scott Bar salamander (*Plethodon asupak*) as a species separate from the Siskiyou Mountains salamander. In their petition, the petitioners requested that the Scott Bar salamander also be considered for listing if the Siskiyou Mountains salamander and the Scott Bar salamander were determined to be separate species. Given the recent recognition of these as separate taxa, we acknowledge that some may question the validity of these species. However, elucidating these taxonomic questions is not the purpose of this finding. The purpose of this finding is to determine whether or not the petition presented substantial information regarding the status of these species within the context of the ESA. The petitioners also requested designation of critical habitat for these species concurrent with their listing. The petition clearly identified itself as such and included the requisite identification information for the petitioners, as required in 50 CFR 424.14(a). In a July 19, 2004 letter to the petitioners, we responded that we reviewed the petition for both species and determined that an emergency listing was not warranted, and that because of inadequate funds for listing and critical habitat designation, we would not be able to otherwise address the petition to list the Siskiyou Mountains salamander and Scott Bar salamander at that time.

On June 23, 2005, we received a 60-day notice of intent to sue and on August 23, 2005, the Center for Biological Diversity and four other groups filed a Complaint for Declaratory and Injunctive Relief in Federal District Court for the District of Oregon (*Center for Biological Diversity, et al.* v. *Norton et al.*, No. 3:05–CV–1311–BR), challenging our failure to issue a 90-day finding on the petition to list the Siskiyou Mountains salamander and Scott Bar salamander. On December 28, 2005, we reached an agreement with the plaintiffs to complete the 90-day finding by April 15, 2006, and if substantial, to complete the 12-month finding by January 15, 2007.

#### Species Information

For the purpose of this finding, the Service is evaluating the Siskiyou Mountains salamander and Scott Bar salamander separately. However, we recognize that all research on the ecology of these species was conducted prior to Mead *et al.*'s (2005) recognition of the Scott Bar salamander as a separate species. To date, information specific to the Scott Bar salamander is limited to its distribution and range. Both species are members of the Family Plethodontidae, the lungless salamanders, and as such their survival is dependent upon similar ecological requirements. The geographic ranges of the Siskiyou Mountains salamander and Scott Bar salamander are contiguous, occur over a relatively

small area (approximately 405,000 acres (164,000 ha)), and have similar environmental conditions. Additionally, information in our files suggests that habitat associations of these species are generally the same, although a rigorous study comparing their habitat requirements has not been conducted. The most significant difference between these species is their range; the range of the Siskiyou Mountains salamander is approximately five times larger than that of the Scott Bar salamander. Therefore, for the purpose of this finding, the Service applied the current literature describing the biological characteristics and ecology of the Siskiyou Mountains salamander to both species. Further, we recognized both entities as separate species consistent with the petition under review while acknowledging that taxonomic questions may exists. It is not the purpose of this finding to resolve such questions.

**Description and Taxonomy**

Like others in the genus Plethodontidae, the Siskiyou Mountains salamander and Scott Bar salamander are completely terrestrial, medium-sized, slender-bodied salamanders with short limbs and a dorsal stripe. Both species are found in or near talus (loose surface rock) and fissured rock outcrops where moisture and humidity are high enough to allow respiration through their skin (Nussbaum *et al.* 1983). Both species are endemic to the Klamath-Siskiyou Mountains of southern Oregon and northern California.

The Siskiyou Mountains salamander was described in 1965 (Highton and Brame 1965) and is characterized by a modal number of 17 costal grooves (vertical creases along the side of the body) and 4 to 5.5 intercostal folds (folds of skin between the costal grooves) between the toes of adpressed limbs (limbs firmly pressed against the sides of the body) (Nussbaum *et al.* 1983; Leonard *et al.* 1993). Adults have a light- to purplish-brown dorsum and the body is sprinkled with a moderate to dense array of white to yellow flecks, concentrated on the sides and limbs and away from the light-brown dorsal stripe. Juveniles are black and have an olive-tan dorsal stripe that extends onto the tail.

Recent genetic analyses recognize the Siskiyou Mountains salamander as a distinct species from the Del Norte salamander (*Plethodon elongatus*) and the Scott Bar salamander (Mead *et al.* 2002, 2005; Mahoney 2004; Bury and Welsh 2005). Previously, observations of clinal variation in color and morphometric traits from coastal populations of Del Norte salamanders along the Klamath River to Siskiyou Mountains salamander populations in the Seiad Valley led Bury (1973) to propose possible intergradation between these two species, and Stebbins (1985, 2003) to demote the Siskiyou Mountains salamander to a subspecies of Del Norte salamander.

Mead *et al.* (2005) described *Plethodon asupak*, the Scott Bar salamander, as a new species based on analysis of molecular (mitochondrial DNA) and morphological data from *Plethodon* populations near the confluence of the Klamath and Scott Rivers in Siskiyou County, California (Mahoney 2004; Mead *et al.* 2002, 2005). Molecular analysis shows the Scott Bar salamander to be the ancestral lineage from which the Del Norte salamander and Siskiyou Mountains salamander were derived (Mahoney 2004; Mead *et al.* 2002, 2005). For the purpose of this finding, the Service is evaluating the Scott Bar salamander as a species separate from the Siskiyou Mountains salamander. We recognize, however, that genetic research on these salamanders is ongoing, and the final species' designations may be subject to the outcome of ongoing work. This additional work may result in questions regarding the taxonomic validity of these species and we acknowledge the potential for those questions to be raised in the future. However, it is not appropriate to elucidate these potential questions in this action.

The Scott Bar salamander is more robust and has a wider head and longer limbs than either of its two most closely related sister species, the Del Norte salamander and Siskiyou Mountains salamander (Mead *et al.* 2005). It has fewer intercostal folds between adpressed limbs (2.5 to 3.5) than either the Del Norte salamander (5 to 6) or the Siskiyou Mountains salamander (4 to 5) and the modal number of costal grooves (17) is one less than in the Del Norte salamander (18). The Scott Bar salamander has a longer body relative to its tail length and longer forelimbs and hindlimbs than the Siskiyou Mountains salamander or Del Norte salamander. The coloration of the Scott Bar salamander is similar to that of the Siskiyou Mountains salamander and is described in Mead *et al.* (2005). Despite the morphological differences described in Mead *et al.* (2005), the two species are very difficult to distinguish in the field.

**Habitat**

Siskiyou Mountains salamanders and Scott Bar salamanders are found on forested slopes where rocky soils and talus outcrops occur. Occupied habitat for the Siskiyou Mountains salamander can range from small isolated rock outcrops to entire hillsides (Clayton *et al.* 2004). Occasionally these salamanders can be found under other types of cover such as bark, limbs, or logs, but only during wet weather when moisture is high and only if there are talus outcrops nearby (Nussbaum *et al.* 1983; Nussbaum 1974). Nussbaum (1974) characterized optimal habitat for the Siskiyou Mountains salamander as stabilized talus in old-growth forest stands on north-facing slopes. However, more recently populations of both species have been found in rock outcrops in all forest age classes and on all slope aspects (Clayton *et al.* 2004; USDI 2005 *in litt.*), as well as in managed stands (CDFG 2005). Siskiyou Mountains salamanders have been collected in the spring during the daytime at soil temperatures ranging from 38 to 52.3 degrees Fahrenheit (3.5 to 11.3 degrees Celsius) and at depths ranging from 0 to 18.0 inches (0 to 45.7 centimeters) (Nussbaum *et al.* 1983; Nussbaum 1974).

**Range and Distribution**

The Siskiyou Mountains salamander's range encompasses approximately 337, 037 acres (ac) (136,500 hectares (ha)) in three counties (Jackson, Josephine, and Siskiyou) of southwestern Oregon and northern California (Clayton and Nauman 2005a). More specifically, this species has been detected in the Applegate River drainage of southern Oregon south to the Klamath River watershed of northern California. In California, recent genetic analyses indicate the species' range is bounded to the west by the Indian Creek drainage and to the east by the Horse Creek drainage (see DeGross 2004; Mahoney 2004; Mead *et al.* 2005; Mead 2006). It is known from sites ranging from 488 meters (1,600 feet) (Nussbaum *et al.* 1983) to approximately 1,800 meters (6,000 feet) in elevation (Clayton *et al.* 1999). Approximately 90 percent of the Siskiyou Mountains salamander's range occurs on Federal lands managed under the Northwest Forest Plan (NWFP) (USDA, USDI 1994). Within the NWFP area, 36 percent of the salamander's range occurs in reserves (Late-Successional Reserves, Administratively Withdrawn Areas, and Congressionally Reserved Areas) where timber harvest and other ground-disturbing activities are severely restricted, 10 percent is within Matrix lands generally available for timber harvest, and 44 percent occurs in Adaptive Management Areas (AMA) where habitat management guidelines are flexible and some timber

harvest is expected to occur. The remaining 10 percent of the species' range occurs on private lands.

To date, approximately 200 Siskiyou Mountains salamander sites have been located (Clayton and Nauman 2005a). This number represents an unknown proportion of the total population, because surveys have not been conducted over the species' entire range. These localities occur primarily on Federal lands and are distributed across several NWFP land use allocations (Clayton *et al.* 2004). The USDA, USDI Species Review Panel (2002) reported that approximately 23 percent of known sites occur on reserve lands (Late-Successional Reserves and Congressionally Withdrawn Areas) (USDA, USDI 1994). The remaining sites occur on Adaptive Management Areas, Matrix, and private lands.

The Scott Bar salamander is found only in Siskiyou County, California, from just east of Seiad Valley to Scott Bar Mountain (Clayton and Nauman 2005b). The species' range extends north and south of the Klamath River and east and west of the Scott River and encompasses approximately 68,438 ac (27,717 ha). Approximately 82 percent of the Scott Bar salamander's range occurs on Federal lands: 58 percent in reserves (Late-Successional Reserves) and 24 percent in Matrix lands (USDA, USDI 1994). The remaining 18 percent of the species' range occurs on private lands.

Clayton and Nauman (2005b) reported that fewer than ten localities are currently known for the Scott Bar salamander, although other locations are suspected. Based on our internal review of recent genetic analyses (Mahoney 2004; Mahoney 2005; Mead *et al.* 2005; Mead 2006), 17 Scott Bar salamander localities have now been verified. Within the presumed range of the Scott Bar salamander, numerous historical salamander detections have been assigned to the Siskiyou Mountains salamander. Because the two species tend not to overlap (Mead 2006), it is reasonable to conclude that all salamander detections within what is now known to be the range of the Scott Bar salamander are Scott Bar salamanders. Thus, information in our files suggests that within the range of the Scott Bar salamander there are roughly twenty known salamander localities that are likely occupied by Scott Bar salamanders and are additional to the 17 noted above (USDI *in litt.* 2006). To date, systematic surveys have not been conducted throughout this species' range; however, additional sites may be located in the future.

The verified localities of the Scott Bar salamander are distributed across several watersheds that encompass the majority of the species' known range. Of these localities, 82 percent occur on Federal lands: 35 percent in reserves (Late-Successional Reserves) and 47 percent in Matrix lands (USDA, USDI 1994). The remaining 18 percent of the verified localities occur on private lands. Although the sample of known localities was not collected systematically, this distribution suggests that the species may be well distributed within its range.

Evaluation of the range and potential population size for the Siskiyou Mountains salamander and Scott Bar salamander is strongly influenced by the amount and distribution of potentially suitable habitat. The USDA, USDI Species Review Panel (2001) evaluated results of project surveys conducted in the northern portion of the Siskiyou Mountains salamander's range, and estimated that 3 to 14 percent of the extent surveyed provides potentially suitable habitat. In a similar evaluation, Timber Products Company estimated that approximately 18 percent of their surveyed lands within the range of the Scott Bar salamander was composed of suitable talus habitat (S. Farber pers. comm. 2006). The information from both surveys suggests that suitable habitat for these species is patchy within these species' ranges.

**Threats Analysis**

Section 4 of the Act and its implementing regulations (50 CFR 424) set forth the procedures for adding species to the Federal list of endangered and threatened species. A species may be determined to be an endangered or threatened species due to one or more of the five factors described in section 4(a)(1) of the Act: (A) Present or threatened destruction, modification, or curtailment of habitat or range; (B) overutilization for commercial, recreational, scientific, or educational purposes; (C) disease or predation; (D) inadequacy of existing regulatory mechanisms; or (E) other natural or manmade factors affecting its continued existence. In making this finding, we evaluated whether threats to the Siskiyou Mountains salamander and Scott Bar salamander as presented in the petition and other information available to us may pose a concern with respect to the species' survival such that listing under the Act may be warranted. Our evaluation of these threats, based on information provided in the petition and available in our files, is presented below.

*A. Present or Threatened Destruction, Modification, or Curtailment of the Species' Habitat or Range*

The petition claims that logging and wildfire pose the primary threats to Siskiyou Mountains salamander and Scott Bar salamander habitat and populations by altering habitat structures that influence the microclimatic conditions required by both species. The petition states that logging and wildfire cause increases in surface temperatures and decreases in relative humidity and soil moisture by removing forest cover. It also states that logging has the additional effect of compacting and realigning talus substrates. The petition states that it is likely a substantial, yet unquantified, amount of habitat has already been lost due to logging activities.

According to the petition, the effects of logging and wildfire on Siskiyou Mountains and Scott Bar salamanders are based on a sequence of relationships: the unique physiology and behavior of these species, their dependence on moist surface conditions in order to forage and reproduce, reduction of the occurrence of favorable surface conditions following loss of forest cover, and loss of viability of salamander populations inhabiting the resulting unfavorable conditions. Based on these assertions, the petition concludes that the rate and extent of timber harvest and fires will likely cause the two species to be threatened or endangered due to habitat loss in the foreseeable future.

The petition and information in our files describe the physiological and behavioral traits of Siskiyou Mountains salamanders and Scott Bar salamanders that link them to habitats that provide moist conditions. Both species are lungless salamanders that require moisture in order to respire through their skin and to avoid dessication (Nussbaum *et al.* 1983). These traits act to limit the time during which the species can be active at the surface where foraging takes place (Nussbaum *et al.* 1983; Feder 1983). In the warm, dry environment characteristic of the eastern Klamath-Siskiyou Mountains, surface conditions favorable for activity by these salamanders is limited to relatively brief rainy periods in the spring and fall when soil moisture and relative humidity are high and temperatures moderate (Nussbaum *et al.* 1983; Clayton *et al.* 1999). This limitation is reflected in survey protocols for Siskiyou Mountains salamander, which require that surveys be restricted to periods of relative humidity above 65 percent, air

temperature between 39.2 and 68 Fahrenheit (4 to 20 degrees Celsius), soil temperature between 38.3 and 64.4 degrees Fahrenheit (3.5 to 18 degrees Celsius), and moist soil conditions; outside of these parameters detection rates are low (Clayton *et al.* 1999). During the remainder of the year, these salamanders retreat underground into fissured rock substrates (Nussbaum *et al.* 1983).

Based on the relationships described above, the petition claims that habitat conditions that further limit aboveground activity will result in reduced abundance and viability of Siskiyou Mountains salamander and Scott Bar salamander populations. The petition cites Ollivier *et al.* (2001), who state that shortened periods of surface conditions appropriate for feeding and breeding activities can limit both survivorship and recruitment of these salamanders due to reduced ability to achieve body mass and fat needed for reproduction. Based on physiological and ecological studies of plethodontid salamanders (Feder 1983), and the association of Siskiyou Mountains salamander and Scott Bar salamanders (and the closely related Del Norte salamander in the Klamath province) with mature forested habitats (Nussbaum *et al.* 1983; Ollivier *et al.* 2001; Welsh and Lind 1988; 1991; and 1995), it is reasonable to conclude that individuals living in drier, more open conditions may experience reduced fitness.

The petition cites Chen *et al.* (1993) to support the claim that removing or reducing canopy during logging or other activities can alter stand microclimates, which in turn would result in conditions unsuitable for surface activity by salamanders. Information in our files suggests that microclimatic variables such as soil moisture, fuel moisture, relative humidity, and air temperature are sensitive to changes in canopy, with open-canopied and unforested sites exhibiting drier conditions, reduced humidity, and warmer air and soil temperatures (Chen *et al.* 1995; Chen *et al.* 1999).

The petition states that rigorous pre- and post-logging studies have not been conducted on Siskiyou Mountains salamanders or Scott Bar salamanders. Information in our files also indicates that this type of study has not been conducted on the similar Del Norte salamander in the drier portions of its range. However, the petition cites several studies from across North America (Dupuis *et al.* 1995; deMaynadier and Hunter 1998; Ash 1997; Herbeck and Larsen 1999) and specific to the Pacific Northwest (Bury and Corn 1988; Corn and Bury 1991; Raphael 1988; Welsh 1990; Welsh and Lind 1988, 1991, and 1995) that describe impacts of logging to other plethodontid salamanders. It is important to note that studies conducted in eastern and mid-western North America and much of the Pacific Northwest (Grialou *et al.* 2000; Bury and Corn 1988; Corn and Bury 1991; Raphael 1988; Welsh 1990; and Welsh and Lind 1988, 1991, and 1995) were conducted in mesic (relatively wet) forest types where environmental constraints (moisture, temperature) on salamander dispersal and survival are presumably less than in the dry eastern Klamath Mountains. In addition, most plethodontid salamander species studied in other areas of North America occupy soil, surface litter, and woody debris in mesic environments, whereas Siskiyou Mountains salamanders and Scott Bar salamanders occupy talus substrates that provide refuge from temperature extremes and dry conditions in xeric (relatively dry) environments. Therefore, inferences drawn from studies of other plethodontid species in mesic environments may be limited in their applicability to Siskiyou Mountains salamander or Scott Bar salamander populations in the dry eastern Klamath Mountains.

Studies from the mid-western and eastern United States (deMaynadier and Hunter 1998; Ash 1997; Herbeck and Larsen 1999) and western Canada (Dupuis *et al.* 1995) indicate that clear-cutting can have significant short-term impacts to plethodontid salamander abundance, and that second-growth stands that regenerate following clear-cutting typically do not support the same level of abundance as do older forests. Dupuis *et al.* (1995), Ash (1997), and Herbeck and Larsen (1999) reported that plethodontid salamanders were frequently absent from 2 to 5-year-old clear-cut forests. All of the studies that examined relative abundance of plethodontid salamanders in different forest age classes (deMaynadier and Hunter 1998; Herbeck and Larsen 1999; Dupuis *et al.* 1995) found that second-growth stands supported salamanders, albeit at significantly lesser abundance than older forests. However, the impact of clear-cutting on salamanders may be temporary, as one study (Ash 1997) showed that salamanders returned to clear-cut area 4 to 6 years after cutting, and their numbers increased rapidly. Results from linear regressions estimated that salamander numbers on clear-cut plots would equal or exceed numbers on forested plots by 20 to 24 years after cutting (Ash 1997).

Studies of more closely related plethodontid salamanders in the Pacific Northwest (Corn and Bury 1991; Raphael 1988; Welsh 1990; and Welsh and Lind 1988, 1991, and 1995) found the abundance of plethodontid salamanders to be greater in older versus younger forests, and most of these studies found that difference to be significant. However, salamanders were still present in harvested areas. Raphael (1988) reported that while Del Norte salamanders were 2 to 3 times more abundant in adjacent old-growth forest, clear-cut areas still contained the species. Additional information in our files (Grialou *et al.* 2000) also suggests that western red-backed salamanders (*Plethodon vehiculum*) occupy recent 2 to 4 year-old clear-cut areas, although at a significantly lesser abundance than adjacent older forests. H. Welsh and D. Ashton (*in litt.* 2004) obtained similar results for Del Norte salamanders on the Six Rivers National Forest, where salamander abundance showed a marked decline following clear-cutting, but remained relatively stable in a lightly harvested stand. However, studies are not consistent with respect to abundance on recently clear-cut sites. Bury and Corn (1988) reported plethodontid salamanders to be absent in their two clear-cut sites, but their results were equivocal because detection rates of plethodontid salamanders were very low in all of the habitats studied. In contrast to the above studies, Corn and Bury (1991) found abundance of western red-backed salamanders was not significantly different between clear-cut areas less than 10 years old and old-growth forest.

To our knowledge, few studies exist in the peer-reviewed literature comparing the demographics of plethodontid salamander populations in clear-cut areas and adjacent forest. Grialou *et al.* (2000) studied the abundance and demographics of salamanders, including two plethodontid species, in mesic forests in southwestern Washington. In the year following clear-cut harvesting, body sizes of western red-backed salamanders were smaller (subadults and juveniles), but attained normal size distribution by the second-year post harvest. Gravid females were captured on clear-cut plots before and after harvest. Knapp *et al.* (2003) used a randomized, replicated design to quantify plethodontid salamander populations on harvested timberlands of the Appalachian Mountains in Virginia and West Virginia. While salamander abundance was less on clear-cut areas versus

control areas, there were no differences between cut and uncut treatments in the proportion of gravid females or in the average number of eggs in gravid females. Moreover, there were no differences between cut and uncut treatments in the proportion of the sample that was juvenile, except in one plethodontid species, which had a higher proportion of juveniles in uncut treatments.

Because most of the aforementioned studies have been conducted on other plethodontid species in mesic environments, the Service believes that our evaluation should focus primarily on information collected from Siskiyou Mountains salamander and Scott Bar salamander populations. The petition claims that a study of habitat associations of Siskiyou Mountains salamander by Ollivier *et al.* (2001) demonstrates that the species is threatened by logging. Ollivier *et al.* (2001) conducted presence/absence surveys for salamanders at 239 random locations within the range of Siskiyou Mountains salamander (some samples were within the range of the Scott Bar salamander), and concluded that the species was strongly associated with characteristics of mature forests such as closed canopies, large tree diameters, and a mossy ground cover layer. Based on this conclusion, the petition infers that removal of forest cover would result in habitat conditions unsuitable for the salamanders. While the study design employed by Ollivier *et al.* (2001) did not compare salamander abundance pre- and post-harvest, their sample contained 42 precanopy plots (0-to-30-year-old clearcuts). Subsequent to the study by Ollivier *et al.* (2001), State and private biologists conducted numerous surveys and detected Siskiyou Mountains salamanders and Scott Bar salamanders in previously logged sites (Farber *et al.* 2001; CDFG 2005). These surveys followed no sampling design and cannot be used to infer a lack of impacts caused by logging; however, they do demonstrate that salamander populations persist at sites that have been logged.

After reviewing data collected by Ollivier *et al.* (2001) and sampling results obtained by the California Department of Fish and Game (CDFG), H. Welsh and D. Ashton (*in litt.* 2004) concluded that the viability of Siskiyou Mountains salamander populations is compromised following clear-cutting. They based this conclusion on the high proportion (64 percent) of juvenile and subadult animals in the sample obtained by CDFG in non-forested habitats, and speculated that this was an indication of a 'sink' population of dispersing individuals and low levels of reproduction. Without further research, the effects of forest canopy removal on the abundance and demographics of Siskiyou Mountains salamander and Scott Bar salamander populations following logging will remain poorly understood. Two studies examining this question are currently in progress: One involving the Service, the Redwood Sciences Laboratory, and Humboldt State University, and one being conducted by Timber Products Company.

The petition also states that gaps created in the species' range by logging could compromise the species' viability. The petition claims that the biology of the species, narrow habitat niche, naturally fragmented habitat, and patchy distribution limit the species' ability to recover from disturbances. The petition cites Blaustein *et al.* (1995) to support their claim that when local populations of Siskiyou Mountains salamander are extirpated, there is little chance that the habitat will be recolonized. The biology of the Siskiyou Mountains salamander and the Scott Bar salamander may limit their ability to recolonize vacant sites; however, neither the petition, nor our files, provide information supporting the premise that logging creates gaps in plethodontid salamander distribution by extirpating species from a site.

The petition also states that other actions, including tractor yarding, road construction, mining, and recreational development, have resulted in, and will continue to result in, degradation, loss, or fragmentation of Siskiyou Mountains salamander habitat. The petition cites Welsh and Ollivier (1995) as suggesting that tractor yarding may impact Siskiyou Mountains salamander habitat by compacting, breaking, or realigning talus. Although it is reasonable to conclude that tractor yarding may disturb talus substrates, field studies have not demonstrated how this impacts salamander populations. The petition also cites deMaynadier and Hunter (2000) as indicating that plethodontid salamanders are sensitive to population fragmentation by logging roads. Results of that study suggest that logging roads may significantly inhibit movement and local abundance of plethodontid salamanders. Additional information in our files (Marsh *et al.* 2005) suggests that forest roads act as partial barriers to salamander movement. Road densities within much of the ranges of the Siskiyou Mountains salamander and Scott Bar salamander are documented to be high (USDA 1999); and may act to reduce dispersal and increase the degree of isolation among salamander populations. This in turn may lead to reduced gene flow and reduced long-term persistence of small, isolated populations (Marsh *et al.* 2005). The extent to which this factor may be influencing populations of Siskiyou Mountains salamanders and Scott Bar salamanders is currently unknown.

Although the amount of habitat impacted by logging could not be quantified, the petition contends that substantial habitat loss has likely occurred. To support this claim, the petition cites the USDA, USDI Species Review Panel (2001), which stated that ''cumulative effects from past timber harvest have impacted populations on Federal lands'' and ''from 1980 to 1990, 10 percent of habitat on the Applegate Ranger District was clearcut.'' However, the rate and extent of timber harvest has declined dramatically on Federal lands within the Northwest Forest Plan area during the past 30 years (USDA, USDI 2005), particularly on the Klamath National Forest, which comprises roughly 50 percent of the Siskiyou Mountain salamander's range and 80 percent of the Scott Bar salamander's range. (USDA 2006). During the six-year period from 2000 to 2005, the Klamath National Forest sold and removed an average of 15.9 million board feet of timber annually; compared with 187.8 million board feet/year during 1985 to 1990 (inclusive), and 238.2 million board feet/year from 1979 to 1984 (USDA 2006). The declining trend in timber harvest reduces the likelihood that a high proportion of the salamanders' populations will be impacted by logging.

Additional information in our files suggests that extensive logging has occurred and is likely to continue on private lands, which comprise 10 percent and 18 percent of the ranges of Siskiyou Mountains salamander and Scott Bar salamander, respectively. For example, Timber Products Company has informed the Service of its intent to clear-cut harvest at several occupied Scott Bar salamander sites in 2006 as part of a study of the species' response to timber harvest (S. Farber, pers. comm. 2006; S. Farber, *in litt.* 2006). While the Service agrees that timber harvesting has the potential to reduce habitat quality for the Siskiyou Mountains salamander and Scott Bar salamander, Forest Service reports (USDA, USDI 2005; USDA 2006) suggest that the rate and magnitude of harvest on the majority of the species' ranges is not sufficient to cause them to be threatened or endangered in the foreseeable future.

The petition claims that fire suppression has led to an increase in fuel loading, resulting in a change from

low-to high-intensity fire regimes in many forest stands within the ranges of the Siskiyou Mountains salamander and Scott Bar salamander, and that the risk of stand-replacing fire has increased due to forest management practices which remove the largest, most fire resistant trees and create young, highly combustible plantations. The petition claims that although the response of these salamanders to fire has not been well studied, fire has the potential to impact populations by removing or reducing forest canopy cover. Published studies (Taylor and Skinner 1998; Agee 1993) and Forest Service reports (USDA 1999) clearly document that increased fuel loading and forest stand density have increased the potential for high-intensity wildfire events within the range of the Siskiyou Mountains salamander and Scott Bar salamander. These high-intensity fires were much less frequent in the historical fire regime with which these salamanders evolved. High-intensity wildfire events, by definition, remove or significantly reduce forest cover; consume moss, duff, and forest litter; and may sterilize surface soil layers. The impacts of such events on salamander habitat and populations are likely more severe than those of clear-cutting, but have not been directly evaluated. Recent large fires within the Klamath Province, combined with fire behavior modeling conducted by the Forest Service, suggest a high probability of moderate- to high-intensity wildfires within the range of the Siskiyou Mountains salamander and Scott Bar salamander. However, fire modeling also suggests that the level of tree mortality would be highly variable within the range of these species (USDA 1999), resulting in a mosaic pattern of habitat effects. Additionally, the extent to which high-intensity fire effects would occur within habitats occupied by these salamanders is currently unknown.

To summarize Factor A, logging, wildfire and other habitat disturbances may impact local abundance and viability of Siskiyou Mountains salamanders and Scott Bar salamanders by altering the microclimate within stands that support these species, fragmenting habitat, or otherwise reducing habitat quality. Although extensive logging has occurred in Siskiyou Mountains salamander and Scott Bar salamander habitat for over one hundred years, the extent of habitat loss has not been quantified. Increased potential for stand-replacing wildfire also places more of the species' habitat at risk. Information in our files (*e.g.*, Farber *et al.* 2001; CDFG 2005) indicates that both Siskiyou Mountains salamanders and Scott Bar salamanders occur to some extent in clear-cuts, second-growth stands, burned areas, and naturally open habitats, and the demography of populations subjected to timber harvest or fire is poorly known. This evidence suggests that while timber harvest and wildfire may reduce habitat quality for Siskiyou Mountains salamanders and Scott Bar salamanders, they do not result in the extirpation of populations. Moreover, the rate and extent of timber harvest has declined dramatically on Federal lands within the Northwest Forest Plan area, particularly the salamanders' ranges on the Klamath National Forest, during the past 30 years (USDA, USDI 2005; USDA 2006). Based on current Forest Service policies, we anticipate that the rate of timber harvest will remain at roughly present levels in the foreseeable future. Although it is reasonable to assume that high-intensity wildfire may have a negative impact on salamander habitat and populations, we currently have no information and the petition provided no information to support a determination that fire is a substantial risk. We therefore find that the petition and other information in our files do not present substantial information that the continued existence of these species are threatened by the present or threatened destruction, modification, or curtailment of the species' habitat or range in the foreseeable future.

*B. Overutilization for Commercial, Recreational, Scientific, or Educational Purposes*

The petition and our files did not provide any information pertaining to Factor B. Information in our files indicates that tissue samples have been, and will likely continue to be, collected from individual salamanders in the field. However, methods used to collect genetic material for analysis are not expected to cause harm to the salamanders.

*C. Disease or Predation*

Neither the petition nor information in our files present any information pertaining to Factor C.

*D. Inadequacy of Existing Regulatory Mechanisms*

*Federal lands:* The petition cites the USDA, USDI Species Review Panel (2001) to demonstrate that approximately 80 percent of the Siskiyou Mountains salamanders' range occurs on Federal lands managed by the Rogue-Siskiyou and Klamath National Forests and the Medford District of the Bureau of Land Management. Thirty-nine percent of the species' range occurs within protected land designations under the Northwest Forest Plan (NWFP) (USDA, USDI Species Review Panel 2001). Additionally, the petition cites Clayton *et al.* (2002 as cited in USDA, USDI 2004) to demonstrate that less than 10 percent of suspected high-quality habitat occurs in reserves. The petition thus concludes that the majority of the species' ranges and high-quality habitat occurs on Federal lands available for timber harvest and other activities. The petition cites the USDA, USDI Species Review Panel (2001) to suggest that specific protections on non-reserve land allocations will likely be required to ensure persistence of the species.

The petition claims that the Siskiyou Mountains salamander formerly received substantial protection on Federal lands from the Survey and Manage Program (USDA, USDI 1994). The petition claims that this program was abolished with the Record of Decision entitled ''To Remove or Modify the Survey and Manage Mitigation Measures Standards and Guidelines in Forest Service and Bureau of Land Management Planning Documents Within the Range of the Northern Spotted Owl'' in March 2004 (March 2004 ROD). The Final Supplemental Environmental Impact Statement for the March 2004 ROD addressed potential mitigation, including sensitive species programs, for species affected by the removal of the Survey and Manage Program. However, the petition claims that the sensitive species programs provide substantially less protection by failing to require surveys and making mitigation optional. The petition cites a USDA, USDI (2004) statement that the elimination of the Survey and Manage Program may result in gaps in the Siskiyou Mountains salamander's range.

According to the petition, in the absence of the Survey and Manage Program, management of the Siskiyou Mountains salamander would be governed under/by the standards and guidelines of the NWFP. According to the petition, 78 percent of the known sites north of the Siskiyou Crest occur in the Applegate AMA. Under the NWFP, AMAs were created to ''encourage the development and testing of technical and social approaches to achieving desired ecological, economic, and other social objectives,'' with each AMA having a management plan (USDA, USDI 1994). Because an agency plan for the Applegate AMA has not been produced, and standards and guidelines for activities in AMAs are more flexible than in other land-use allocations, the petition claims that

existing guidelines for the Siskiyou Mountains salamander in the Applegate AMA would result in limited protection for the species. However, the petitioners provided no documentation to suggest that Federal actions in the AMA are having an effect on the salamanders.

The status of the Survey and Manage program is in flux. In January 2006, the United States District Court, Western District of Washington in *Northwest Ecosystem Alliance, et al.*, v. *Mark E. Rey, et al.*, Case 2:04–CV–00844–MJP, ordered the March 2004 ROD set aside for failure to comply with the National Environmental Policy Act. With this, the court reinstated the 2001 Survey and Manage ROD as it stood on March 2004. The Survey and Manage Program is therefore the current regulatory mechanism in place for the United States Forest Service and Bureau of Land Management lands that the Siskiyou Mountains salamander occupies. Under these provisions, all currently known and future sites south of the Siskiyou Crest will be managed to maintain species persistence and surveys will be conducted prior to habitat-disturbing activities. North of the Siskiyou Crest, high-priority sites will be identified and managed to provide a reasonable assurance of species persistence.

The Scott Bar salamander is not specifically addressed by name in the Survey and Manage ROD protections. However, the Klamath National Forest has formally stated that Survey and Manage protections for Siskiyou Mountains salamander also extend to the Scott Bar salamander, since they cannot be easily distinguished in the field (M. Boland, *in litt.* 2006). Thus, protections for the Scott Bar salamander on Federal lands are in place.

According to the court's order, the defendants indicated that they plan to propose a supplement to the 2004 Final Supplemental Environmental Impact Statement to address the deficiencies identified by the court, followed by a new ROD on or before March 30, 2007. It is unknown what protections will be provided the Siskiyou Mountains salamander in future decisions. If existing Federal regulations are modified in the future, the adequacy of these regulations to protect the Siskiyou Mountains salamander and Scott Bar salamander should be evaluated at that time.

*State Regulations:*

The State of Oregon provides no regulatory protections for the Siskiyou Mountains salamander on private lands (approximately 10 percent of the species' range). In California, the Siskiyou Mountains salamander is listed as a threatened species and receives substantial protection pursuant to the California Endangered Species Act (CESA). These protections include pre-project surveys and prohibitions on timber harvest in established buffers around suitable habitat. In 2005, CDFG submitted a petition to the California Fish and Game Commission to delist the Siskiyou Mountains salamander. Because of CDFG's delisting proposal, the petitioners claim that the protections provided by CESA should not be considered to provide firm regulatory protection for the species. The final determination on whether to delist the Siskiyou Mountains salamander is expected to be made at the Fish and Game Commission's January 31, 2007 meeting. If existing State regulations are modified in the future, the adequacy of these regulations to protect the Siskiyou Mountains salamander should be evaluated at that time. Unless and until the Siskiyou Mountains salamander is delisted as a threatened species, it remains protected pursuant to the CESA.

In July 2005, the Scott Bar salamander appeared on the CDFG's Special Animals List (CDFG 2006). The CDFG describes the Scott Bar salamander as a ''newly discovered species from what was part of the range of *Plethodon stormi*.'' Currently, the Scott Bar salamander does not have any special management status (rare, threatened, or endangered species; fully protected species; or species of special concern) in California, and thus receives no special management considerations or additional protections on approximately 18 percent of its range.

Adequate regulatory mechanisms are lacking on approximately 10 percent of the Siskiyou Mountains salamander's range and 18 percent of the Scott Bar salamander's range. However, research suggests that populations of plethodontid salamanders persist following timber harvest. Therefore, the Service believes that the lack of regulatory protections on a limited proportion of the species' ranges does not likely pose a threat to the species in the foreseeable future.

To summarize Factor D, existing Federal regulations currently provide substantial protection for the Siskiyou Mountains salamander and Scott Bar salamander through the Survey and Manage program. Thus, the fact that significant portions of the Siskiyou Mountains salamander and Scott Bar salamander ranges include Federal lands available for timber harvest (Matrix and AMA) does not in itself constitute a threat to the species.

Current California regulations provide substantial protection for the Siskiyou Mountains salamander on private lands. Existing California regulations provide no special management protections for the Scott Bar salamander on private lands. Likewise, Oregon provides no regulatory protections for Siskiyou Mountains salamanders on private lands. However, private lands comprise only 18 percent of the Scott Bar salamanders' range and only 10 percent of the Siskiyou Mountains salamanders' range in Oregon. Thus, substantial protections are provided to both species across the majority of their ranges. Although the Forest Service and Bureau of Land Management have indicated they plan to develop a supplement to their March 2004 ROD addressing deficiencies in that document identified by the court, and the State of California is currently evaluating a petition to delist the Siskiyou Mountains salamander, no decisions regarding these actions have yet been reached that would effect existing regulatory mechanisms. Thus, the Service considers the current Federal and State regulations adequate for both salamander species. If these regulations are modified in the future, the adequacy of these regulations to protect the Siskiyou Mountains salamander and the Scott Bar salamander should be evaluated at that time.

Because Federal and State of California regulations are currently in effect and offer protection for the Siskiyou Mountains salamander and Scott Bar salamander over the majority of the species' ranges, the petition and other information in our files does not present substantial information that these species are threatened at this time by the inadequacy of existing regulatory mechanisms across all or a significant portion of their ranges.

*E. Other Natural or Manmade Factors Affecting the Species' Continued Existence*

The petition states that ''an increasing consensus has developed that we are and will continue to experience global warming.'' The petition cites Feder (1983) and Ollivier *et al.* (2001) to propose that the unique physiology and requirement of moist conditions for foraging and breeding activity make the Siskiyou Mountains salamander and Scott Bar salamander particularly sensitive to variations in climate. Thus, the petition suggests that the expected change in climate over time is likely to influence the species distribution and ability to find suitable habitat. The petition also claims that warmer temperatures may shorten the window

in which the species is able to forage and reproduce. According to the petition, warmer temperatures may also negatively affect habitat by increasing the severity and intensity of forest fires, resulting in loss of forest canopy. While providing information on climate change the petition did not provide information beyond speculation regarding the effects of microhabitat changes that may be brought about by regional climate change.

The petition also cites USDA, USDI (2004) to demonstrate that, due to limited habitat and the known existence of only three localities, the Scott Bar salamander is at risk of extinction due to genetic or demographic stochasticity, regardless of management direction. However, information in our files suggests that the number of known localities and existing habitat within the range of the Scott Bar salamander is considerably larger than that considered in USDA, USDI (2004). The existence of 37 currently known sites decreases the potential for extinction caused by stochastic events, although the species' range is still considered small and restricted. Stochastic events pose less of a threat to the Siskiyou Mountains salamander due to the greater number of known localities and relatively larger range.

To summarize factor E, because foraging and breeding activities are dependent upon cool, moist conditions, these salamanders may be susceptible to alterations in microclimate resulting from projected climate change. However, neither the petition nor other information in our files provides anything more than speculation on the type, magnitude, or temporal effects of microhabitat changes that may be brought about by regional climate change. Finally, the petitioners assert that the Scott Bar salamander is at risk because its small, restricted range makes this species vulnerable to extinction as a result of stochastic events. Although the range of the Scott Bar salamander is considered restricted, the number of currently known populations is considerably greater than stated in the petition. Additionally, a considerable amount of suitable habitat capable of supporting the Scott Bar salamander has yet to be surveyed. Thus, the Service believes that the Scott Bar salamander may be less susceptible to stochastic events than the petition claims. Therefore, we find that the petition does not contain substantial information suggesting that other natural or manmade factors may be a factor that threatens either species.

**Finding**

We evaluated each of the five listing factors individually, and because the threats to the Siskiyou Mountains salamander and Scott Bar salamander are not mutually exclusive, we also evaluated the collective effect of these threats. The petition focused primarily on two listing factors: the Present or Threatened Destruction, Modification, or Curtailment of the Species' Habitat or Range and the Inadequacy of Existing Regulatory Mechanisms. More specifically, the petition and information in our files suggest that logging and fire pose the most likely threats to Siskiyou Mountains salamander and Scott Bar salamander habitat and populations, because the majority of the species' ranges occur on lands available for timber harvest or lands susceptible to stand-replacing wildfires. Synergistically, timber harvest and fire have the potential to impact extensive amounts of habitat and a large number of discrete populations. The Siskiyou Mountains salamander's numerous distinct localities and occurrence both north and south of the Siskiyou Crest likely increase the resilience of this species to logging and wildfire. Additionally, current Federal and State of California regulations provide substantial protection for the Siskiyou Mountains salamander on both Federal and private lands. Therefore, the Service believes that the Siskiyou Mountains salamander's numerous localities and existing Federal and State of California regulations ameliorate, to some degree, the potential synergistic effects to this species.

Synergistic effects are of greater concern for the Scott Bar salamander. This species has a restricted range and substantially fewer known localities. Information in our files also indicates that portions of the species' range are at high risk of fire (USDA 1999), and clearcut harvesting is scheduled to occur at known sites. However, plethodontid salamander populations have been shown to persist where logging occurs and the Survey and Manage protections currently afforded this species on the majority (82 percent) of its range act to minimize the risk of habitat loss due to timber harvest. Additionally, fire effects analysis within the range of the Scott Bar salamander indicate that if a wildfire were to occur, the area would have mixed levels of stand mortality, resulting in a mosaic pattern of habitat effects (USDA 1999). Therefore, the Service finds that the synergistic effects of fire and logging do not threaten the continued existence of the Scott Bar salamander in the foreseeable future.

We have reviewed the petition and other information available in our files. Based on this review, we find that the petition and information in our files do not present substantial information suggesting that listing the Siskiyou Mountains salamander or Scott Bar salamander as threatened or endangered may be warranted at this time.

**References Cited**

A complete list of all references cited herein is available, upon request, from the Yreka Fish and Wildlife Office (see **ADDRESSES** section).

**Author**

The primary authors of this notice are staff of Yreka Fish and Wildlife Office, U.S. Fish and Wildlife Service, 1829 S. Oregon Street, Yreka, California 96097.

**Authority**

The authority for this action is the Endangered Species Act of 1973, as amended (16 U.S.C. 1531 *et seq.*).

Dated: April 17, 2006.

**Kenneth Stansell,**

*Acting Director, U.S. Fish and Wildlife Service.*

[FR Doc. E6–5977 Filed 4–24–06; 8:45 am]

**BILLING CODE 4310–55–P**

# Notices

Federal Register
Vol. 71, No. 79
Tuesday, April 25, 2006

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.

## ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

### Architectural and Transportation Barriers Compliance Board Meeting

**AGENCY:** Architectural and Transportation Barriers Compliance Board.

**ACTION:** Notice of meeting.

**SUMMARY:** The Architectural and Transportation Barriers Compliance Board (Access Board) has scheduled its regular business meetings to take place in Washington, DC from Tuesday through Wednesday, May 9–10, 2006, at the times and location noted below.

**DATES:** The schedule of events is as follows:

**Tuesday, May 9, 2006**

9–10 a.m. Budget Committee.
10–Noon Technical Programs Committee.
1:30–3 p.m. Committee of the Whole on Rulemaking Plan (Closed Session).
3–5 p.m. Planning and Evaluation Committee.

**Wednesday, May 10, 2006**

9 a.m.–Noon Information Meeting on Transportable Emergency Housing.
1:30–3 p.m. Board Meeting.

**ADDRESSES:** All meetings will be held at the Crowne Plaza Hotel, 1001 14th Street, NW., Washington, DC 20005.

**FOR FURTHER INFORMATION CONTACT:** For further information regarding the meetings, please contact Lawrence W. Roffee, Executive Director, (202) 272–0001 (voice) and (202) 272–0082 (TTY).

**SUPPLEMENTARY INFORMATION:** At the Board meeting, the Access Board will consider the following agenda items:

- Approval of the March 15, 2006 draft Board Meeting Minutes.
- Committee of the Whole on Rulemaking Report.
- Budget Committee Report.
- Technical Programs Committee Report.
- Planning and Evaluation Committee Report.
- Transportable Emergency Housing Meeting Report.

All meetings are accessible to persons with disabilities. An assistive listening system will be available at the Board meetings. Members of the general public who require sign language interpreters must contact the Access Board by Wednesday, May 3, 2006. Persons attending Board meetings are requested to refrain from using perfume, cologne, and other fragrances for the comfort of other participants.

**Lawrence W. Roffee,**

*Executive Director.*

[FR Doc. E6–6182 Filed 4–24–06; 8:45 am]

**BILLING CODE 8150–01–P**

## DEPARTMENT OF COMMERCE

### Foreign-Trade Zones Board

**[Order No. 1448]**

### Expansion of Foreign-Trade Zone 243, Victorville, California, Area

Pursuant to its authority under the Foreign-Trade Zones Act of June 18, 1934, as amended (19 U.S.C. 81a–81u), the Foreign-Trade Zones Board (the Board) adopts the following Order:

*Whereas*, the Southern California Logistics Airport Authority, grantee of Foreign-Trade Zone 243, submitted an application to the Board for authority to expand FTZ 243 to include six additional sites in the cities of Industry, Whittier, Chino and Rialto, California, and to restore zone status to 11 acres at Site 1 (Southern California Logistics Airport) in Victorville, California, within and adjacent to the Victorville Customs user fee airport and the Los Angeles–Long Beach Customs port of entry (FTZ Docket 47–2004; filed 10/29/04; amended 7/25/05);

*Whereas*, notice inviting public comment was given in the **Federal Register** (69 FR 65580, 11/15/04) and the application, as amended, has been processed pursuant to the FTZ Act and the Board's regulations; and,

*Whereas*, the Board adopts the findings and recommendations of the examiner's report, and finds that the requirements of the FTZ Act and Board's regulations are satisfied, and that the proposal, as amended, is in the public interest;

*Now, therefore*, the Board hereby orders:

The application, as amended, to expand FTZ 243 is approved, subject to the Act and the Board's regulations, including Section 400.28, and subject to the Board's standard 2,000–acre activation limit for the overall general–purpose zone project, and further subject to an initial five-year time limit (to April 30, 2011).

Signed at Washington, DC, this 14th day of April 2006.

**David M. Spooner,**

*Assistant Secretary of Commerce for Import Administration, Alternate Chairman, Foreign-Trade Zones Board.*

Attest:

**Dennis Puccinelli,**

*Executive Secretary.*

[FR Doc. E6–6218 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DS–S**

## DEPARTMENT OF COMMERCE

### Foreign-Trade Zones Board

**[Order No. 1445]**

### Approval of Export Manufacturing Authority, Within Foreign-Trade Zone 17, Kansas City, Kansas, Cereal Ingredients, Inc., (Food Flavoring Particulates and Mixes)

Pursuant to its authority under the Foreign-Trade Zones Act of June 18, 1934, as amended (19 U.S.C. 81a–81u)(the Act), the Foreign-Trade Zones Board (the Board) adopts the following Order:

*Whereas*, the Greater Kansas City Foreign Trade Zone, Inc., grantee of FTZ 17, has requested authority under Section 400.32(b)(1) of the Board's regulations on behalf of Cereal Ingredients, Inc., to manufacture food flavoring particulates and mixes under FTZ procedures within FTZ 17 Site 5 for export only (Docket 17–2005, filed 4–26–2005);

*Whereas*, pursuant to 15 CFR 400.32(b)(1), the Commerce Department's Assistant Secretary for Import Administration has the authority to act for the Board in making such decisions on new manufacturing/processing activity under certain circumstances, including situations where the proposed activity is for export only (§ 400.32(b)(1)(ii));

*Whereas*, the use of domestic sugar administered under the Refined Sugar Re–Export Program (7 CFR Part 1530) shall be considered to be within the U.S. Customs territory for the purpose of compliance with Section 1530.102(d); and,

*Whereas*, the FTZ Staff has reviewed the proposal, taking into account the criteria of Section 400.31, and the Executive Secretary has recommended approval, subject to the restriction;

*Now, therefore*, the Assistant Secretary for Import Administration, acting for the Board pursuant to Section 400.32(b)(1), concurs in the recommendation and hereby approves the request subject to the Act and the Board's regulations, including Section 400.28, and subject to the following restrictions:

1. All foreign-origin dairy products and sugar admitted to the zone for the Cereal Ingredients, Inc., activity must be re–exported; and,
2. All sugar administered by Cereal Ingredients, Inc., as licensee under the Refined Sugar Re-Export Program (7 CFR Part 1530), that is subject to the export requirement within the program guidelines must be exported pursuant to Section 1530.105 of the regulations.

Signed at Washington, DC, this 14th day of April 2006.

**David M. Spooner,**

*Assistant Secretary of Commerce for Import Administration, Alternate Chairman, Foreign-Trade Zones Board.*

Attest:

**Dennis Puccinelli,**

*Executive Secretary.*

[FR Doc. E6–6215 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DS–S**

## DEPARTMENT OF COMMERCE

### Foreign-Trade Zones Board

**[Order No. 1447]**

### Approval For Expansion Of Subzone 70T, Marathon Petroleum Company, LLC, (Oil Refinery), Wayne County, Michigan

Pursuant to its authority under the Foreign-Trade Zones Act of June 18, 1934, as amended (19 U.S.C. 81a–81u), the Foreign-Trade Zones Board (the Board) adopts the following Order:

*Whereas*, the Greater Detroit Foreign Trade Zone, Inc., grantee of FTZ 70, has requested authority on behalf of Marathon Petroleum Company LLC (Marathon) (formerly Marathon Ashland Petroleum LLC), to expand the scope of manufacturing activity conducted under zone procedures within Subzone 70T at the Marathon oil refinery complex in Wayne County, Michigan (FTZ Docket 44–2005, filed 09–19–2005);

*Whereas*, notice inviting public comment has been given in the **Federal Register** (70 FR 56889, 9/29/05); and,

*Whereas*, the Board adopts the findings and recommendations of the examiner's report, and finds that the requirements of the FTZ Act and the Board's regulations would be satisfied, and that approval of the application would be in the public interest if approval is subject to the conditions listed below;

*Now, therefore*, the Board hereby approves the expansion of the scope of activity at Subzone 70T for the manufacture of petroleum products at the Marathon Petroleum Company LLC refinery complex located in Wayne County, Michigan, as described in the application and the **Federal Register** notice, subject to the FTZ Act and the Board's regulations, including § 400.28, and further subject to the following conditions:

1. Foreign status (19 CFR §§ 146.41, 146.42) products consumed as fuel for the refinery shall be subject to the applicable duty rate.
2. Privileged foreign status (19 CFR § 146.41) shall be elected on all foreign merchandise admitted to the subzone, except that non–privileged foreign (NPF) status (19 CFR § 146.42) may be elected on refinery inputs covered under HTSUS Subheadings #2709.00.10, #2709.00.20, #2710.11.25, #2710.11.45, #2710.19.05, #2710.19.10, #2710.19.45, #2710.91.00, #2710.99.05, #2710.99.10, #2710.99.16, #2710.99.21 and #2710.99.45 which are used in the production of:

- petrochemical feedstocks and refinery by–products (examiners report, Appendix ''C'');
- products for export;
- and, products eligible for entry under HTSUS ı 9808.00.30 andı 9808.00.40 (U.S. Government purchases).

Signed at Washington, DC, this 14th day of April 2006.

**David M. Spooner,**

*Assistant Secretary of Commerce for Import Administration, Alternate Chairman, Foreign-Trade Zones Board.*

Attest:

**Dennis Puccinelli,**

*Executive Secretary.*

[FR Doc. E6–6217 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DS–S**

## DEPARTMENT OF COMMERCE

### Foreign-Trade Zones Board

**[Order No. 1446]**

### Expansion of Foreign-Trade Zone 49, Newark, New Jersey, Area

Pursuant to its authority under the Foreign-Trade Zones Act of June 18, 1934, as amended (19 U.S.C. 81a–81u), the Foreign-Trade Zones Board (the Board) adopts the following Order:

*Whereas*, the Port Authority of New York and New Jersey, grantee of Foreign-Trade Zone 49, submitted an application to the Board for authority to expand FTZ 49 to include a new site (Site 6, 407 acres) in Kearny, New Jersey, within Newark/New York Customs port of entry (FTZ Docket 41–2005, filed 8/9/05);

*Whereas*, notice inviting public comment has been given in the **Federal Register** (70 FR 48535, 8/18/05) and the application has been processed pursuant to the FTZ Act and the Board's regulations; and,

*Whereas*, the Board adopts the findings and recommendations of the examiner's report, and finds that the requirements of the FTZ Act and the Board's regulations would be satisfied, and that approval of the application would be in the public interest;

*Now, therefore*, the Board hereby orders:

The application to expand FTZ 49 is approved, subject to the FTZ Act and the Board's regulations, including Section 400.28, and further subject to the Board's standard 2,000–acre activation limit for the overall general–purpose zone project.

Signed at Washington, DC, this 14th day of April 2006.

**David M. Spooner,**

*Assistant Secretary of Commerce for Import Administration, Alternate Chairman, Foreign-Trade Zones Board.*

Attest:

**Dennis Puccinelli,**

*Executive Secretary.*

[FR Doc. E6–6216 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DS–S**

## DEPARTMENT OF COMMERCE

### Foreign-Trade Zones Board

### Facilitating the Use of Foreign-Trade Zones by Small and Medium-Sized Manufacturers

Two years ago, as part of the Department of Commerce's manufacturing initiative, the Foreign-Trade Zones (FTZ) Board published

proposals designed to enhance access and reduce the FTZ program's costs, particularly for small and medium-sized manufacturers, thereby helping to improve such companies' international competitiveness. The proposals resulted in implementation of a new procedure for temporary/interim manufacturing (T/IM) authority, new application guidelines/forms, and increased outreach. Now, after eighteen months of experience in administering the new procedures and guidelines, the FTZ Board is assessing two possible proposals for improvements.

One possible improvement could involve modifying the T/IM procedure to define eligibility for application consideration on the basis of broader product and input categories than is currently the practice. However, T/IM applicants would still be required to explain the specific activity which they seek to conduct under T/IM procedures, including the degree of similarity of requested products/inputs to already approved products/inputs in the T/IM database. Modification of the T/IM procedure would leave most current elements of T/IM practice in place, including limitation to non-complex, non-controversial proposals, the requirement for a 30-day public comment period on any T/IM proposal, the practice of consultation with appropriate industry experts within government, and the FTZ Board Executive Secretary's discretion to refer any T/IM case to the full FTZ Board. A particular benefit of modifying the T/IM procedure, as outlined above, could be to give manufacturers already operating in FTZs/subzones greater ability to react quickly to new challenges or opportunities.

A second possible improvement could involve providing further guidance to potential applicants or FTZ users on the parameters of the scope of a given application/grant of authority. The focus would be on means of ensuring flexibility for users while maintaining a meaningful application review process for the FTZ Board and potential interested parties.

Public comment on these possible improvements is invited from interested parties. We ask that parties fax a copy of their comments, addressed to the Board's Executive Secretary, to (202) 482–0002. We also ask that parties submit the original of their comments to the Board's Executive Secretary at one of the following addresses:

1. Submissions Via Express/Package Delivery Services: Foreign-Trade-Zones Board, U.S. Department of Commerce, Franklin Court Building—Suite 4100W, 1099 14th St., NW., Washington, DC 20005; or

2. Submissions Via the U.S. Postal Service: Foreign-Trade-Zones Board, U.S. Department of Commerce, FCB—Suite 4100W, 1401 Constitution Ave., NW., Washington, DC 20230.

The closing period for the receipt of public comments is May 25, 2006. Any questions about this request for comments may be directed to the FTZ Board staff at (202) 482–2862.

Dated: April 20, 2006.

**Dennis Puccinelli,**

*Executive Secretary.*

[FR Doc. E6–6223 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DS–P**

## DEPARTMENT OF COMMERCE

### Bureau of Industry and Security

### Action Affecting Export Privileges; Ruo Ling Wang, Respondent and Beijing Rich Linscience Electronics Company; Related Person; Order Denying Export Privileges

#### A. Denial of Export Privileges of Ruo Ling Wang

On May 2, 2005, in the U.S. District Court in the Eastern District of Wisconsin, Ruo Ling Wang (''Wang'') was convicted of violating the International Emergency Economic Powers Act (50 U.S.C. 1701–1706 (2000)) (''IEEPA''). Wang was found guilty of knowingly and willfully making a false statement and concealing a material fact from the Bureau of Industry and Security and the former U.S. Customs Service. Wang was sentenced to a term of ''time served'' (of approximately 6½ months in prison).

Section 11(h) of the Export Administration Act of 1979, as amended (currently codified at 50 U.S.C. app. §§ 2401–2420 (2000)) (''Act'') [1] and section 766.25 of the Export Administration Regulations (''Regulations'') [2] provide, in pertinent part, that ''[t]he Director of Exporter Services, in consultation with the Director of the Office of Export Enforcement, may deny export privileges of any person who has been convicted of a violation * * * IEEPA,'' for a period not to exceed 10 years from the date of conviction. 15 CFR 766.25(a) and (d). In addition, Section 750.8 of the Regulations states that BIS's Office of Exporter Services may revoke any BIS licenses previously issued in which the person had an interest in at the time of her conviction.

I have received notice of Wang's conviction for violating the IEEPA, and have provided notice and an opportunity for Wang to make a written submission to the Bureau of Industry and Security as provided in section 766.25 of the Regulations. On February 15, 2006, BIS mailed the notice letter to Wang by registered mail at her last known address in Beijing, China. To date, BIS has not received the registered mail receipt. However, pursuant to section 766.25(b) of the Regulations, BIS has met the legal requirements and this action constitutes providing notice under the Regulations.

Having received no submission from Wang, I, following consultations with the Export Enforcement, including the Director, Office of Export Enforcement, have decided to deny Wang's export privileges under the Regulations for a period of 10 years from the date of Wang's conviction.

#### B. Denial of Export Privileges of Related Persons

In addition, pursuant to sections 766.25(h) and 766.23 of the Regulations, the Director, Office of Exporter Services, in consultation with the Director, Office of Export Enforcement, may take action to name persons related to the Respondent by ownership, control, position of responsibility, affiliation, or other connection in the conduct of trade or business in order to prevent evasion of the Order. On February 15, 2006, I gave notice to Beijing Rich Linscience Electronics Company (''BRLE''), by registered mail at its last known addresses in Beijing, China, notifying BRLE that its export privileges under the Regulations could be denied for up to 10 years as BIS believes that BRLE is related to Wang and including BRLE in the Wang Order is necessary to prevent evasion. The basis for naming BRLE to the Wang order include the facts that Wang is one of the owners of BRLE and BRLE has been receiving unlicensed exports from the United States of electronic components and semiconductor chips, items subject to the Regulations. To date, BIS has not

[1] From August 21, 1994 through November 12, 2000, the Act was in lapse. During that period, the President, through Executive Order 12924, which had been extended by successive Presidential Notices, the last of which was August 3, 2000 (3 CFR, 200 Comp. 397 (2001)), continued the Regulations in effect under the International Emergency Economic Powers Act (50 U.S.C. 1701–1706 (2000)) (''IEEPA''). On November 13, 2000, the Act was reauthorized and it remained in effect through August 20, 2001. Since August 21, 2001, the Act has been in lapse and the President, through Executive Order 13222 of August 21, 2001 (3 CFR, 2001 Comp. 783 (2002)), as extended by the Notice of August 2, 2005 (70 FR 45273, August 5, 2005), has continued the Regulations in effect under the IEEPA.

[2] The Regulations are currently codified at 15 CFR parts 730–774 (2006).

received the registered mail receipt. However, pursuant to section 766.25(b) of the Regulations, BIS has met the legal requirements and these actions constitute providing notice under the Regulations.

Having received no submission from BRLE, I, following consultations with the Export Enforcement, including the Director, Office of Export Enforcement, have decided to name BRLE as a related person to the Wang Denial Order, thereby denying BRLE's export privileges from 10 years from the date of Wang's conviction.

I have also decided to revoke all licenses issued pursuant to the Act or Regulations in which Wang and BRLE had an interest at the time of Wang's conviction. The 10-year denial period ends on May 2, 2015.

*Accordingly, it is hereby ordered*:

I. Until May 2, 2015, Ruo Ling Wang, No. 2 Zhong Guan Cun South Avenue, Cyber Mode Room 1001, Haidian District, Beijing, China 100086, and when acting for or on her behalf, her employees, agents or representatives, (''the Denied Person'') and the following person related to the Denied Person as defined by section 766.23 of the Regulations, Beijing Rich Linscience Electronics Company, Services, No. 2 Zhiong Guan Cun South Avenue, Cyber Mode Room 1001, Haidian District, Beijing, China 100086, and when acting for or on its behalf, its employees, agents or representatives, (''the Related Persons'') (together, the Denied Person and the Related Persons are ''Persons Subject To This Order'') may not, directly or indirectly, participate in any way in any transaction involving any commodity, software or technology (hereinafter collectively referred to as ''item'') exported or to be exported from the United States that is subject to the Regulations, or in any other activity subject to the Regulations, including, but not limited to:

A. Applying for, obtaining, or using a license, License Exception, or export control document;

B. Carrying on negotiations concerning, or ordering, buying, receiving, using, selling, delivering, storing, disposing of, forwarding, transporting, financing, or otherwise servicing in any way, any transaction involving any item exported or to be exported from the United States that is subject to the Regulations, or in any other activity subject to the Regulations; or

C. Benefitting in any way from any transaction involving any item exported or to be exported from the United States that is subject to Regulations, or in any other activity subject to the Regulations.

II. No person may, directly or indirectly, do any of the following:

A. Export or reexport to or on behalf of the Persons Subject To This Order any item subject to the Regulations;

B. Take any action that facilitates the acquisition or attempted acquisition by the persons Subject To This Order of the ownership, possession, or control of any item subject to the Regulations that has been or will be exported from the United States, including financing or other support activities related to a transaction whereby the Persons Subject To This Order acquires or attempts to acquire such ownership, possession or control;

C. Take any action to acquire from or to facilitate the acquisition or attempted acquisition from the Persons Subject To This Order of any item subject to the Regulations that has been exported from the United States;

D. Obtain from the Persons Subject To This Order in the United States any item subject to the Regulations with knowledge or reason to know that the item will be, or is intended to be, exported from the United States; or

E. Engage in any transaction to service any item subject to the Regulations that has been or will be exported from the United States and which is owned, possessed or controlled by the persons Subject To This Order, or service any item, of whatever origin, that is owned, possessed or controlled by the Persons Subject To This Order if such service involves the use of any item subject to the Regulations that has been or will be exported form the United States. For purposes of this paragraph, servicing means installation, maintenance, repair, modification or testing.

III. In addition to the Related Person named above, after notice and opportunity for comment as provided in section 766.23 of the Regulations, any other person, firm, corporation, or business organization related to Wang by affiliation, ownership, control, or position of responsibility in the conduct of trade or related services may also be made subject to the provisions of this Order if necessary to prevent evasion of the order.

IV. This Order does not prohibit any export, reexport, or other transaction subject to the Regulations where the only items involved that are subject to the Regulations are the foreign-produced direct product of U.S.-origin technology.

V. This Order is effective immediately and shall remain in effect until May 2, 2015.

VI. In accordance with part 756 of the Regulations, Wang may file an appeal of this Order with the Under Secretary of Commerce for Industry and Security. The appeal must be filed within 45 days from the date of this Order and must comply with the provisions of part 756 of the Regulations.

VII. In accordance with section 766.23(c), BRLE may file an appeal with the Administrative Law Judge.

VIII. A copy of this Order shall be delivered to Wang and BRLE. This Order shall be published in the **Federal Register.**

Dated: April 18, 2006.

**Eileen M. Albanese,**

*Director, Office of Exporter Service.*

[FR Doc. 06–3895 Filed 4–24–06; 8:45am]

**BILLING CODE 3510–DT–M**

## DEPARTMENT OF COMMERCE

### International Trade Administration

**[A–580–825]**

### Oil Country Tubular Goods from Korea: Notice of Extension of Time Limit for Preliminary Results of Antidumping Duty Administrative Review

**AGENCY:** Import Administration, International Trade Administration, Department of Commerce.

**EFFECTIVE DATE:** April 25, 2006.

**FOR FURTHER INFORMATION CONTACT:** Nicholas Czajkowski or Dara Iserson, AD/CVD Operations, Office 6, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington DC 20230; telephone: (202) 482–1395 or (202) 482–4052, respectively.

**SUPPLEMENTARY INFORMATION:**

#### Background

On August 31, 2005, the Department of Commerce (the Department) received timely requests for an administrative review of the antidumping duty order on oil country tubular goods (OCTG) from Korea, with respect to SeAH Steel Corporation and Husteel Co., Ltd. On September 28, 2005, the Department published a notice of initiation of this administrative review for the period of August 1, 2004, through July 31, 2005. *See Notice of Initiation of Antidumping and Countervailing Duty Administrative Reviews and Requests for Revocation in Part*, 70 FR 56631 (September 28, 2005).

#### Extension of Time Limits for Preliminary Results

Pursuant to section 751(a)(3)(A) of the Tariff Act of 1930, as amended (the Act), the Department shall issue preliminary results in an administrative review of an

antidumping duty order within 245 days after the last day of the anniversary month of the date of publication of the order. The Act further provides, however, that the Department may extend that 245-day period to 365 days if it is not practicable to complete the review within the foregoing time period.

The Department finds that it is not practicable to complete the review by the current deadline of May 3, 2006, due to the complexity involved in calculating normal value, specifically the Department's calculations for constructed value (CV). We have requested additional information regarding selling expenses and profit for the computation of CV and we will need additional time to analyze the response and issue any supplemental questionnaires on this matter, if necessary. Therefore, in accordance with section 751(a)(3)(A) of the Act, the Department is extending the time limit for the preliminary results until no later than August 24, 2006, which is 358 days after the last day of the anniversary month of the date of publication of the order. The final results continue to be due 120 days after the publication of the preliminary results, in accordance with section 351.213(h) of the Department's regulations.

This notice is published in accordance to sections 751(a)(1) and 777(i)(1) of the Act.

Dated: April 18, 2006.

**Stephen J. Claeys,**

*Deputy Assistant Secretary for Import Administration.*

[FR Doc. E6–6197 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DS–S**

## DEPARTMENT OF COMMERCE

### International Trade Administration

### Antidumping Proceedings: Calculation of the Weighted Average Dumping Margin During an Antidumping Duty Investigation; Extension of Rebuttal Comment Period

**AGENCY:** Import Administration, International Trade Administration, Department of Commerce.

**ACTION:** Extension of Rebuttal Comment Period

**SUMMARY:** On March 6, 2006, the Department of Commerce (''the Department'') published a notice in the **Federal Register** requesting comments regarding its calculation of the weighted average dumping margin during an antidumping duty investigation (71 FR 11189). The Department has decided to extend the rebuttal comment period, making the new deadline for the submission of public rebuttal comments May 4, 2006.

**DATES:** To be assured of consideration, written rebuttal comments must be received no later than May 4, 2006.

**ADDRESS:** Submit rebuttal comments to David Spooner, Assistant Secretary for Import Administration, U.S. Department of Commerce, Central Records Unit, Room 1870, Pennsylvania Avenue and 14th Street, NW., Washington, DC 20230; Attention: Weighted Average Dumping Margin.

**FOR FURTHER INFORMATION CONTACT:** Michael Rill at (202) 482–3058, Mark Barnett (202) 482–2866, or William Kovatch (202) 482–5052.

**Comments—Deadline, Format and Number of Copies**

The Department is extending the deadline for submitting rebuttal comments by two weeks, to May 4, 2006. The Department will consider all rebuttal comments received before the close of the comment period. Rebuttal comments received after the end of the comment period will be considered, if possible, but their consideration cannot be assured.

Parties wishing to file rebuttal comments should submit a signed original and six copies of each set of comments, along with a cover letter identifying the commenter's name and address. To help simplify the processing and distribution of the rebuttal comments, the Department requests that a submission in electronic form accompany the required paper copies. Comments filed in electronic form should be on CD–ROM in either WordPerfect format or a format that the WordPerfect program can convert into WordPerfect.

The Department will not accept comments accompanied by a request that a part or all of the material be treated confidentially because of its business proprietary nature or for any other reason. The Department will return such comments and materials to the persons submitting the comments and will not consider them in connection with this proceeding.

Comments received on CD–ROM will be made available to the public on the Web at the following address: *http://ia.ita.doc.gov/.* In addition, upon request, the Department will make comments filed in electronic form available to the public on CD–ROMs (at cost) with specific instructions for accessing compressed data (if necessary). Any questions concerning file formatting, document conversion, access on the Web, or other electronic filing issues should be addressed to the IA Webmaster, at (202) 482–0866 or via e-mail at *webmaster__support@ita.doc.gov*.

Dated: April 19, 2006.

**David M. Spooner,**

*Assistant Secretary for Import Administration.*

[FR Doc. E6–6198 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DS–S**

## DEPARTMENT OF COMMERCE

### International Trade Administration

**[C–580–851]**

### Dynamic Random Access Memory Semiconductors from the Republic of Korea: Extension of Time Limit for Preliminary Results of the Countervailing Duty Administrative Review

**AGENCY:** Import Administration, International Trade Administration, Department of Commerce.

**EFFECTIVE DATE:** April 25, 2006.

**FOR FURTHER INFORMATION CONTACT:** Steve Williams at (202) 482–4619 or Andrew McAllister at (202) 482–1174; AD/CVD Operations, Office 1, Import Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington, DC 20230.

**SUPPLEMENTARY INFORMATION:**

**Background**

On September 28, 2005, the Department published a notice of initiation of administrative review of the countervailing duty order on dynamic random access memory semiconductors from the Republic of Korea, covering the period January 1, 2004 through December 31, 2004. *See Initiation of Antidumping and Countervailing Duty Administrative Reviews and Request for Revocation in Part*, 70 FR 56631. On January 12, 2006, the petitioner alleged that Hynix Semiconductor, Inc., received new subsidies.

**Statutory Time Limits**

Section 751(a)(3)(A) of the Tariff Act of 1930, as amended (''the Act''), requires the Department of Commerce (''the Department'') to issue the preliminary results of an administrative review within 245 days after the last day of the anniversary month of an order for which a review is requested and the final results of review within 120 days after the date on which the preliminary results are published. If it is not practicable to complete the review within the time period, section 751(a)(3)(A) of the Act allows the

Department to extend these deadlines to a maximum of 365 days and 180 days, respectively.

**Extension of Time Limits for Preliminary Results**

This administrative review is extraordinarily complicated due to the complexity of the countervailable subsidy practices found in the investigation and the new subsidy allegations. Because the Department requires additional time to review, analyze, and possibly verify the information, and to issue supplemental questionnaires, if necessary, it is not practicable to complete this review within the originally anticipated time limit (*i.e.*, by May 3, 2006). Therefore, the Department is extending the time limit for completion of the preliminary results to not later than August 7, 2006, in accordance with section 751(a)(3)(A) of the Act.

We are issuing and publishing this notice in accordance with sections 751(a)(1) and 777(i)(1) of the Act.

Dated: April 19, 2006.

**Stephen J. Claeys,**

*Deputy Assistant Secretary for Import Administration.*

[FR Doc. E6–6196 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DS–S**

## DEPARTMENT OF COMMERCE

### International Trade Administration

### Export Trade Certificate of Review

**ACTION:** Notice of revocation of Export Trade Certificate of Review, Application No. 90–00014.

**SUMMARY:** The Secretary of Commerce issued an Export Trade Certificate of Review to American Textile Export Company, Inc. on December 4, 1990. Because this Certificate Holder has failed to file an annual report as required by law, the Secretary is revoking the certificate. This notice summarizes the notification letter sent to American Textile Export Company, Inc.

**FOR FURTHER INFORMATION CONTACT:** Jeffrey Anspacher, Director, Export Trading Company Affairs, International Trade Administration, (202) 482–5131. This is not a Toll-free number.

**SUPPLEMENTARY INFORMATION:** Title III of the Export Trading Company Act of 1982 (''The Act'') (Pub. L. 97–290, 15 U.S.C. 4011–21) Authorizes the Secretary of Commerce to Issue Export Trade Certificates of Review. The Regulations Implementing Title III (''the Regulations'') are found at 15 CFR Part 325 (1999). Pursuant to this Authority, a Certificate of Review was issued on December 4, 1990 to American Textile Export Company, Inc.

A Certificate Holder is required by law to submit to the Secretary of Commerce Annual Reports that update financial and other information relating to business activities covered by its Certificate (Section 308 of the Act, 15 U.S.C. 4018, § 325.14(a) of the Regulations, 15 CFR 325.14(a)).

The Annual Report is due within 45 days after the Anniversary Date of the Issuance of the Certificate of Review (§ 325.14(b) of the Regulations, 15 CFR 325.14(b)). Failure to submit a complete Annual Report may be the Basis for Revocation (§ 325.10(a) and 325.14(c) of the Regulations, 15 CFR 325.10(a)(3) and 325.14(c)). The Secretary has received no written responses from American Textile Export Company, Inc. to any of the letters requesting the annual reports for 2003, 2004 and 2005. On March 9, 2006, and in accordance with § 325.10(c)(1) of the Regulations, (15 CFR 325.10(c)(1)), the Secretary of Commerce sent a letter by Certified Mail to notify American Textile Export Company, Inc., that the Secretary was formally initiating the process to revoke its Certificate for failure to file an annual report. The Secretary received notification that the letter was received on March 15, 2006. Pursuant to § 325.10(c)(2) of the Regulations (15 CFR 325.10(c)(2)), the Secretary considers the failure of American Textile Export Company, Inc. to respond to be an admission of the statements contained in the notification letter. The Secretary has determined to revoke the Certificate issued to American Textile Export Company, Inc. for its failure to file an annual report. The Secretary has sent a letter, dated April 17, 2006 to notify the American Textile Export Company, Inc. of its final determination. The Revocation is effective thirty (30) days from the date of publication of this notice (§ 325.10(c)(4) of the Regulations, 15 CFR 325.10(c)). Any person aggrieved by this decision may appeal to an appropriate U.S. District Court within 30 days from the date of publication of this notice in the **Federal Register** (§ 325.11 of the Regulations, 15 CFR 325.11).

Dated: April 19, 2006.

**Jeffrey Anspacher,**

*Director, Export Trading Company Affairs.*

[FR Doc. E6–6195 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–DR–P**

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

**[I.D. 041806E]**

### Endangered and Threatened Species; Take of Anadromous Fish

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

**ACTION:** Notice; issuance of permit.

**SUMMARY:** This notice advises the public that a scientific research permit has been issued to the Washington Department of Fish and Wildlife, the Idaho Department of Fish and Wildlife, and the Bureau of Indian Affairs for operation of the adult fish trap at Lower Granite Dam, Washington state, and that the decision documents are available upon request.

**DATES:** Permit 1530 was issued on February 6, 2006, subject to certain conditions set forth therein, and took effect on March 1, 2006. The permit expires on December 31, 2010.

**ADDRESSES:** Requests for copies of the decision documents or any of the other associated documents should be directed to the Salmon Recovery Division, NOAA's National Marine Fisheries Service, 1201 NE. Lloyd Blvd., Suite 1100, Portland, OR 97232. The documents are also available on the Internet at *http://www.nwr.noaa.gov*.

**FOR FURTHER INFORMATION CONTACT:** Herb Pollard, Boise, ID, at phone number: (208) 378–5614, e-mail: *Herbert.Pollard@noaa.gov*.

**SUPPLEMENTARY INFORMATION:** This notice is relevant to the following species:

Chinook salmon (*Oncorhynchus tshawytscha*): threatened Snake River fall-run evolutionarily significant unit.

Steelhead (*Oncorhynchus mykiss*): threatened Snake River distinct population segment.

Dated: April 20, 2006.

**Susan Pultz,**

*Acting Chief, Endangered Species Division, Office of Protected Resources, National Marine Fisheries Service.*

[FR Doc. E6–6199 Filed 4–24–06; 8:45 am]

**BILLING CODE 3510–22–S**

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

**[I.D. 042006A]**

### Endangered and Threatened Species; Take of Anadromous Fish

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

**ACTION:** Receipt of applications to renew and to modify scientific permits; request for comments.

**SUMMARY:** Notice is hereby given that NMFS has received an application to modify an existing permit for scientific research from the Southwest Fisheries Science Center (SWFSC) in Santa Cruz, California (1112). Notice is also given that NMFS has received applications to renew and modify permits for scientific research from Marin Municipal Water District (MMWD) in Corte Madera, California (1047), Campbell Timberland Management, LLC. (CTM) in Fort Bragg, California (1079), Salmon Protection and Watershed Network (SPAWN) in Forest Knolls, California (1162), and Mendocino Redwood Company, LLC. (MRC) in Fort Bragg, California (1181). The permits would affect federally threatened Southern Oregon/Northern California Coast coho salmon, endangered Central California Coast coho salmon, threatened California Coastal Chinook salmon, endangered Sacramento River winter-run Chinook salmon, threatened Central Valley spring-run Chinook salmon, threatened Northern California steelhead, threatened Central California Coast steelhead, and threatened Central Valley steelhead. This document serves to notify the public of the availability of the permit applications for review and comment.

**DATES:** Written comments on the permit applications must be received no later than 5 p.m. Pacific Standard Time on May 25, 2006.

**ADDRESSES:** Comments submitted by e-mail must be sent to the following address *FRNpermits.SR@noaa.gov*. The applications and related documents are available for review by appointment, for permits 1112 Modification 2, 1047 Modification 1, 1079 Modification 2, 1162 Modification 3, and 1181 Modification 1: Protected Resources Division, NMFS, 777 Sonoma Avenue, Room 315, Santa Rosa, CA 95404 (ph: 707–575–6097, fax: 707–578–3435).

**FOR FURTHER INFORMATION CONTACT:** Jeffrey Jahn at phone number 707–575–6097, or e-mail: *Jeffrey.Jahn@noaa.gov*.

**SUPPLEMENTARY INFORMATION:**

#### Authority

Issuance of permits and permit modifications, as required by the Endangered Species Act of 1973 (16 U.S.C. 1531–1543) (ESA), is based on a finding that such permits/modifications: (1) are applied for in good faith; (2) would not operate to the disadvantage of the listed species which are the subject of the permits; and (3) are consistent with the purposes and policies set forth in section 2 of the ESA. Authority to take listed species is subject to conditions set forth in the permits. Permits and modifications are issued in accordance with and are subject to the ESA and NMFS regulations governing listed fish and wildlife permits (50 CFR parts 222–226).

Those individuals requesting a hearing on an application listed in this notice should set out the specific reasons why a hearing on that application would be appropriate (see **ADDRESSES**). The holding of such a hearing is at the discretion of the Assistant Administrator for Fisheries, NOAA. All statements and opinions contained in the permit action summaries are those of the applicant and do not necessarily reflect the views of NMFS.

#### Species Covered in This Notice

This notice is relevant to federally threatened Southern Oregon/Northern California Coast coho salmon (*Oncorhynchus kisutch*), endangered Central California Coast coho salmon (*O. kisutch*), threatened California Coastal Chinook salmon (*O. tshawytscha*), endangered Sacramento River winter-run Chinook salmon (*O. tshawytscha*), threatened Central Valley spring-run Chinook salmon (*O. tshawytscha*), threatened Northern California steelhead (*O. mykiss*), threatened Central California Coast steelhead (*O. mykiss*), and threatened Central Valley steelhead (*O. mykiss*).

#### Modification Requests Received

SWFSC requests to modify a 5–year permit (1112) for take of adult and juvenile Central California Coast coho salmon, Central California Coast steelhead, and Central Valley steelhead to conduct fish behavior, physiology, life history, population ecology, and population genetics research in various streams and estuaries in California. SWFSC requests authorization for an estimated annual non-lethal take of 400 adult Central California Coast coho salmon, 8,000 juvenile Central California Coast coho salmon, 50 juvenile Central California Coast coho salmon (hatchery), 500 adult Central California Coast steelhead, 13,200 juvenile Central California Coast steelhead, 50 juvenile Central California Coast steelhead (hatchery), 600 juvenile Central Valley steelhead, and 350 juvenile Central Valley steelhead (hatchery) with no more than 3% unintentional mortality to result from capture (by trawl, seine, fyke-net trap, hook and line, electrofishing, weir trap, or hand), handling, fin clipping, scale sampling, gill tissue sampling, tagging, and release of fish.

SWFSC also requests intentional lethal take of juvenile Central California Coast coho salmon, Sacramento River winter-run Chinook salmon, Central Valley spring-run Chinook salmon, Central California Coast steelhead, and Central Valley steelhead to conduct fish physiology, life history, population ecology, and population genetics research in various streams, estuaries, and coastal waters of California. SWFSC requests authorization for an estimated annual lethal take of 60 juvenile Central California Coast coho salmon, 110 juvenile Central California Coast coho salmon (hatchery), 50 juvenile Sacramento River winter-run Chinook salmon, 50 juvenile Central Valley spring-run Chinook salmon, 310 juvenile Central California Coast steelhead, 150 juvenile Central California Coast steelhead (hatchery), and 100 juvenile Central Valley steelhead to be captured (by trawl, seine, fyke-net trap, or electrofishing), handled, transported, held in a laboratory, and sacrificed for collection of various tissues.

SWFSC also requests take of previously dead adult carcasses of Central California Coast coho salmon and Central California Coast steelhead to collect population abundance, life history, and genetic information on spawning salmonids in various streams in California. SWFSC requests authorization to handle, tissue sample, and release an estimated 150 Central California Coast coho salmon adult carcasses and 100 Central California Coast steelhead adult carcasses annually. SWFSC does not request any take of live adult salmonids for this study.

In addition, SWFSC requests take of juvenile hatchery-produced Central California Coast coho salmon to conduct a captive rearing study and generate broodstock to be used in research and enhancement activities. SWFSC requests authorization for an estimated annual non-lethal take of 150 juvenile hatchery-produced Central California Coast coho salmon, with no more than 3% unintentional mortality to result

from transport (from the Monterey Bay Salmon and Trout Project Kingfisher Flat Hatchery), handling, and captive rearing of fish.

**Renewal and Modification Requests Received**

MMWD requests to renew and modify a 5–year permit (1047) for take of juvenile Central California Coast coho salmon and Central California Coast steelhead to conduct fish population monitoring in Lagunitas and Walker Creek watersheds in Marin County, California. MMWD requests authorization for an estimated annual non-lethal take of 3,050 juvenile Central California Coast coho salmon and 5,300 juvenile Central California Coast steelhead, with no more than 5 percent unintentional mortality to result from capture by electrofishing, handling, fin clipping, and release of fish.

MMWD also requests take of previously dead adult carcasses of Central California Coast coho salmon, California Coastal Chinook salmon, and Central California Coast steelhead to collect genetic information on spawning salmonids in Lagunitas and Walker Creek watersheds in Marin County, California. MMWD requests authorization to handle, tissue sample, and release an estimated 100 Central California Coast coho salmon adult carcasses, 20 California Coastal Chinook salmon adult carcasses, and 20 Central California Coast steelhead adult carcasses annually. MMWD does not request any take of live adult salmonids for this study.

In addition, MMWD requests take of juvenile Central California Coast coho salmon, California Coastal Chinook salmon, and Central California Coast steelhead to conduct outmigration monitoring in Lagunitas Creek, Point Reyes Station, Marin County, California. MMWD requests authorization for an estimated annual non-lethal take of 10,000 juvenile Central California Coast coho salmon, 15,000 juvenile California Coastal Chinook salmon, and 3,400 juvenile Central California Coast steelhead with no more than 5 percent unintentional mortality to result from capture by rotary screw trap, handling, marking, and release of fish.

CTM requests to renew and modify a 5–year permit (1079) for take of juvenile Southern Oregon/Northern California Coast coho salmon, Central California Coast coho salmon, and Northern California steelhead to conduct fish population monitoring in South Fork Eel River, Usal Creek, Dehaven Creek, Wages Creek, Abalobadiah Creek, Ten Mile River, Pudding Creek, Noyo River, Big River, Salmon Creek, and Garcia River watersheds in Mendocino County, California. CTM requests authorization for an estimated annual non-lethal take of 400 juvenile Southern Oregon/Northern California Coast coho salmon, 2,600 juvenile Central California Coast coho salmon, and 4,000 juvenile Northern California steelhead, with no more than 2 percent unintentional mortality to result from capture by electrofishing, handling, and release of fish.

SPAWN requests to renew and modify a 5–year permit (1162) for take of juvenile Central California Coast coho salmon and Central California Coast steelhead to conduct fish rescue and relocation efforts in intermittent tributaries of San Geronimo Creek in Marin County, California. SPAWN requests authorization for an estimated annual non-lethal take of 2,500 juvenile Central California Coast coho salmon and 3,000 juvenile Central California Coast steelhead, with no more than 0.5 percent unintentional mortality to result from capture by dip net, handling, transport, and release of fish.

SPAWN also requests take of previously dead adult carcasses of Central California Coast coho salmon, California Coastal Chinook salmon, and Central California Coast steelhead to collect genetic information on spawning salmonids in San Geronimo and Lagunitas Creek watersheds in Marin County, California. SPAWN requests authorization to handle, tissue sample, and release an estimated 50 Central California Coast coho salmon adult carcasses, 10 California Coastal Chinook salmon adult carcasses, and 20 Central California Coast steelhead adult carcasses annually. SPAWN does not request any take of live adult salmonids for this study.

In addition, SPAWN requests take of juvenile Central California Coast coho salmon and Central California Coast steelhead to conduct migration monitoring in San Geronimo, Larsen, and Woodacre Creeks in Marin County, California. SPAWN requests authorization for an estimated annual non-lethal take of 5,000 juvenile Central California Coast coho salmon and 5,000 juvenile Central California Coast steelhead with no more than 2 percent unintentional mortality to result from capture (by fyke-net trap or pipe trap), handling, marking, and release of fish.

MRC requests to renew and modify a 5–year permit (1181) for take of juvenile Southern Oregon/Northern California Coast coho salmon, Central California Coast coho salmon, Northern California steelhead, and Central California Coast steelhead to conduct fish population monitoring in Hollow Tree Creek, Noyo River, Big River, Albion River, Navarro River, Greenwood Creek, Elk Creek, Garcia River, Gualala River, and Russian River watersheds in Sonoma and Mendocino counties, California as well as 9 other coastal streams in Mendocino County, California. MRC requests authorization for an estimated annual non-lethal take of 1,000 juvenile Southern Oregon/Northern California Coast coho salmon, 1,000 juvenile Central California Coast coho salmon, 3,000 juvenile Northern California steelhead, and 200 juvenile Central California Coast steelhead, with no more than 3.5 percent unintentional mortality to result from capture by electrofishing, handling, and release of fish.

MRC also requests take of previously dead adult carcasses of Southern Oregon/Northern California Coast coho salmon, Central California Coast coho salmon, California Coastal Chinook salmon, and Northern California steelhead to collect spawner abundance data in Hollow Tree Creek, Cottaneva Creek, Big River, Albion River, Navarro River, Elk Creek, and Garcia River watersheds in Mendocino County, California. MRC requests authorization to handle and release an estimated 500 Southern Oregon/Northern California Coast coho salmon adult carcasses, 850 Central California Coast coho salmon adult carcasses, 100 California Coastal Chinook salmon adult carcasses, and 200 Northern California steelhead adult carcasses annually. MRC does not request any take of live adult salmonids for this study.

In addition, MRC requests take of juvenile Central California Coast coho salmon and Northern California steelhead to conduct outmigration monitoring in Little North Fork Navarro River in Mendocino County, California. MRC requests authorization for an estimated annual non-lethal take of 4,500 juvenile Central California Coast coho salmon and 5,000 juvenile Northern California steelhead with no more than 2 percent unintentional mortality to result from capture by rotary screw trap, handling, fin clipping, and release of fish.

Dated: April 20, 2006.

**Susan Pultz,**

*Acting Chief, Endangered Species Division, Office of Protected Resources, National Marine Fisheries Service.*

[FR Doc. E6–6200 Filed 4–24–06; 8:45 am]

BILLING CODE 3510–22–S

## DELAWARE RIVER BASIN COMMISSION

### Notice of Commission Meeting and Public Hearing

Notice is hereby given that the Delaware River Basin Commission will hold an informal conference followed by a public hearing on Wednesday, May 10, 2006. The hearing will be part of the Commission's regular business meeting. Both the conference session and business meeting are open to the public and will be held at the Commission's office building, located at 25 State Police Drive in West Trenton, New Jersey.

The conference among the commissioners and staff will begin at 10:15 a.m. Topics of discussion will include presentations by guest speakers on the Philadelphia Tidal Delaware Initiative; proposed adoption of a records retention schedule developed with the assistance of the New Jersey Division of Archives and Records Management; a progress report on PCB TMDL development, including a report on meetings of the Commission's Toxics Advisory Committee and PCB Expert Panel in March of 2006; a report on a joint meeting of the DRBC Water Quality and Water Management Advisory committees to discuss updating the memoranda of agreement between DRBC and its member states governing project review in accordance with Section 3.8 of the Delaware River Basin Compact; and a presentation on a stormwater retrofit plan for the site of the Commission's office building.

The subjects of the public hearing to be held during the 1:30 p.m. business meeting include the dockets listed below:

1. *Maidencreek Township Authority D–91–58 CP–3.* An application for approval of a ground water withdrawal project to supply up to 5.7 million gallons per thirty days (mg/30 days) of water to the applicant's public water supply distribution system from new Well No. 5 in the Allentown Formation, and to retain the existing withdrawal from all wells of 22.7 mg/30 days. Well No. 5 is proposed as a redundant source to provide flexibility and reliability in operation of the applicant's public water supply distribution system. The project is located in the Maiden Creek Watershed in Maidencreek Township, Berks County, Pennsylvania.

2. *Old York Country Club D–95–3–2.* An application for the renewal of a ground and surface water withdrawal project to continue withdrawal of up to 8 mg/30 days to supply the applicant's golf course irrigation system and potable water supply from existing Wells Nos. 1 and 2 in the Magothy Formation and two man-made storage reservoirs fed by a wet well and stormwater. The project is located in the Blacks Creek Watershed in Chesterfield Township, Burlington County, New Jersey.

3. *Bridgeport Disposal, LLC D–72–49–2.* An application for approval of a ground water and surface water withdrawal project to supply up to 0.05 mg/30 days of water from a surface water intake on Raccoon Creek, up to 17.86 mg/30 days from 21 remediation wells in the Raritan-Magothy Formation and up to 17.91 mg/30 days from both combined sources. The requested allocation represents a decrease from the existing allocation of 1.44 mg/30 days for the surface water withdrawal and an increase from the existing allocation of 4.5 mg/30 days for the ground water withdrawal. The project is located in the Raccoon Creek Watershed in Logan Township, Gloucester County, New Jersey.

4. *Borough of Boyertown D–73–199 CP–2.* An application to modify the outfall location for the docket holder's existing wastewater treatment plant (WWTP). The outfall was moved from unnamed tributary 01337 (UNT) to Swamp Creek. The docket holder relocated the outfall in order to avert toxics monitoring on the impaired UNT. The construction of the relocated outfall was completed in November 2000. The WWTP discharges approximately 750,000 gpd to Swamp Creek, a tributary of Perkiomen Creek, which is a tributary to the Schuylkill River. The facility is located in Douglass Township, Montgomery County, Pennsylvania.

5. *Fleetwood Borough Authority D–87–54 CP–2.* An application to expand a 0.5 mgd WWTP to treat an average flow of 0.7 mgd, while continuing to provide secondary treatment. The WWTP is located off Walnuttown Road in Richmond Township, Berks County, Pennsylvania. The plant currently serves the predominantly residential area of Fleetwood Borough only. However, part of the proposed additional capacity is needed to serve a portion of Richmond Township. The WWTP will continue to discharge to Willow Creek, a tributary of Maiden Creek in the Schuylkill River Watershed.

6. *Giorgio Foods, Inc. D–88–43–2.* An application to modify the docket holder's existing food processing industrial wastewater treatment plant (IWTP) by the addition of a forced draft cooling tower along with temperature controller/recorders, cooling tower pumps and recirculation pumps. The modifications are being undertaken to meet new effluent temperature requirements. The IWTP discharges approximately 500,000 gpd to Willow Creek, a tributary of Maiden Creek, which is a tributary to the Schuylkill River. The facility is located in Maidencreek Township, Berks County, Pennsylvania.

7. *Gloucester County Utilities Authority D–90–74 CP–2.* An application for approval of a WWTP rerate project from 24.1 mgd to 27 mgd. The WWTP effluent will be discharged to the Delaware River in Water Quality Zone 4. The project is located in West Deptford Township, Gloucester County, New Jersey. The WWTP will continue to serve Clayton Borough, Deptford Township, Glassboro Borough, Mantua Township, Monroe Township, National Park Borough, Paulsboro Borough, Pitman Borough, Washington Township, Wenonah Borough, West Deptford Township, Westville Borough, Woodbury City and Woodbury Heights Borough, all in Gloucester County.

8. *Brodhead Creek Regional Authority D–91–1 CP–2.* An application for the renewal of a ground and surface water withdrawal project to add new Well No. 3 in the Buttermilk Falls Formation to the distribution system with an allocation not to exceed 28.94 mg/30 days and to limit the total withdrawal from new Well No. 3 and existing Wells PW–1 and PW–2 in the Marrellus Formation to 114.94 mg/30 days and to limit the existing surface water intakes in the Brodhead Creek and the Stokes Mill Spring to 126 mg/30 days to supply the applicant's public supply distribution system. The project is located in the Brodhead Creek Watershed in Stroud Township, Monroe County, Pennsylvania.

9. *Bernville Corp. D–92–27–2.* An application for the renewal of a ground water withdrawal project and for an increase in allocation from 4.5 mg/30 days to 8.3 mg/30 days to supply the applicant's golf course from an existing intake in the Tulpehocken Creek. The project is located in the Tulpehocken Creek Watershed in Jefferson Township, North Heidelberg Township, Berks County, Pennsylvania.

10. *The Premcor Refining Group, Inc. D–93–4–4.* An application for the renewal of a ground water withdrawal project to increase withdrawal from 180 mg/30 days to 192.96 mg/30 days to supply the applicant's refinery and electric generating station from existing Wells Nos. P–1A, P–3A, P–4A, P–5B, P–6A, P–9A, P–10A, R–15 and P–16A in the Upper, Middle and Lower Potomac formations and to increase the allocation for the Delaware River intake

from the existing allocation of 13,560 mg/30 days to 13,570.6 mg/30 days, and to incorporate 2 existing pre-Compact surface water withdrawals in the Red Lion Creek and Dragon Run with allocations of 38.9 mg/30 days and 48.62 mg/30 days, respectively. The project is located in the C&D Canal East, Dragon Run Creek and Red Lion Creek watersheds in Delaware City, New Castle County, Delaware.

11. *New Castle County Department of Special Services D–93–6 CP–2.* An application to upgrade and expand a 1.7 mgd WWTP to treat 2.5 mgd via chemical addition and Sequential Batch Reactor processes. The project is located off Old Corbit Road just east of the Town of Odessa along the tidal Appoquinimink River in DRBC Water Quality Zone 5 and will continue to serve the Middletown-Odessa-Townsend area of southern New Castle County, Delaware. The WWTP will continue to discharge a portion of its effluent to a tributary of the Appoquinimink River and up to 1.08 mgd will continue to be discharged to adjacent spray application fields. The Appoquinimink River is a tributary of the Delaware River and is the subject of a U.S. EPA and Delaware DNREC Total Maximum Daily Load study. The proposed upgrade of the WWTP is needed to produce a higher quality effluent in order to meet more stringent NPDES permit limits.

12. *Logan Township Municipal Utilities Authority D–95–7 CP–2.* An application to expand a 2 million gallon per day (mgd) sewage treatment plant (STP) to process 2.75 mgd, while continuing to provide secondary level treatment. The project is located in Logan Township, Gloucester County, New Jersey approximately 200 feet west of High Hills Road and just south of the railroad right-of-way through Maple Swamp. Due to high quality treatment processes, the applicant proposes to meet stringent NPDES permit limits regarding effluent loadings and concentrations. The project effluent will continue to discharge to the Delaware River in Water Quality Zone 4 via an existing outfall, which is shared with Ferro Corporation, formerly owned by Monsanto Chemical Company.

13. *Richland Township Water Authority D–96–44 CP–2.* An application for approval of a ground water withdrawal project to supply up to 2.25 mg/30 days of water to the applicant's public water supply distribution system from Wells Nos. 2, 3 and 4, recently purchased from Melody Lakes Properties, and to increase the total combined withdrawal from these wells and the existing Richland Township Water Authority wells to 31.55 mg/30 days. While this represents an increase in allocation to the Richland Township Water Authority, it does not represent an increase in withdrawals from the watershed since both the Melody Lakes project allocation and the existing Richland Township Water Authority allocation are located in the Tohickon Creek Watershed. The project is located in the Brunswick Formation in Richland Township, Bucks County, Pennsylvania and is located in the Southeastern Pennsylvania Ground Water Protected Area.

14. *Sanofi Pasteur, Inc. D–99–71–2.* An application to expand the applicant's existing IWTP from 0.35 mgd to 0.95 mgd and to increase the discharge to Swiftwater Creek from 0.35 mgd to 0.55 mgd. Beginning in 2007, wastewater will be treated via Sanofi Pasteur's (Sanofi's) existing IWTP, rerated to process 0.45 mgd, and disposed through a combination of landscape irrigation (up to 0.045 mgd), discharge to Swiftwater Creek (0.45 mgd) and wastewater reuse. Beginning in 2008, wastewater will be treated via Sanofi's upgraded IWTP and disposed through a combination of land application (up to 0.245 mgd), discharge to Swiftwater Creek (up to 0.55 mgd), and wastewater reuse. Beginning in 2010, wastewater will be treated via Sanofi's upgraded IWTP and disposed through a combination of land application (up to 0.245 mgd), discharge to Swiftwater Creek (up to 0.55 mgd), use of the proposed Pocono Township Wastewater Treatment Plant (up to 0.35 mgd), and wastewater reuse. The application is for a discharge of 0.55 mgd to Swiftwater Creek, a tributary to the Brodhead Creek. The facility is located in Pocono Township, Monroe County, Pennsylvania.

15. *Artesian Water Company, Inc. D–2003–22 CP–2.* An application for approval of a ground water withdrawal project to supply up to 4.32 mg/30 days of water to the applicant's public water supply distribution system from replacement Well No. 1R in the Upper Mt. Laurel Formation in the Bayview Wellfield and to retain the existing withdrawal of 150 mg/30 days from the applicant's nine (9) wellfields supplying the Southern New Castle County distribution system. The project is located in the C&D Canal East Watershed in New Castle County, Delaware.

16. *Alcoa Extrusions, Inc. D–2005–1–2.* An application to increase the average and maximum discharge concentration of total dissolved solids (TDS) from 1,000 milligrams per liter (mg/l) to 2,000 mg/l and 4,000 milligrams per liter, respectively. The discharge will be made via an existing outfall to the West Branch Schuylkill River. In support of the requested modification, the docket holder has submitted an analysis concluding that the increased solids concentrations will cause no adverse effect on the downstream aquatic community, nor will they threaten potable water supply intakes located over 65 river miles downstream of the confluence of the West Branch Schuylkill River with the main stem Schuylkill River. No expansion of the treatment facility is proposed. The proposed modifications are attributable to installation of a new reverse osmosis treatment system that will reduce water consumption at the facility but will generate a concentrated waste stream during operation. The treatment facility is located in Cressona Borough, Schuylkill County, Pennsylvania.

17. *Pierson-Gaskill Golf Properties, Inc. D–2000–49.* An application for approval of a ground water withdrawal project to supply up to 4.24 mg/30 days of water to the applicant's Town & Country Golf Links golf course irrigation system from new Wells Nos. 1 and 2 in the Mt. Laurel/Wenonah Aquifer and up to 8 mg/30 days from one intake in an irrigation pond and to limit the withdrawal from all sources to 8 mg/30 days. The project is located in Pilesgrove Township, Salem County, New Jersey.

18. *New Egypt Speedway D–2006–1–1.* An application for approval of a ground and surface water withdrawal and importation project to supply less than 3.1 mg/30 days of water to the applicant's automobile racing track from the Pond Well, Office Well and Pond Intake. The Pond Well and Pond Intake are located in the Atlantic Basin. The Office Well is located in the Mt. Laurel-Wenonah Formation in the Crosswicks Creek Watershed in Plumsted Township, Ocean County, New Jersey.

19. *Schering Corporation D–2006–2–1.* An application for approval of a ground water withdrawal project to supply up to 4.0 mg/30 days of water to the applicant's pharmaceutical research facility from existing Wells Nos. 1, 2, 3, 4, 5, 6 and 7 and new Wells Nos. 9, 10, 11 and 12. The project is located in the Kittatinny Aquifer in the Paulins Kill River Watershed in Lafayette Township, Sussex County, New Jersey.

20. *Surfside Products, LLC D–2006–3–1.* An application for approval of an existing 50,000 gallon per day (gpd) discharge of treated industrial wastewater generated by clam processing. The IWTP discharges approximately 50,000 gpd to the

Maurice River, tributary to Delaware Bay. The facility is located in Commercial Township, Cumberland County, New Jersey.

21. *Sussex County Municipal Utilities Authority D–2006–6 CP–1.* An application for the approval of an existing 50,000 gallons per day (gpd) discharge from the Hampton Commons wastewater treatment facility. The wastewater treatment facility discharges to Marsh's Farm Creek, a tributary to the Paulins Kill River. The facility is located in Hampton Township, Sussex County, New Jersey.

In addition to the public hearing on the dockets listed above, the Commission's 1:30 p.m. business meeting will include a public hearing on a proposed resolution establishing a Pollutant Minimization Plan Peer Review Advisory Committee; a resolution establishing a DRBC Finance Advisory Committee to be composed of representatives of each of the signatory parties for the purpose of developing recommendations for maintaining the financial stability of the Commission; a resolution authorizing the Executive Director to contract for fish tissue analysis; a resolution for the minutes authorizing the Executive Director to enter into a professional services contract for evaluation of the mechanical and electrical systems of the Commission's office building in order to identify and evaluate opportunities for improving efficiency and reducing cost; a resolution for the minutes amending the Administrative Manual: Bylaws, Management and Personnel to provide for greater flexibility in establishing vacation credits awarded to new hires for senior management positions; and a resolution providing for election of the Commission Chair, Vice Chair and Second Vice Chair for the year 2006–2007, commencing July 1, 2006.

The meeting will also include: adoption of the Minutes of the March 1, 2006 business meeting; announcements; a report on basin hydrologic conditions; a report by the executive director; a report by the Commission's general counsel; and an opportunity for public dialogue. Draft dockets and the resolutions scheduled for public hearing on May 10, 2006 will be posted on the Commission's Web site, *http://www.drbc.net*, where they can be accessed through the Notice of Commission Meeting and Public Hearing. Additional documents relating to the dockets and other items may be examined at the Commission's offices. Please contact William Muszynski at 609–883–9500, extension 221, with any docket-related questions.

Individuals in need of an accommodation as provided for in the Americans with Disabilities Act who wish to attend the informational meeting, conference session or hearings should contact the commission secretary directly at 609–883–9500 ext. 203 or through the Telecommunications Relay Services (TRS) at 711, to discuss how the Commission can accommodate your needs.

Dated: April 18, 2006.

**Pamela M. Bush,**

*Commission Secretary.*

[FR Doc. E6–6124 Filed 4–24–06; 8:45 am]

**BILLING CODE 6360–01–P**

## DEPARTMENT OF ENERGY

**[OE Docket No. EA–209–B]**

### Application to Export Electric Energy; Cargill Power Markets, LLC

**AGENCY:** Office of Electricity Delivery and Energy Reliability, DOE

**ACTION:** Notice of application.

**SUMMARY:** Cargill Power Markets, LLC (CPM) has applied to renew its authority to transmit electric energy from the United States to Canada pursuant to section 202(e) of the Federal Power Act.

**DATES:** Comments, protests, or requests to intervene must be submitted on or before May 25, 2006.

**ADDRESSES:** Comments, protests, or requests to intervene should be addressed as follows: Office of Electricity Delivery and Energy Reliability, Mail Code: OE–20, U.S. Department of Energy, 1000 Independence Avenue, SW., Washington, DC 20585–0350 (FAX 202–586–5860).

**FOR FURTHER INFORMATION CONTACT:** Ellen Russell (Program Office) 202–586–9624 or Michael Skinker (Program Attorney) 202–586–2793.

**SUPPLEMENTARY INFORMATION:** Exports of electricity from the United States to a foreign country are regulated and require authorization under section 202(e) of the Federal Power Act (FPA) (16 U.S.C. 824a(e)).

On June 24, 1999, the Department of Energy (DOE) issued Order No. EA–209 authorizing CPM to transmit electric energy from the United States to Canada as a power marketer. On July 3, 2001, in Order No. EA–209–A, DOE renewed the CPM authorization for a five-year term that expires on July 2, 2006.

On April 17, 2006, CPM filed an application with DOE for renewal of the export authority contained in Order No. EA–209–A for an additional five-year term. CPM proposes to export electric energy to Canada and to arrange for the delivery of those exports over the international transmission facilities presently owned by Basin Electric Power Cooperative, Bonneville Power Administration, Eastern Maine Electric Cooperative, International Transmission Company, Joint Owners of the Highgate Project, Long Sault, Inc., Maine Electric Power Company, Maine Public Service Company, Minnesota Power Inc., Minnkota Power Cooperative, New York Power Authority, Niagara Mohawk Power Corporation, Northern States Power, Vermont Electric Power Company, Inc. and Vermont Electric Transmission Company.

*Procedural Matters:* Any person desiring to become a party to these proceedings or to be heard by filing comments or protests to this application should file a petition to intervene, comment or protest at the address provided above in accordance with §§ 385.211 or 385.214 of the Federal Energy Regulatory Commission's Rules of Practice and Procedures (18 CFR 385.211, 385.214). Fifteen copies of each petition and protest should be filed with the DOE on or before the dates listed above.

Comments on the CPM application to export electric energy to Canada should be clearly marked with Docket EA–209–B. Additional copies are to be filed directly with Eugene J. Becker, Vice President, Cargill Power Markets, LLC, 12700 Whitewater Dr., Minnetonka, Minnesota 55343.

A final decision will be made on this application after the environmental impacts have been evaluated pursuant to the National Environmental Policy Act of 1969, and a determination is made by DOE that the proposed action will not adversely impact on the reliability of the U.S. electric power supply system.

Copies of this application will be made available, upon request, for public inspection and copying at the address provided above or you may send an e-mail to Odessa Hopkins at *odessa.hopkins@hq.doe.gov.*

Issued in Washington, DC, on April 20, 2006.

**Anthony J. Como,**

*Director, Permitting and Siting, Office of Electricity Delivery and Energy Reliability.*

[FR Doc. E6–6149 Filed 4–24–06; 8:45 am]

**BILLING CODE 6450–01–P**

## DEPARTMENT OF ENERGY

### Environmental Management Site-Specific Advisory Board, Idaho National Laboratory

**AGENCY:** Department of Energy.

**ACTION:** Notice of open meeting.

**SUMMARY:** This notice announces a meeting of the Environmental Management Site-Specific Advisory Board (EM SSAB), Idaho National Laboratory. The Federal Advisory Committee Act (Pub. L. 92–463, 86 Stat. 770) requires that public notice of this meeting be announced in the **Federal Register**.

**DATES:** Tuesday, May 16, 2006, 8 a.m.–5 p.m.; Wednesday, May 17, 2006, 8 a.m.–5 p.m.

Opportunities for public participation will be held Tuesday, May 16, from 1 to 1:15 p.m. and 3:45 to 4 p.m.; and Wednesday, May 17, from 1 to 1:15 p.m. and 2:45 to 3 p.m. Additional time may be made available for public comment during the presentations.

These times are subject to change as the meeting progresses, depending on the extent of comment offered.

**ADDRESSES:** Ameritel Inn, 645 Lindsay Boulevard, Idaho Falls, ID 83402.

**FOR FURTHER INFORMATION CONTACT:** Shannon A. Brennan, Federal Coordinator, Department of Energy, Idaho Operations Office, 1955 Fremont Avenue, MS–1216, Idaho Falls, ID 83415. Phone (208) 526–3993; Fax (208) 526–1926 or e-mail: *Shannon.Brennan@nuclear.energy.gov* or visit the Board's Internet home page at: *http://www.inelemcab.org.*

**SUPPLEMENTARY INFORMATION:** *Purpose of the Board:* The purpose of the Board is to make recommendations to DOE in the areas of environmental restoration, waste management, and related activities.

Tentative Topics (agenda topics may change up to the day of the meeting; please contact Shannon A. Brennan for the most current agenda):

- Idaho Cleanup Project Environmental Management Cleanup Status Report.
- Tank Farm Soils Cleanup Feasibility Study (Operable Unit 3–14).
- DOE Low-Level Waste Disposition Strategy Update.
- Status of Steam Reforming Treatment Technology Design.

*Public Participation:* The meeting is open to the public. Written statements may be filed with the Board either before or after the meeting. Individuals who wish to make oral presentations pertaining to agenda items should contact Shannon A. Brennan at the address or telephone number listed above. The request must be received five days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Deputy Designated Federal Officer is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. Individuals wishing to make public comment will be provided a maximum of five minutes to present their comments.

*Minutes:* The minutes of this meeting will be available for public review and copying at the U.S. Department of Energy's Freedom of Information Public Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC 20585 between 9 a.m. and 4 p.m., Monday through Friday, except Federal holidays. Minutes will also be available by writing to Shannon A. Brennan, Federal Coordinator, at the address and phone number listed above.

Issued at Washington, DC on April 20, 2006.

**Rachel Samuel,**

*Deputy Advisory Committee Management Officer.*

[FR Doc. E6–6150 Filed 4–24–06; 8:45 am]

**BILLING CODE 6450–01–P**

## DEPARTMENT OF ENERGY

### Environmental Management Site-Specific Advisory Board, Northern New Mexico

**AGENCY:** Department of Energy.

**ACTION:** Notice of open meeting and retreat.

**SUMMARY:** This notice announces a meeting of the Environmental Management Site-Specific Advisory Board (EM SSAB), Northern New Mexico. The Federal Advisory Committee Act (Pub. L. 92–463, 86 Stat. 770) requires that public notice of this meeting be announced in the **Federal Register**.

**DATES:** Friday, May 19, 2006, 8 a.m.–5 p.m. Saturday, May 20, 2006, 8 a.m.–12 p.m.

**ADDRESSES:** Sagebrush Inn and Conference Center, 1508 Paseo Del Pueblo Sur, Taos, New Mexico.

**FOR FURTHER INFORMATION CONTACT:** Menice Santistevan, Northern New Mexico Citizens' Advisory Board, 1660 Old Pecos Trail, Suite B, Santa Fe, NM 87505. Phone (505) 995–0393; Fax (505) 989–1752 or E-mail: *msantistevan@doeal.gov*.

**SUPPLEMENTARY INFORMATION:** *Purpose of the Board:* The purpose of the Board is to make recommendations to DOE in the areas of environmental restoration, waste management, and related activities.

**Tentative Agenda for Retreat**

*Friday, May 19, 2006*

8 a.m. Welcome and Introductions by Chair, J.D. Campbell
8:10 a.m. Board Discussion—How does the Northern New Mexico Citizens' Advisory Board (NNMCAB) engage all members in Committee and Board discussions and tasks?
9 a.m. Break
9:15 a.m. Board Discussion—How does the NNMCAB determine Board member satisfaction, Department of Energy (DOE) satisfaction and community satisfaction?
10 a.m. Break
10:15 a.m. Ad Hoc Committee on Bylaws and Administrative Procedures, Donald Jordan
A. Is the Board Meeting Agenda too long? Should the NNMCAB modify any part of it?
B. Are Committee Meetings long enough to complete the work of each committee it is charged with?
C. Discussion regarding proposed Amendments to the NNMCAB Bylaws.
D. Discussion regarding proposed Amendments to existing Administrative Procedures.
E. Introduction of new Administrative Procedures
12 p.m. Lunch Break
1 p.m. NNMCAB Performance Measures—One to Five-Year (FY) Plan by Deputy Designated Federal Officer (DDFO), Christina Houston
1:30 p.m. Interaction with Ex-Officio Members—Issues for Consideration in Fiscal Year 2007
A. New Mexico Environment Department—James Bearzi
B. DOE Los Alamos Site Office—Gene Rodriguez
C. Los Alamos National Laboratory—Ken Hargis
D. U.S. Environmental Protection Agency—Rich Mayer
2:30 p.m. Brief Overview of Los Alamos National Security, LLC.—Andy Phelps
2:45 p.m. Break
3 p.m. Break-out Session by Committee
A. Review FY 2006 Work Plan Accomplishments
B. Begin FY 2007 Work Plans
4:30 p.m. Executive Committee Meeting—Retreat Overview

5 p.m. Adjourn

**Tentative Agenda for Open Meeting**

*Saturday, May 20, 2006*

9 a.m. Call to Order by DDFO, Christina Houston
Establishment of a Quorum
A. Roll Call
B. Excused Absences
Welcome and Introductions by Chair, J.D. Campbell
Approval of Agenda
Approval of Minutes of March 29, 2006 Board Meeting
9:15 a.m. Board Business/Reports
A. Old Business, Chair, J.D. Campbell
B. Report from Chair, J.D. Campbell
C. Report from DOE, Christina Houston
D. Report from Executive Director, Menice B. Santistevan
E. Other Issues, Board Members New Business, Board Members
10 a.m. Public Comment
10:10 a.m. Consideration and Action on Proposed Recommendations to DOE
10:15 a.m. Break
10:30 a.m. Committee Business—Present Draft FY 2007 Work Plans
A. Community Involvement Committee, Grace Perez
B. Environmental Monitoring, Surveillance and Remediation Committee, Chris Timm
C. Waste Management Committee, Donald Jordan
D. Proposed Bylaws Amendments (1st Reading), Donald Jordan
11:45 a.m. Comments from Board Members
11:55 a.m. Recap of Meeting: Issuance of Press Releases, Editorials, etc., J.D. Campbell
12 p.m. Adjourn, Christina Houston

This agenda is subject to change at least one day in advance of the meeting.

*Public Participation:* The meeting is open to the public. Written statements may be filed with the Board either before or after the meeting. Individuals who wish to make oral statements pertaining to agenda items should contact Menice Santistevan at the address or telephone number listed above. Requests must be received five days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Deputy Designated Federal Officer is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. Individuals wishing to make public comment will be provided a maximum of five minutes to present their comments.

*Minutes:* Minutes of this meeting will be available for public review and copying at the U.S. Department of Energy's Freedom of Information Public Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC 20585 between 9 a.m. and 4 p.m., Monday–Friday, except Federal holidays. Minutes will also be available at the Public Reading Room located at the Board's office at 1660 Old Pecos Trail, Suite B, Santa Fe, NM. Hours of operation for the Public Reading Room are 9 a.m.–4 p.m. on Monday through Friday.

Minutes will also be made available by writing or calling Menice Santistevan at the Board's office address or telephone number listed above. Minutes and other Board documents are on the Internet at: *http://www.nnmcab.org*.

Issued at Washington, DC on April 19, 2006.

**Rachel M. Samuel,**

*Deputy Advisory Committee Management Officer.*

[FR Doc. E6–6187 Filed 4–24–06; 8:45 am]

**BILLING CODE 6405–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[IC06–587–001, FERC Form 587]**

### Commission Information Collection Activities, Proposed Collection; Comment Request; Extension

April 18, 2006.

**AGENCY:** Federal Energy Regulatory Commission, DOE.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirements of section 3507 of the Paperwork Reduction Act of 1995, 44 U.S.C. 3507, the Federal Energy Regulatory Commission (Commission) has submitted the information collection described below to the Office of Management and Budget (OMB) for review and extension of this information collection requirement. Any interested person may file comments directly with OMB and should address a copy of those comments to the Commission as explained below. The Commission received no comments in response to an earlier **Federal Register** notice of February 14, 2006 (71 FR 7750–7751) and has made this notation in its submission to OMB.

**DATES:** Comments on the collection of information are due by May 31, 2006.

**ADDRESSES:** Address comments on the collection of information to the Office of Management and Budget, Office of Information and Regulatory Affairs, Attention: Federal Energy Regulatory Commission Desk Officer. Comments to OMB should be filed electronically, c/o *oira_submission@omb.eop.gov* and include the OMB Control No. as a point of reference. The Desk Officer may be reached by telephone at 202–395–4650. A copy of the comments should also be sent to the Federal Energy Regulatory Commission, Office of the Executive Director, ED–34, Attention: Michael Miller, 888 First Street, NE., Washington, DC 20426. Comments may be filed either in paper format or electronically. Those persons filing electronically do not need to make a paper filing. For paper filings, original and 14 copies of such comments should be submitted to the Secretary of the Commission, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426 and should refer to Docket No. IC06–587–001.

Documents filed electronically via the Internet must be prepared in WordPerfect, MS Word, Portable Document Format, or ASCII format. To file the document, access the Commission's Web site at *http://www.ferc.gov* and click on ''Make an E-Filing,'' and then follow the instructions for each screen. First time users will have to establish a user name and password. The Commission will send an automatic acknowledgement to the sender's e-mail address upon receipt of comments. User assistance for electronic filings is available at 202–502–8258 or by e-mail to *efiling@ferc.gov*. Comments should not be submitted to this e-mail address.

All comments may be viewed, printed or downloaded remotely via the Internet through FERC's homepage using the ''eLibrary'' link. Enter the docket number excluding the last three digits in the docket number field to access the document. For user assistance, contact *FERCOnlineSupport@ferc.gov* or toll-free at (866) 208–3676. or for TTY, contact (202) 502–8659.

**FOR FURTHER INFORMATION CONTACT:** Michael Miller may be reached by telephone at (202) 502–8415, by fax at (202) 273–0873, and by e-mail at *michael.miller@ferc.gov.*

**SUPPLEMENTARY INFORMATION:**

**Description**

The information collection submitted for OMB review contains the following:

1. *Collection of Information:* FERC Form 587 ''Land Description''.

2. *Sponsor:* Federal Energy Regulatory Commission.

3. *Control No.:* 1902–0145.

The Commission is now requesting that OMB approve and extend the expiration

date for an additional three years with no changes to the existing collection. The information filed with the Commission is mandatory.

4. *Necessity of the Collection of Information:* Submission of the information is necessary for the Commission to carry out its responsibilities in implementing the statutory provisions of section 24 of the Federal Power Act (FPA), (16 U.S.C. 818). Section 24 requires applicants proposing to construct hydropower projects, or to make changes to existing projects located on lands owned by the United States are required to provide a description of the U.S. lands affected to the Commission and to the Secretary of Interior. FERC Form 587 identifies project boundary maps associated with lands of the United States. The Commission verifies the accuracy of the information supplied and coordinates with the Bureau Land of Management State Offices (BLM) so the U.S. lands can be reserved as hydropower sites and withdrawn from other uses.

The Commission uses the information to determine the appropriateness of the lands that have been set aside for hydropower projects and their proposed location. The determination includes among several factors cost, environmental acceptability and in the public interest. FERC Form 587 is organized to account for lands surveyed in Public and Non-Public Land states. The Public Land States' format is used to describe projects contained on the Western side of the United States while the Non-Public Land States' format is used to identify most of the projects located on the eastern side of the United States, including Texas, and is based on county information. The Commission implements these filing requirements in the Code of Federal regulations (CFR) under 18 CFR Part 4.

5. *Respondent Description:* The respondent universe currently comprises 250 companies (on average) subject to the Commission's jurisdiction.

6. *Estimated Burden:* 250 total hours, 250 respondents (average), 1 response per respondent, and 1 hour per response (average).

7. *Estimated Cost Burden to respondents:* 250 hours/2080 hours per years × $112,767 per year = $13,554. The cost per respondent is equal to $54.

**Statutory Authority:** Section 24 of the Federal Power Act (16 U.S.C. 818). (FPA), (16 U.S.C. 818).

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6171 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[IC06–567–001, FERC–567]**

## Commission Information Collection Activities, Proposed Collection; Comment Request; Extension

April 18, 2006.

**AGENCY:** Federal Energy Regulatory Commission, DOE.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirements of section 3507 of the Paperwork Reduction Act of 1995, 44 U.S.C. 3507, the Federal Energy Regulatory Commission (Commission) has submitted the information collection described below to the Office of Management and Budget (OMB) for review and extension of this information collection requirement. Any interested person may file comments directly with OMB and should address a copy of those comments to the Commission as explained below. The Commission received no comments in response to an earlier **Federal Register** notice of February 14, 2006 (71 FR 7751–7852) and has made this notation in its OMB submission.

**DATES:** Comments on the collection of information are due by May 31, 2006.

**ADDRESSES:** Address comments on the collection of information to the Office of Management and Budget, Office of Information and Regulatory Affairs, Attention: Federal Energy Regulatory Commission Desk Officer. Comments to OMB should be filed electronically, c/o *oira_submission@omb.eop.gov* and include the OMB Control No. as a point of reference. The Desk Officer may be reached by telephone at 202–395–4650. A copy of the comments should also be sent to the Federal Energy Regulatory Commission, Office of the Executive Director, ED–34, Attention: Michael Miller, 888 First Street, NE., Washington, DC 20426. Comments may be filed either in paper format or electronically. Those persons filing electronically do not need to make a paper filing. For paper filings, such comments should be submitted to the Secretary of the Commission, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426 and should refer to Docket No. IC06–567–001.

Documents filed electronically via the Internet must be prepared in WordPerfect, MS Word, Portable Document Format, or ASCII format. To file the document, access the Commission's Web site at *http://www.ferc.gov* and click on ''Make an E-Filing,'' and then follow the instructions for each screen. First time users will have to establish a user name and password. The Commission will send an automatic acknowledgement to the sender's e-mail address upon receipt of comments. User assistance for electronic filings is available at 202–502–8258 or by e-mail to *efiling@ferc.gov.* Comments should not be submitted to this e-mail address.

All comments may be viewed, printed or downloaded remotely via the Internet through FERC's homepage using the ''eLibrary'' link. Enter the docket number excluding the last three digits in the docket number field to access the document. For user assistance, contact *FERCOnlineSupport@ferc.gov* or toll-free at (866) 208–3676. or for TTY, contact (202) 502–8659.

**FOR FURTHER INFORMATION CONTACT:** Michael Miller may be reached by telephone at (202) 502–8415, by fax at (202) 273–0873, and by e-mail at *michael.miller@ferc.gov.*

**SUPPLEMENTARY INFORMATION:**

### Description

The information collection submitted for OMB review contains the following:

1. *Collection of Information:* FERC–567 ''Gas Pipeline Certificates: Annual Reports of System Flow Diagrams and Systems Capacity''.

2. *Sponsor:* Federal Energy Regulatory Commission.

3. *Control No.* 1902–0005.

The Commission is now requesting that OMB approve and extend the expiration date for an additional three years with no changes to the existing collection. The information filed with the Commission is mandatory.

4. *Necessity of the Collection of Information:* Submission of the information is necessary for the Commission to carry out its responsibilities in implementing the statutory provisions of sections 4, 5, 6, 7, 9, 10(a) and 16 of the Natural Gas Act (NGA), sections 301(a), 303(a), 304(d), sections 401 and 402, section 508 of the Natural Gas Policy Act (NGPA).

The information collected under the requirements of FERC–567 is used by the Commission to obtain accurate data on pipeline facilities. Specifically, the FERC–567 data is used in determining the configuration and location of installed pipeline interconnections and receipt and delivery points; and developing and evaluating alternatives to proposed facilities as a means to mitigate the environmental impact of new pipeline construction.

FERC–567 also contains valuable information that can be used to assist federal officials in maintaining adequate natural gas service in times of national emergency. The Commission implements these filing requirements in the Code of Federal Regulations (CFR) under 18 CFR 260.8 and 284.13.

5. *Respondent Description:* The respondent universe currently comprises 91 companies (on average) subject to the Commission's jurisdiction.

6. *Estimated Burden:* 12,724 total hours, 91 respondents (average), 1.714 responses per respondent (derived by dividing the total number of responses expected annually (156) by the number of respondents (91) and rounding to three places), and 81.58 hours per response (average).

7. *Estimated Cost Burden to respondents:* 12,724 hours/2080 hours per years × $112,767 per year = $689,830. The cost per respondent is equal to $7,580.

**Statutory Authority:** Sections 4, 5, 6, 7, 9, 10(a) and 16 of the Natural Gas Act (NGA), 15 U.S.C. 717–717w and Title III, sections 301(a), 303(a), 304(d), Title IV, sections 401 and 402, Title V, section 508 of the Natural Gas Policy Act (Pub. L. 95–621).

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6179 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. RP06–299–000]**

## Black Marlin Pipeline Company; Notice of Cash-Out Report

April 14, 2006.

Take notice that on April 4, 2006, Black Marlin Pipeline Company (Black Marlin) tendered for filing its annual cash-out report for the calendar year ended December 31, 2005.

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed on or before the date as indicated below. Anyone filing an intervention or protest must serve a copy of that document on the Applicant. Anyone filing an intervention or protest on or before the intervention or protest date need not serve motions to intervene or protests on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

*Comment Date:* 5 p.m. eastern time April 21, 2006.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6161 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. CP05–48–002]**

## Central Kentucky Transmission Company; Notice of Compliance Filing

April 14, 2006.

Take notice that on March 31, 2006, Central Kentucky Transmission Company (Central Kentucky) tendered a filing to place its FERC Gas Tariff, Original Volume No. 1, into effect and to submit revisions to certain sheets with a proposed effective date of May 1, 2006.

Central Kentucky states it is making this compliance filing in accordance with Ordering Paragraph F of the Commission's February 17, 2006 Order Issuing Certificates in Docket Nos. CP05–46–000, *et al.*

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Such protests must be filed on or before the date as indicated below. Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

*Comment Date:* 5 p.m. Eastern Time on April 28, 2006.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6168 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. RP06–179–001]**

## Duke Energy Marketing America, LLC; Notice of Compliance Filing

April 18, 2006.

Take notice that on March 6, 2006, Duke Energy Marketing America, LLC (DEMA) tendered for filing a copy of its Contract No. 7394 with Kern River Gas Transmission Company to comply with the Commission's Order of Waivers, issued on February 24, 2006, in Docket No. RP06–179–000 (114 FERC ¶ 61,198 (2006)).

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding.

Such protests must be filed on or before the date as indicated below. Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

*Protest Date:* 5 p.m. Eastern Time on April 25, 2006.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6175 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. RP06–251–001]**

### Gulf South Pipeline Company, LP; Notice of Compliance Filing

April 14, 2006.

Take notice that on April 10, 2006, Gulf South Pipeline Company, LP (Gulf South) tendered for filing as part of its Sixth Revised Volume No. 1 FERC Gas Tariff, the following tariff sheets, to become effective May 15, 2006.

Substitute Second Revised Sheet No. 304.
Substitute Second Revised Sheet No. 305.
Substitute Original Sheet No. 305A.

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Such protests must be filed in accordance with the provisions of section 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6167 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. RP02–361–058]**

### Gulfstream Natural Gas System, L.L.C.; Notice of Compliance Filing

April 14, 2006.

Take notice that on April 7, 2006, Gulfstream Natural Gas System, L.L.C. (Gulfstream) tendered for filing as part of its FERC Gas Tariff, Original Volume No. 1, Sixth Revised Sheet No. 8, to become effective April 1, 2006.

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Such protests must be filed in accordance with the provisions of § 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6165 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. RP06–216–001]**

### Iroquois Gas Transmission System, L.P.; Notice of Compliance Filing

April 18, 2006.

Take notice that on April 10, 2006, Iroquois Gas Transmission System, L.P. (Iroquois) tendered for filing as part of its FERC Gas Tariff, First Revised Volume No. 1, to be effective on March 9, 2006:

Fourth Revised Sheet No. 4B.
Fifth Revised Sheet No. 50B.
Original Sheet No. 50C.
Substitute Fourth Revised Sheet No. 66A.
Substitute Sixth Revised Sheet No. 67.

Iroquois states that copies of its filing were served on all jurisdictional customers and interested state regulatory agencies and all parties to the proceeding.

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Such protests must be filed in accordance with the provisions of § 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov*. Persons unable to file electronically should submit an original and 14 copies of the protest to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6176 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. CP06–77–001]**

## National Fuel Gas Supply Corporation; Notice of Compliance Filing

April 14, 2006.

Take notice that on March 31, 2006, National Fuel Gas Supply Corporation (National Fuel) tendered for filing as part of its FERC Gas Tariff, First Revised Volume No. 2, the tariff sheets listed in Appendix A to its filing, effective date of April 1, 2006.

National Fuel states that this filing is being made in compliance with the Commission's Order issued on March 22, 2006, in Docket No. CP06–77–000.

National Fuel states that copies of this filing were served upon its customers, interested State commissions and the parties on the official service list compiled by the Secretary in this proceeding.

Any person desiring to protest this filing must file in accordance with Rule 211 of the Commission's Rules of Practice and Procedure (18 CFR 385.211). Protests to this filing will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Such protests must be filed on or before the date as indicated below. Anyone filing a protest must serve a copy of that document on all the parties to the proceeding.

The Commission encourages electronic submission of protests in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov*. Persons unable to file electronically should submit an original and 14 copies of the protest to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

*Comment Date:* 5 p.m. Eastern Time on April 28, 2006.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6162 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. RP06–301–000]**

## Natural Gas Pipeline Company of Americal; Notice of Refund Report

April 18, 2006.

Take notice that on April 7, 2006, Natural Gas Pipeline Company of America (Natural) filed its Refund Report regarding the penalty revenues for the period January 1, 2005 through December 31, 2005 that it refunded to its customers pursuant to Section 12.8 of the General Terms and Conditions (GT&C) of its FERC Gas Tariff, Sixth Revised Volume No. 1.

Natural states that copies of the filing are being mailed to its customers and interested state commissions.

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed on or before the date as indicated below. Anyone filing an intervention or protest must serve a copy of that document on the Applicant. Anyone filing an intervention or protest on or before the intervention or protest date need not serve motions to intervene or protests on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

*Intervention and Protest Date:* 5 p.m. Eastern Time April 25, 2006.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6177 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. RM06–16–000]**

## Mandatory Reliability Standards for the Bulk-Power System; Meeting Announcement

Issued April 18, 2006.

On April 4, 2006, the North American Electric Reliability Council, on behalf of its wholly-owned subsidiary, the North American Electric Reliability Corporation (NERC), filed 102 proposed Reliability Standards for Commission approval, subject to its application for certification as the Electric Reliability Organization (ERO) pursuant to section 215 of the Federal Power Act (FPA).

The Commission is opening the above referenced rulemaking docket for processing the proposed Reliability Standards submitted by NERC. The Commission anticipates issuing a Notice

of Proposed Rulemaking (NOPR) on the Reliability Standards in July. However, prior to issuance of a NOPR, Commission staff will release its preliminary assessment of the proposed Reliability Standards. Further the Commission intends to hold a technical conference on the proposed standards and preliminary assessment. The Commission will provide an opportunity to comment on the preliminary assessment and technical conference.

This pre-NOPR process will allow industry participants to help the Commission to determine which of the Reliability Standards the Commission should propose to accept, remand or conditionally accept, and the type of guidance and appropriate timelines we should propose for revising and improving standards as we transition to the new mandatory Reliability Standard regime.

This filing is accessible online at *http://www.ferc.gov,* using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov,* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

By direction of the Commission.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6148 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. RP06–302–000]**

## Northern Natural Gas Company; Notice of Proposed Changes in FERC Gas Tariff

April 18, 2006.

Take notice that on April 7, 2006, Northern Natural Gas Company (Northern), tendered for filing as part of its FERC Gas Tariff, Fifth Revised Volume No. 1, Original Sheet No. 66D, with an effective date of May 8, 2006.

Northern further states that copies of the filing have been mailed to each of its customers and interested state commissions.

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed in accordance with the provisions of section 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing an intervention or protest must serve a copy of that document on the Applicant. Anyone filing an intervention or protest on or before the intervention or protest date need not serve motions to intervene or protests on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov*. Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible online at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6178 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket No. RP06–303–000]**

## Stingray Pipeline Company, L.L.C.; Notice of Proposed Changes in FERC Gas Tariff

April 18, 2006.

Take notice that on April 10, 2006, Stingray Pipeline Company, L.L.C. (Stingray) tendered for filing as part of its FERC Gas Tariff, Third Revised Volume No. 1, the following tariff sheets to become effective May 10, 2006:

Ninth Revised Sheet No. 2
Fifth Revised Sheet No. 301
Original Sheet No. 301A
Third Revised Sheet No. 302
First Revised Sheet No. 302A
First Revised Sheet No. 302B
Original Sheet No. 302C
First Revised Sheet No. 304
Second Revised Sheet No. 305
First Revised Sheet No. 305A
First Revised Sheet No. 305B
Original Sheet No. 305C
Second Revised Sheet No. 314
Second Revised Sheet No. 316
First Revised Sheet No. 317
Original Sheet No. 318
Original Sheet No. 319
Original Sheet No. 320
Original Sheet No. 321
Original Sheet No. 322
Original Sheet No. 323
Original Sheet No. 324
Original Sheet No. 325
Original Sheet No. 326
Original Sheet No. 327
Original Sheet No. 328

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed in accordance with the provisions of Section 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing an intervention or protest must serve a copy of that document on the Applicant. Anyone filing an intervention or protest on or before the intervention or protest date need not serve motions to intervene or protests on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible online at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a

document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6170 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. RP06–217–001]**

### Trans-Union Interstate Pipeline, L.P.; Notice of Proposed Compliance Filing

April 14, 2006.

Take notice that on April 10, 2006, Trans-Union Interstate Pipeline, L.P. (Trans-Union), tendered for filing as part of its FERC Gas Tariff, Original Volume No. 1, the following tariff sheets, with an effective date of February 7, 2006:

First Revised Sheet No. 106
First Revised Sheet Nos. 121–124

Trans-Union further states that it has served copies of its filing on all affected customers and all interested state regulatory commissions.

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed in accordance with the provisions of § 154.210 of the Commission's regulations (18 CFR 154.210). Anyone filing an intervention or protest must serve a copy of that document on the Applicant. Anyone filing an intervention or protest on or before the intervention or protest date need not serve motions to intervene or protests on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov*. Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas**

*Secretary.*

[FR Doc. E6–6166 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

### Combined Notice of Filings #1

April 12, 2006.

Take notice that the Commission received the following electric reliability filings:

*Docket Numbers:* ER01–48–005.

*Applicants:* Powerex Corp.

*Description:* Powerex Corp submits a notice of change in status with respect to events that have taken place since the date of its last Change in Status Filing.

*Filed Date:* 03/31/2006.

*Accession Number:* 20060404–0129.

*Comment Date:* 5 p.m. eastern time on Friday, April 21, 2006.

*Docket Numbers:* ER06–509–001.

*Applicants:* PJM Interconnection, LLC.

*Description:* PJM Interconnection LLC submits additional information re the unexecuted Interconnection Service Agreement with Boone Heritage Wind Farm LLC and ComEd.

*Filed Date:* 03/28/2006.

*Accession Number:* 20060410–0096.

*Comment Date:* 5 p.m. eastern time on Monday, April 17, 2006.

*Docket Numbers:* ER06–745–001.

*Applicants:* MASSPOWER.

*Description:* MASSPOWER supplements its 3/16/06 filing to amend its application by withdrawing request for authority to sell reactive power services.

*Filed Date:* 03/30/2006.

*Accession Number:* 20060404–0011.

*Comment Date:* 5 p.m. eastern time on Thursday, April 20, 2006.

*Docket Numbers:* ER06–797–000.

*Applicants:* Xcel Energy Operating Services, Inc.

*Description:* Xcel Energy Services, Inc on behalf of Public Service Co of Colorado submits an Amended & Restated Agreement for Interconnection Service with Tri-State Generation and Transmission Association, Inc.

*Filed Date:* 03/29/2006.

*Accession Number:* 20060331–0163.

*Comment Date:* 5 p.m. eastern time on Wednesday, April 19, 2006.

*Docket Numbers:* ER06–799–001.

*Applicants:* Entergy Services Inc.

*Description:* Entergy Services Inc, acting as agent for Entergy Operating Companies submits an amendments to its 3/29/06 filing of an unexecuted Standard Large Generation Interconnection Agreement with Arkansas Electric Coop Corp.

*Filed Date:* 03/31/2006.

*Accession Number:* 20060404–0013.

*Comment Date:* 5 p.m. eastern time on Friday, April 21, 2006.

*Docket Numbers:* ER06–822–000.

*Applicants:* Fore River Development, LLC.

*Description:* Fore River Development, LLC submits its proposed FERC Electric Tariff, Original Volume No. 2 and supporting cost data specifying its revenue requirement for providing cost-based reliability services.

*Filed Date:* 03/31/2006.

*Accession Number:* 20060410–0126.

*Comment Date:* 5 p.m. eastern time on Friday, April 21, 2006.

*Docket Numbers:* ER06–823–000.

*Applicants:* Westar Energy, Inc.

*Description:* Westar Energy Inc submits a Notice of Cancellation of an Electric Power Supply Agreement with the City of Robinson, Kansas designated as Rate Schedule No. 233.

*Filed Date:* 03/31/2006.

*Accession Number:* 20060410–0093.

*Comment Date:* 5 p.m. eastern time on Friday, April 21, 2006

*Docket Numbers:* ER06–824–000.

*Applicants:* Boston Edison Company.

*Description:* Boston Edison Co submits a modification to Schedule 21–BECo of Section II of the Transmission Markets and Services Tariff of ISO New England Inc.

*Filed Date:* 04/03/2006.

*Accession Number:* 20060410–0092.

*Comment Date:* 5 p.m. eastern time on Monday, April 24, 2006.

*Docket Numbers:* ER06–825–000.

*Applicants:* American Electric Power Service Corp.

*Description:* American Electric Power Service Corp, agent for its affiliate Indian Michigan Power Co submits a second revision to the Interconnection & Local Delivery Service Agreement No. 1253 with Hoosier Energy Rural Electric Coop Inc.

*Filed Date:* 03/31/2006.
*Accession Number:* 20060410–0091.
*Comment Date:* 5 p.m. eastern time on Friday, April 21, 2006.

*Docket Numbers:* ER06–826–000.
*Applicants:* PJM Interconnection, LLC.
*Description:* PJM Interconnection LLC submits revisions to the PJM FERC Electric Tariff, Sixth Revised Volume No.1.
*Filed Date:* 04/03/2006.
*Accession Number:* 20060410–0090.
*Comment Date:* 5 p.m. eastern time on Monday, April 24, 2006.

*Docket Numbers:* ER06–827–000.
*Applicants:* Westar Energy, Inc.
*Description:* Westar Energy Inc submits Rate Schedule 302 with Missouri Joint Municipal Electric Utility Commission.
*Filed Date:* 04/03/2006.
*Accession Number:* 20060410–0089.
*Comment Date:* 5 p.m. eastern time Monday, April 24, 2006.

*Docket Numbers:* ER06–828–000.
*Applicants:* Westar Energy, Inc.
*Description:* Westar Energy, Inc submits Third Revised Sheet No. 11 of Second Revised Rate Schedule FERC No. 300.
*Filed Date:* 04/03/2006.
*Accession Number:* 20060410–0094.
*Comment Date:* 5 p.m. eastern time on Monday, April 24, 2006.

*Docket Numbers:* ER06–829–000.
*Applicants:* Westar Energy, Inc.
*Description:* Westar Energy Inc submits Second revised Sheet No. 11 of Rate Schedule 303.
*Filed Date:* 04/03/2006.
*Accession Number:* 20060410–0097.
*Comment Date:* 5 p.m. eastern time on Monday, April 24, 2006.

Any person desiring to intervene or to protest in any of the above proceedings must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214) on or before 5 p.m. eastern time on the specified comment date. It is not necessary to separately intervene again in a subdocket related to a compliance filing if you have previously intervened in the same docket. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant. In reference to filings initiating a new proceeding, interventions or protests submitted on or before the comment deadline need not be served on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper, using the FERC Online links at *http://www.ferc.gov*. To facilitate electronic service, persons with Internet access who will eFile a document and/or be listed as a contact for an intervenor must create and validate an eRegistration account using the eRegistration link. Select the eFiling link to log on and submit the intervention or protests.

Persons unable to file electronically should submit an original and 6 copies of the intervention or protest to the Federal Energy Regulatory Commission, 888 First St. NE., Washington, DC 20426.

The filings in the above proceedings are accessible in the Commission's eLibrary system by clicking on the appropriate link in the above list. They are also available for review in the Commission's Public Reference Room in Washington, DC. There is an eSubscription link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed dockets(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6153 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

### Combined Notice of Filings #1

April 13, 2006.

Take notice that the Commission received the following electric rate filings:

*Docket Numbers:* ER06–18–002.
*Applicants:* Midwest Independent Transmission System.
*Description:* Midwest Independent Transmission System Operator, Inc submits its proposed revisions to its Open Access Transmission and Energy Markets Tariff, FERC Electric Tariff, Third Revised Volume 1.
*Filed Date:* April 4, 2006.
*Accession Number:* 20060412–0474.
*Comment Date:* 5 p.m. Eastern Time on Tuesday, April 25, 2006.

*Docket Numbers:* ER06–740–001.
*Applicants:* Indeck Energy Services of Silver Springs.
*Description:* Indeck-Energy Services of Silver Springs, Inc submits its amended market based rate schedule.
*Filed Date:* April 3, 2006.
*Accession Number:* 20060412–0110.
*Comment Date:* 5 p.m. Eastern Time on Monday, April 24, 2006.

*Docket Numbers:* ER06–830–000.
*Applicants:* Public Service Electric and Gas Company.
*Description:* Public Service Electric & Gas Co et al submit a request for waivers of affiliate standards and authorization for sales.
*Filed Date:* April 3, 2006.
*Accession Number:* 20060412–0074.
*Comment Date:* 5 p.m. Eastern Time on Monday, April 24, 2006.

*Docket Numbers:* ER06–832–000.
*Applicants:* MidAmerican Energy Company.
*Description:* MidAmerican Energy Co submits proposed changes to its FERC Electric Tariff, Original Volume 11 for sales of capacity and energy within the MidAmerican Control Area.
*Filed Date:* April 3, 2006.
*Accession Number:* 20060412–0069.
*Comment Date:* 5 p.m. Eastern Time on Monday, April 24, 2006.

*Docket Numbers:* ER06–833–000.
*Applicants:* PJM Interconnection, LLC.
*Description:* PJM Interconnection, LLC submits revisions to Schedule 2 of its OATT to reflect the allocation of the reactive power revenue requirements of Jersey Central Power & Light Co.
*Filed Date:* April 3, 2006.
*Accession Number:* 20060412–0066.
*Comment Date:* 5 p.m. Eastern Time on Monday, April 24, 2006.

*Docket Numbers:* ER06–835–000.
*Applicants:* Sierra Pacific Resources Operating Co.
*Description:* Nevada Power Co et al submits its Fourth Revised Sheet 10A et al to FERC Electric Tariff, Third Revised Volume 1 pursuant to Section 205 of the Federal Power Act and Part 35 of FERC's Regulations.
*Filed Date:* April 4, 2006.
*Accession Number:* 20060412–0068.
*Comment Date:* 5 p.m. Eastern Time on Tuesday, April 25, 2006.

*Docket Numbers:* ER06–836–000.
*Applicants:* Pacific Gas & Electric Company.
*Description:* Pacific Gas and Electric Co submits its Transmission Revenue Balancing Account Adjustment Filing.
*Filed Date:* April 4, 2006.
*Accession Number:* 20060413–0044.
*Comment Date:* 5 p.m. Eastern Time on Tuesday, April 25, 2006.

*Docket Numbers:* ER06–837–000.
*Applicants:* Arizona Public Service Company.
*Description:* Arizona Public Service Co's Notice of Cancellation of its FERC Electric Rate Schedule 219.

*Filed Date:* April 4, 2006.

*Accession Number:* 20060412–0482.

*Comment Date:* 5 p.m. Eastern Time on Tuesday, April 25, 2006.

Any person desiring to intervene or to protest in any of the above proceedings must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214) on or before 5 p.m. Eastern time on the specified comment date. It is not necessary to separately intervene again in a subdocket related to a compliance filing if you have previously intervened in the same docket. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant. In reference to filings initiating a new proceeding, interventions or protests submitted on or before the comment deadline need not be served on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper, using the FERC Online links at *http://www.ferc.gov.* To facilitate electronic service, persons with Internet access who will eFile a document and/or be listed as a contact for an intervenor must create and validate an eRegistration account using the eRegistration link. Select the eFiling link to log on and submit the intervention or protests.

Persons unable to file electronically should submit an original and 14 copies of the intervention or protest to the Federal Energy Regulatory Commission, 888 First St., NE., Washington, DC 20426.

The filings in the above proceedings are accessible in the Commission's eLibrary system by clicking on the appropriate link in the above list. They are also available for review in the Commission's Public Reference Room in Washington, DC. There is an eSubscription link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed dockets(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov.* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6158 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

### Combined Notice of Filings #1

April 14, 2006.

Take notice that the Commission received the following electric rate filings:

*Docket Numbers:* ER00–2093–005; ER00–2093–004.

*Applicants:* Elkem Metals Company-Alloy LP.

*Description:* Elkem Metals Co-Alloy, LP submits an amendment to its notice of a change in status filed 9/15/05.

*Filed Date:* 4/5/2006.

*Accession Number:* 20060412–0112.

*Comment Date:* 5 p.m. Eastern Time on Wednesday, April 26, 2006.

*Docket Numbers:* ER02–2134–003.

*Applicants:* Just Energy, LLC.

*Description:* Just Energy, LLC submits its Triennial Market Analysis Report.

*Filed Date:* 4/5/2006.

*Accession Number:* 20060405–5011.

*Comment Date:* 5 p.m. Eastern Time on Wednesday, April 26, 2006.

*Docket Numbers:* ER02–2151–001.

*Applicants:* Just Energy Ohio, LLC.

*Description:* Just Energy Ohio, LLC submits its Triennial Market Analysis Report.

*Filed Date:* 4/5/2006.

*Accession Number:* 20060405–5014.

*Comment Date:* 5 p.m. Eastern Time on Wednesday, April 26, 2006.

*Docket Numbers:* ER03–99–001.

*Applicants:* Just Energy New York, LLC.

*Description:* Just Energy New York, LLC submits its Triennial Market Analysis Report.

*Filed Date:* 4/5/2006.

*Accession Number:* 20060405–5015.

*Comment Date:* 5 p.m. Eastern Time on Wednesday, April 26, 2006.

*Docket Numbers:* ER03–100–001.

*Applicants:* Just Energy Texas, LLC.

*Description:* Just Energy Texas, LLC submits its Triennial Market Analysis Report.

*Filed Date:* 4/6/2006.

*Accession Number:* 20060405–5091.

*Comment Date:* 5 p.m. Eastern Time on Thursday, April 27, 2006.

*Docket Numbers:* ER06–15–002.

*Applicants:* Midwest Independent Transmission System Operator, Inc; Southwest Power Pool, Inc.

*Description:* Southwest Power Pool, Inc. and the Midwest Independent Transmission System Operator, Inc submit its response to the Commission's 3/3/06 letter order.

*Filed Date:* 4/4/2006.

*Accession Number:* 20060414–0123.

*Comment Date:* 5 p.m. Eastern Time on Tuesday, April 25, 2006.

*Docket Numbers:* ER06–189–001.

*Applicants:* Electric Energy, Inc.

*Description:* Electric Energy, Inc submits an amended and restated Power Supply Agreement, First Revised Rate Schedule No. 11, effective 1/1/03.

*Filed Date:* 4/5/2006.

*Accession Number:* 20060410–0048.

*Comment Date:* 5 p.m. Eastern Time on Wednesday, April 26, 2006.

*Docket Numbers:* ER06–706–001.

*Applicants:* Entergy Services.

*Description:* Entergy Services, Inc, on behalf of Entergy Arkansas, Inc submits corrected sheets A.1, B.1, and B.8 of its 2006 Wholesale Formula Rate Update, effective 3/1/06.

*Filed Date:* 3/23/2006.

*Accession Number:* 20060327–0091.

*Comment Date:* 5 p.m. Eastern Time on Thursday, April 13, 2006.

*Docket Numbers:* ER06–775–001.

*Applicants:* Public Service Company of New Mexico.

*Description:* Tucson Electric Power Co's Certificate of Concurrence in connection with the 2006 Interim Invoicing Agreement for the San Juan Generating Station dated as of 12/31/05.

*Filed Date:* 4/6/2006.

*Accession Number:* 20060412–0479.

*Comment Date:* 5 p.m. Eastern Time on Thursday, April 27, 2006.

*Docket Numbers:* ER06–821–001.

*Applicants:* PPM Companies.

*Description:* Moraine Wind LLC et al submit corrections to its proposed amendments filed 3/23/6 and 3/29/06.

*Filed Date:* 3/31/2006.

*Accession Number:* 20060412–0077.

*Comment Date:* 5 p.m. Eastern Time on Friday, April 21, 2006.

*Docket Numbers:* ER06–831–000.

*Applicants:* Union Electric Company; Ameren Energy Marketing Company; Central Illinois Public Service Company; Central Illinois Light Company; Illinois Power Company; and Union Electric Company.

*Description:* Application of Central Illinois Public Service Co, Central Illinois Light Co et al seeking authorization for AmerenUE et al to make power sales to their affiliates.

*Filed Date:* 4/5/2006.

*Accession Number:* 20060412–0354.

*Comment Date:* 5 p.m. Eastern Time on Wednesday, April 26, 2006.

*Docket Numbers:* ER06–834–000.

*Applicants:* Michigan Electric Transmission Co., LLC.

*Description:* Michigan Electric Transmission Co, LLC submits a notice of cancellation of the Facilities

Agreement b/w Consumers Energy Co and Alpena Power Generation, LLC.

*Filed Date:* 4/5/2006.

*Accession Number:* 20060412–0067.

*Comment Date:* 5 p.m. Eastern Time on Wednesday, April 26, 2006.

*Docket Numbers:* ER06–838–000.

*Applicants:* American Electric Power Service Corporation.

*Description:* AEP Texas North Co submits two fully executed interconnection agreements with FPL Energy Horse Hollow Wind II, LP.

*Filed Date:* 4/6/2006.

*Accession Number:* 20060412–0483.

*Comment Date:* 5 p.m. Eastern Time on Thursday, April 27, 2006.

Any person desiring to intervene or to protest in any of the above proceedings must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214) on or before 5 p.m. Eastern time on the specified comment date. It is not necessary to separately intervene again in a subdocket related to a compliance filing if you have previously intervened in the same docket. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant. In reference to filings initiating a new proceeding, interventions or protests submitted on or before the comment deadline need not be served on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper, using the FERC Online links at *http://www.ferc.gov.* To facilitate electronic service, persons with Internet access who will eFile a document and/or be listed as a contact for an intervenor must create and validate an eRegistration account using the eRegistration link. Select the eFiling link to log on and submit the intervention or protests.

Persons unable to file electronically should submit an original and 14 copies of the intervention or protest to the Federal Energy Regulatory Commission, 888 First St., NE., Washington, DC 20426.

The filings in the above proceedings are accessible in the Commission's eLibrary system by clicking on the appropriate link in the above list. They are also available for review in the Commission's Public Reference Room in Washington, DC. There is an eSubscription link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed dockets(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov* or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6160 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

**[Docket Nos. EG06–43–000, et al.]**

## Wind Capital Holdings, LLC, et al.; Electric Rate and Corporate Filings

April 17, 2006.

The following filings have been made with the Commission. The filings are listed in ascending order within each docket classification.

### 1. Wind Capital Holdings, LLC

[Docket No. EG06–43–000]

Take notice that on April 4, 2006, Wind Capital Holdings, LLC filed with the Commission a Notice of Self Certification of Exempt Wholesale Generator Status pursuant to sections 366.1 and 366.7 of the Commission's regulations.

*Comment Date:* 5 p.m. eastern time on April 25, 2006.

### 2. Cow Branch Wind Energy, LLC

[Docket No. EG06–44–000]

Take notice that on April 4, 2006, Cow Branch Wind Energy, LLC filed with the Commission a Notice of Self Certification of Exempt Wholesale Generator Status pursuant to sections 366.1 and 366.7 of the Commission's regulations.

Comment Date: 5 p.m. eastern time on April 25, 2006.

### 3. OGE Energy Corp.

[Docket No. PH06–41–000]

Take notice that on April 6, 2006, OGE Energy Corp. filed a Petition for Exemption of the Requirements of The Public Utility Holding Company Act of 2005, pursuant to 18 CFR 366.1(c) and 366.3(c) of the Commission's regulations.

*Comment Date:* 5 p.m. eastern time on April 27, 2006.

### 4. Scottish Power plc, Scottish Power UK Group Limited, Scottish Power UK Holdings Limited, and PPM Energy, Inc.

[Docket No. PH06–42–000]

Take notice that on April 3, 2006, Scottish Power plc, Scottish Power UK Group Limited, Scottish Power UK Holdings Limited and PPM Energy, Inc. filed a Petition for Exemption of the Requirements of The Public Utility Holding Company Act of 2005, pursuant to 18 CFR 366.3(a) and 366.4(b)(1) of the Commission's regulations.

*Comment Date:* 5 p.m. eastern time on April 24, 2006.

### Standard Paragraph

Any person desiring to intervene or to protest this filing must file in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211, 385.214). Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a notice of intervention or motion to intervene, as appropriate. Such notices, motions, or protests must be filed on or before the comment date. On or before the comment date, it is not necessary to serve motions to intervene or protests on persons other than the Applicant.

The Commission encourages electronic submission of protests and interventions in lieu of paper using the ''eFiling'' link at *http://www.ferc.gov.* Persons unable to file electronically should submit an original and 14 copies of the protest or intervention to the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

This filing is accessible on-line at *http://www.ferc.gov*, using the ''eLibrary'' link and is available for review in the Commission's Public Reference Room in Washington, DC. There is an ''eSubscription'' link on the Web site that enables subscribers to receive e-mail notification when a document is added to a subscribed docket(s). For assistance with any FERC Online service, please e-mail *FERCOnlineSupport@ferc.gov*, or call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6169 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. RM05–6–000]**

### Commission Authorization To Hold Interlocking Positions; Notice of Authorization to Hold Interlocking Postions

April 18, 2006.

Take notice that, pursuant to section 45.9 of the Commission's regulations [1] and Order No. 664,[2] authorization to hold interlocking positions is deemed granted to those persons who filed, prior to the effective date of Order No. 664, *i.e.*, prior to October 24, 2005, completed informational reports to hold interlocking positions under section 45.9 of the Commission's regulations.

By order of the Commission.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6174 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Project No. 12588–000]**

### Hydraco Power, Inc.; Notice of Availability of Environmental Assessment

April 18, 2006.

In accordance with the National Environmental Policy Act of 1969 and the Federal Energy Regulatory Commission's regulations, 18 CFR part 380 (Order No. 486, 52 F.R. 47879), the Office of Energy Projects has reviewed the application for exemption from licensing for the A.H. Smith Dam Project. Staff prepared an environmental assessment (EA) for the project, which is located on the San Marcos River near the town of Martindale, Caldwell County, Texas. In the EA, Commission staff analyzed the potential environmental impacts of the project and concluded that exempting the project from licensing, with appropriate environmental measures, would not constitute a major federal action significantly affecting the quality of the human environment.

A copy of the EA is on file with the Commission and is available for public inspection. The EA may also be viewed on the Commission's Web site at *http://www.ferc.gov* using the ''eLibrary'' link. Enter the docket number excluding the last three digits in the docket number field to access the document. For assistance, contact FERC Online Support at *FERCOnlineSupport@ferc.gov* or toll-free at 1–866–208–3676, or for TTY, (202) 502–8659.

Any comments should be filed within 30 days from the issuance date of this notice, and should be addressed to the Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Room 1–A, Washington, DC 20426. Please affix ''A.H. Smith Dam Project No. 12588'' to all comments. Comments may be filed electronically via Internet in lieu of paper. The Commission strongly encourages electronic filings. See 18 CFR 385.2001(a)(1)(iii) and the instructions on the Commission's Web site under the ''eFiling'' link. For further information, contact Monte TerHaar at (202) 502–6035.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6173 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

### Notice of Application for Transfer of License and Soliciting Comments, Motions To Intervene, and Protests

April 14, 2006.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection:

a. *Application Type:* Transfer of License.

b. *Project No.:* 2333–050.

c. *Date Filed:* March 17, 2006.

d. *Applicants:* Rumford Falls Power Company (RFPC) and Rumford Falls Hydro LLC (Rumford Hydro LLC).

e. *Name and Location of Project:* The Rumford Falls Project is located on the Androscoggin River, in Rumford, Oxford Co., Maine.

f. *Filed Pursuant to:* Federal Power Act, 16 U.S.C. 791(a)–825(r).

g. *Applicant Contacts:* For RFPC: Mr. Ronald O. Guay, Rumford Falls Power Company, 35 Hartford Street, Rumford, ME 04276, (207) 369–2392. Anthony W. Buxton, Linda S. Lockhart, Preti Flaherty Beliveau Pachios & Haley LLC, 45 Memorial Circle, P.O. Box 1058, Augusta, ME 04330, (207) 623–5300. For Rumford Hydro LLC: Mr. Jeffrey Martin, President and Chief Operating Officer, Rumford Falls Hydro LLC, 1024 Central Street, Millinocket, ME 04462, (207) 723–4341. Amy S. Koch, Jennifer Lokenvitz Schwitzer, Patton Boggs LLP, 2550 M Street, NW., Washington, DC 20037, (202) 457–5618. Mr. Daniel Whyte, Vice President, Regulatory Affairs, Brookfield Power Corporation, 480 de la Cite Boulevard, Suite 200, Gatineau, Quebec J8T 8R3, Canada, (819) 561–8068.

h. *FERC Contact:* Etta L. Foster (202) 502–8769.

i. *Deadline for filing comments, protests, and motions to intervene:* May 15, 2006.

All documents (original and eight copies) should be filed with Magalie R. Salas, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426. Comments, protests, and interventions may be filed electronically via the Internet in lieu of paper, see 18 CFR 385.2001(a)(1)(iii) and the instructions on the Commission's Web site under the ''e-Filing'' link. The Commission strongly encourages electronic filings. Please include the project number (P–2333–050) on any comments, protests, or motions filed. The Commission's Rules of Practice and Procedure require all interveners filing a document with the Commission to serve a copy of that document on each person in the official service list for the project. Further, if an intervener files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the documents on that resource agency.

j. *Description of Application:* Applicants request approval, under Section 8 of the Federal Power Act, of a transfer of license for the Rumford Project No. 2333 from the Rumford Falls Power Company to Rumford Hydro LLC.

k. This filing is available for review at the Commission in the Public Reference Room or may be viewed on the Commission's Web site at *http://www.ferc.gov* using the ''FERRIS'' link. Enter the project number excluding the last three digits (P–2333) in the docket number field to access the document. For online assistance, contact *FERCOnlineSupport@ferc.gov* or call toll-free (866) 208–3676, for TTY, call (202) 502–8659. A copy is also available for inspection and reproduction at the addresses in item g.

l. Individual desiring to be included on the Commission's mailing list should so indicate by writing to the Secretary of the Commission.

m. *Comments, Protests, or Motions to Intervene:* Anyone may submit comments, a protest, or a motion to

[1] 18 CFR 45.9 (2005).

[2] *Commission Authorization to Hold Interlocking Positions,* Order No. 664, FERC Stats. & Regs. ¶ 31,194 at P 31 (2005).

intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, 385.211, 385.214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

n. *Filing and Service of Responsive Documents:* Any filings must bear in all capital letters the title ''COMMENTS'', ''PROTESTS'', OR ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426. A copy of any motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

o. *Agency Comments:* Federal, State, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filling comments, it will be assumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6164 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. ER06–18–000]**

### Midwest Independent Transmission System Operator, Inc.; Second Supplemental Notice of Technical Conference

April 14, 2006.

As announced in the Notices of Technical Conference issued on March 17, 2006 and April 6, 2006, the Commission will hold a technical conference on April 21, 2006 in the Commission Meeting Room of the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC, regarding the Midwest Independent Transmission System Operator Inc.'s (Midwest ISO) proposed cost allocation policy, as it pertains to the degree of regional cost sharing for reliability projects at 345 kV and above, pursuant to the Commission Order issued on February 3, 2006.[1]

The technical conference will begin at 1 p.m. (EDT) and conclude at approximately 5:15 p.m. Members and staff of the Federal Energy Regulatory Commission are expected to participate. The conference will be open for the public to attend and advanced registration is not required.

This second supplemental notice provides additional information regarding the panelists who will speak at the technical conference.

The conference will be transcribed. A transcript of the conference will be immediately available from Ace Reporting Company ((202) 347–3700 or (800) 336–6646) for a fee. It will be available for the public on the Commission's eLibrary system seven (7) calendar days after FERC receives the transcript. Additionally, Capitol Connection offers the opportunity for remote listening and viewing of the conference. It is available for a fee, live over the Internet, by phone or via satellite. Persons interested in receiving the broadcast or who need information on making arrangements should contact David Reininger or Julia Morelli at the Capitol Connection ((703) 993–3100) for information about this service as soon as possible or visit the Capitol Connection Web site at *http://www.capitolconnection.org* and click on ''FERC.''

FERC conferences are accessible under section 508 of the Rehabilitation Act of 1973. For accessibility accommodations please send an e-mail to *accessibility@ferc.gov* or call toll free 866–208–3372 (voice) or 202–208–1659 (TTY), or send a FAX to 202–208–2106 with the required accommodations.

For more information about the conference, please contact either Patrick Clarey at (317) 249–5937 or at *patrick.clarey@ferc.gov* or Eli Massey at (202) 502–8494 or at *eli.massey@ferc.gov.*

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6163 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

[1] *Midwest Independent Transmission System Operator, Inc.,* 114 FERC ¶ 61,106 (2006).

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

### Notice of Commission Staff Attendance at Midwest ISO Summer Readiness Workshop and Ancillary Services Roundtable

Issued April 18, 2006.

The Federal Energy Regulatory Commission hereby gives notice that members of its staff may attend the following Midwest Independent Transmission System Operator, Inc. (Midwest ISO) Summer Readiness Workshop and Ancillary Service Roundtable:

- Midwest ISO Summer Readiness Workshop—April 20, 2006, 11 a.m.–4 p.m. (e.s.t.). Lakeside Conference Center, 630 West Carmel Drive, Carmel, IN 46032.
- Midwest ISO Ancillary Service Roundtable—April 26, 2006, 8 a.m.–5 p.m. (e.s.t.); and April 27, 2006, 9 a.m.–12 p.m. (e.s.t.) Lakeside Conference Center, 630 West Carmel Drive, Carmel, IN 46032.

For further information regarding the times and agendas of meetings, please see *http://www.midwestiso.org/calendar/index.php* or *http://www.midwestmarket.org.home.*

The discussions at each of the meetings described above may address matters at issue in the following proceedings:

Docket No. ER02–2595, *et al., Midwest Independent Transmission System Operator, Inc.*

Docket No. ER04–375, *Midwest Independent Transmission System Operator, Inc., et al.*

Docket No. ER04–458, *et al., Midwest Independent Transmission System Operator, Inc.*

Docket Nos. ER04–691, EL04–104 and ER04–106, *et al., Midwest Independent Transmission System Operator, Inc., et al.*

Docket No. ER05–6, *et al., Midwest Independent Transmission System Operator, Inc., et al.*

Docket No. ER05–752, *Midwest Independent Transmission System Operator, Inc. and PJM Interconnection, L.L.C.*

Docket No. ER05–1083, *et al., Midwest Independent Transmission System Operator, Inc., et al.*

Docket No. ER05–1085, *et al., Midwest Independent Transmission System Operator, Inc.*

Docket No. ER05–1138, *Midwest Independent Transmission System Operator, Inc.*

Docket No. ER05–1201, *Midwest Independent Transmission System Operator, Inc.*

Docket No. ER05–1230, *Midwest Independent Transmission System Operator, Inc.*

Docket No. EL05–103, *Northern Indiana Power Service Co.* v. *Midwest Independent Transmission System Operator, Inc. and PJM Interconnection, L.L.C.*

Docket No. EL05–128, *Quest Energy, L.L.C.* v. *Midwest Independent Transmission System Operator, Inc.*

Docket No. ER06–18, *Midwest Independent Transmission System Operator, Inc.*

Docket No. ER06–27, *Midwest Independent Transmission System Operator, Inc., et al.*

Docket Nos. EC06–4 and ER06–20, *LGE Energy LLC, et al.*

Docket No. ER06–360, *et al., Midwest Independent Transmission System Operator, Inc., et al.*

Docket No. ER06–356, *Midwest Independent Transmission System Operator, Inc.*

Docket No. ER06–532, *Midwest Independent Transmission System Operator, Inc.*

Docket No. EL06–31, *Midwest Independent Transmission System Operator, Inc., et al.*

Docket No. EL06–49, *Midwest Independent Transmission System Operator, Inc., et al.*

Docket No. ER06–56, *Midwest Independent Transmission System Operator, Inc.*

These meetings are open to the public.

For more information, contact Patrick Clarey, Office of Energy Markets and Reliability, Federal Energy Regulatory Commission at (317) 249–5937 or *patrick.clarey@ferc.gov*, or Christopher Miller, Office of Energy Markets and Reliability, Federal Energy Regulatory Commission at (317) 249–5936 or *christopher.miller@ferc.gov.*

**Magalie R. Salas,**

*Secretary.*

[FR Doc. E6–6172 Filed 4–24–06; 8:45 am]

**BILLING CODE 6717–01–P**

## ENVIRONMENTAL PROTECTION AGENCY

**[FRL–8161–5]**

## Clean Water Act Section 303(d): Availability of EPA's Decision To Add Bear Creek to Colorado's 2006 List of Water Quality-Limited Segments in Need of TMDLs

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Notice of availability.

**SUMMARY:** Region VIII of the EPA is hereby providing notice, and requesting public comment on EPA's decision to add Bear Creek (Segment COSPBE01a) to Colorado's list of water quality-limited segments in need of total maximum daily loads (TMDLs) pursuant to Clean Water Act Section 303(d)(2). Section 303(d)(2) of the Clean Water Act requires that states submit and EPA approve or disapprove lists of waters for which existing technology-based pollution controls are not stringent enough to attain or maintain state water quality standards and for which TMDLs must be prepared.

On April 12, 2006, EPA partially approved and partially disapproved Colorado's Section 303(d) list submittal for the 2006 listing cycle. Specifically, EPA approved Colorado's listing of 119 waters, associated pollutants, and associated priority rankings. EPA disapproved Colorado's decision not to list one segment of Bear Creek. EPA evaluated all the existing and readily available data and information on the Bear Creek segment and concluded that the aquatic life use in the Bear Creek, which includes the fishery, is not being fully met. Based on this evaluation EPA has determined that the Bear Creek segment is not fully attaining the water quality standards established by the State of Colorado and should be included on the State's list of impaired waters. Therefore, through its partial disapproval of the State's list, EPA added Bear Creek segment COSPBE01a to the State's list. This addition to the State's list includes only a portion of segment COSPBE01a (i.e., Bear Creek from below Evergreen Reservoir to Harriman Ditch).

EPA is providing the public the opportunity to review its decision to add a portion of Bear Creek to Colorado's 2006 Section 303(d) list, as required by EPA's Public Participation regulations. EPA will consider public comments in reaching its final decision to add a portion of Bear Creek segment COSPBE01a to the State's list.

**DATES:** Comments must be submitted to EPA on or before June 20, 2006.

**ADDRESSES:** Comments on the proposed decision should be sent to George Parrish, TMDL Team (8EPR–EP), U.S. Environmental Protection Agency Region VIII, 999 18th Street, Suite 300, Denver, CO 80202–2466, telephone (303) 312–7027, facsimile (303) 312–6339, e-mail *parrish.george@epa.gov*. Oral comments will not be considered. Copies of EPA's letter concerning Colorado's list that explains the rationale for EPA's decision can be obtained at EPA Region VIII's Web site at *http://www.epa.gov/region08/water/tmdl*, or by writing or calling Mr. Parrish at the above address. The full administrative record containing background technical information is on file and may be inspected at the U.S. EPA, Region VIII Technical Library found in the Environmental Information Service Center (EISC). The Library and Service Center are located on the ground floor at Denver Place, 999 18th Street, Denver, Colorado. The Library is open to the public from 10 a.m. to 4 p.m. The Library can be contacted by calling the Service Center at (303) 312–6312 or (800) 227–8917. Arrangements to examine the administrative record may also be made by contacting George Parrish.

**FOR FURTHER INFORMATION CONTACT:** George Parrish at (303) 312–7027 *parrish.george@epa.gov* or Karen Hamilton at (303) 312–6236 or *hamilton.karen@epa.gov*.

**SUPPLEMENTARY INFORMATION:** Section 303(d) of the Clean Water Act (CWA) requires that each state identify those waters for which existing technology-based pollution controls are not stringent enough to attain or maintain state water quality standards. For those waters, states are required to establish TMDLs according to a priority ranking.

EPA's Water Quality Planning and Management regulations include requirements related to the implementation of Section 303(d) of the CWA (40 CFR 130.7). The regulations require states to identify water-quality-limited waters still requiring TMDLs every two years. The lists of waters still needing TMDLs must also include priority rankings, identify the pollutants causing the impairment, and must identify the waters targeted for TMDL development during the next two years (40 CFR 130.7).

Consistent with EPA's regulations, Colorado submitted to EPA its listing decisions under Section 303(d)(2) in correspondence dated March 21, 2006. On April 12, 2006, EPA approved Colorado's listing of 119 waters and associated priority rankings. EPA disapproved Colorado's decision not to include Bear Creek in its list. EPA identified a portion of Bear Creek segment COSPBE01a for inclusion on Colorado's 2006 Section 303(d) list. EPA solicits public comment on the addition of a portion of Bear Creek to the State's list, as required by EPA's Public Participation regulations (40 CFR part 25).

**Authority:** Clean Water Act, 33 U.S.C. 1251 *et seq.*

Dated: April 17, 2006.

**Max H. Dodson,**

*Assistant Regional Administrator, Office of Ecosystems Protection and Remediation.*

[FR Doc. E6–6159 Filed 4–24–06; 8:45 am]

**BILLING CODE 6560–50–P**

## ENVIRONMENTAL PROTECTION AGENCY

**[FRL–8160–6]**

### U.S. E.P.A's 2006 Clean Water Act Recognition Awards: Availability of Application and Nomination Information

**AGENCY:** Environmental Protection Agency.

**ACTION:** Notice of availability.

**SUMMARY:** This Notice of Availability announces the availability of application and nomination information for the U.S. EPA's 2006 Clean Water Act (CWA) Recognition Awards. The awards recognize municipalities and industries for outstanding and innovative technological achievements in wastewater treatment and pollution abatement programs. Recognition is made for projects or programs in the following categories: outstanding operations and maintenance (O & M) at wastewater treatment facilities; biosolids exemplary management; pretreatment program excellence; outstanding storm water management; and, combined sewer overflow (CSO) control program excellence. The awards are intended to educate the public about the contributions wastewater treatment facilities make to clean water; to encourage public support for municipal and industrial efforts in effective wastewater management, biosolids disposal and reuse, and wet weather pollution control; and, to recognize communities that use innovative practices to meet CWA permitting requirements.

**DATES:** Nominations are due to EPA headquarters no later than June 9, 2006.

**ADDRESSES:** Applications and nomination information can be obtained from the EPA regional offices and our Web site at *http://www.epa.gov/owm/intent.htm.* If additional help is needed to obtain the required documentation, see contact information below.

**FOR FURTHER INFORMATION CONTACT:** ALFONSO BLANCO, P.E., Telephone: (202) 564–0632. Facsimile Number: (202) 501–2396. E-mail: *blanco.alfonso@epa.gov.* Also visit the Office of Wastewater Management's Web page at *http://www.epa.gov/owm.*

**SUPPLEMENTARY INFORMATION:** The CWA Recognition Awards are authorized by Section 501(a) and (e) of the Clean Water Act, and 33 U.S.C 1361(a) and (e). Interested parties must be in compliance with all applicable CWA requirements, or otherwise have a satisfactory record with respect to environmental quality. Applications and nominations for the national award must be recommended by EPA regions. A regulation in the **Federal Register** on February 8, 2002, (67 FR 6138) establishes a framework for the annual CWA Recognition Awards (formerly known as the National Wastewater Management Excellence Awards).

Dated: April 14, 2006.

**James A. Hanlon,**

*Director, Office of Wastewater Management.*

[FR Doc. E6–6189 Filed 4–24–06; 8:45 am]

**BILLING CODE 6560–50–P**

## EXPORT–IMPORT BANK

### Notice of Open Special Meeting of the Sub-Saharan Africa Advisory Committee (SAAC) of the Export-Import Bank of the United States (Export-Import Bank)

**SUMMARY:** The sub-Saharan Africa Advisory Committee was established by Pub. L. 105–121, November 26, 1997, to advise the Board of Directors on the development and implementation of policies and programs designed to support the expansion of the Bank's financial commitments in Sub-Saharan Africa under the loan, guarantee and insurance programs of the Bank. Further, the committee shall make recommendations on how the Bank can facilitate greater support by U.S. commercial banks for trade with Sub-Saharan Africa.

**TIME AND PLACE:** May 17, 2006 at 9 a.m. to 12:30 p.m. The meeting will be held at the Export-Import Bank in Room 1143, 811 Vermont Avenue, NW., Washington, DC 20571.

*Agenda:* The meeting will include update on recent Africa travel; upcoming International Business Development activities, update on the FY05 Congressional Report; Annual Conference highlights and China activities in Africa.

*Public Participation:* The meeting will be open to public participation, and the last 10 minutes will be set aside for oral questions or comments. Members of the public may also file written statement(s) before or after the meeting. If any person wishes auxiliary aids (such as a sign language interpreter) or other special accommodations, please contact, prior to May 17, 2006, Barbara Ransom, Room 707, 811 Vermont Avenue, NW., Washington, DC 20571, Voice: (202) 565–3525 or TDD (202) 565–3377.

**FOR FURTHER INFORMATION CONTACT:** For further information, contact Barbara Ransom, Room 707, 811 Vermont Avenue, NW., Washington, DC 20571, (202) 565–3525.

**Kamil Cook,**

*Deputy General Counsel (Acting).*

[FR Doc. 06–3896 Filed 4–24–06; 8:45 am]

**BILLING CODE 6690–01–M**

## EXPORT–IMPORT BANK

### Sunshine Act Meeting

**ACTION:** Notice of a partially open meeting of the Board of Directors of the Export-Import Bank of the United States.

**TIME AND PLACE:** Thursday, April 27, 2006 at 9:30 a.m. The meeting will be held at Ex-Im Bank in Room 1143, 811 Vermont Avenue, NW., Washington, DC 20571.

**OPEN AGENDA ITEM:** Co-Guarantee Program with the Small Business Administration (Renewal).

**PUBLIC PARTICIPATION:** The meeting will be open to public participation for Item No. 1.

**FOR FURTHER INFORMATION CONTACT:** Office of the Secretary, 811 Vermont Avenue, NW., Washington, DC 20571 (Tel. No. 202–565–3957).

**Howard A. Schweitzer,**

*General Counsel (Acting).*

[FR Doc. 06–3923 Filed 4–21–06; 10:41 am]

**BILLING CODE 6690–01–M**

## FEDERAL RESERVE SYSTEM

### Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank

indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than May 10, 2006.

**A. Federal Reserve Bank of Atlanta** (Andre Anderson, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

*1. Susan McKinzey Milner*, individually, and as part of a group acting in concert, consisting of herself; The Milner Limited Family Partnership, of which Susan McKinzey Milner is the general partner; W.R. McKinzey, Jr.; Johnie J. McKinzey; Johnie Dyal Johnston; and Barry Milner; all of Aliceville, Alabama, to retain in the aggregate, 10 percent or more of the shares, and thereby control, of First National Bancshares of Central Alabama, Inc., which controls First National Bank of Central Alabama, both of Aliceville, Alabama.

*2. The Pollard Family Group*, which consists of the following: Jennie Floyd Pollard; the Robert W. Pollard, Jr. Section 2503(c) Trust for the Benefit of Zachary Duncan Pollard, the Trust dated February 1, 1984, for the Benefit of Zachary Duncan Pollard, the Robert W. Pollard, Jr. Section 2503(c) Trust for the Benefit of Ann Elizabeth Pollard, the Trust dated December 17, 1985, for the Benefit of Ann Elizabeth Pollard, the Robert W. Pollard, Jr. Section 2503(c) Trust for the Benefit of Robert W. Pollard, III, and the Trust dated February 1, 1984, for the Benefit of Robert W. Pollard, III, Robert W. Pollard, Jr. as Trustee and Individually; Patricia D. Pollard; the Trust dated August 26, 1985, for the Benefit of Levi Anderson Pollard, VI, and the Trust dated July 1, 1986, for the Benefit of Lucy Ann Pollard, Levi Anderson Pollard, V as Trustee and Individually; Richard Daniel Blanton; the Patricia Pollard Blanton Section 2503(c) Trust for the Benefit of Thomas Vinson Blanton, II, the Trust dated August 26, 1985, for the Benefit of Thomas Vinson Blanton, II, the Patricia Pollard Blanton Section 2503(c) Trust for the Benefit of Jennie Briggs Blanton, the Trust dated January 1, 1992, for the Benefit of Jennie Briggs Blanton, the Patricia Pollard Blanton Section 2503(c) Trust for the Benefit of Clayton Edward Blanton, the Trust dated January 1, 1992, for the Benefit of Clayton Edward Blanton, the Trust dated August 26, 1985, for the Benefit of Richard Daniel Blanton, Jr., and the Trust dated August 26, 1985, for the Benefit of Lee Blanton West, Patricia Pollard Blanton as Trustee and Individually; Lee Blanton West; Pollard Land Company; and RWP Sr. Enterprises, LLLP (Robert W. Pollard, Jr., Lynn Pollard Nickerson, Levi Anderson Pollard, V, and Patricia Pollard Blanton, general partners), all of Appling, Georgia; Robert William Pollard, III, Evans, Georgia; Richard Daniel Blanton, Jr., Carrollton, Georgia; and the Trust dated August 26, 1985, for the Benefit of Paul Rush Battle, Lynn Pollard Nickerson as Trustee and Individually, all of Atlanta, Georgia, to retain voting shares and thereby control Southeastern Bank Financial Corporation, Augusta, Georgia, and thereby retain shares of Georgia Bank & Trust Company of Augusta, also of Augusta, Georgia.

Board of Governors of the Federal Reserve System, April 20, 2006.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. E6–6155 Filed 4–24–06; 8:45 am]

**BILLING CODE 6210–01–S**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at *www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 19, 2006.

**A. Federal Reserve Bank of Chicago** (Patrick M. Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

*1. Gateway Banc Corp.*, Roscoe, Illinois; to become a bank holding company by acquiring 100 percent of the voting shares of Gateway Community Bank, Roscoe, Illinois.

**B. Federal Reserve Bank of Kansas City** (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

*1. Custer Bancorp*, Westcliffe, Colorado; to acquire 100 percent of the voting shares of Paonia Financial Services, Inc., and thereby indirectly acquire voting shares of Paonia State Bank, both in Paonia, Colorado.

Board of Governors of the Federal Reserve System, April 19, 2006.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E6–6137 Filed 4–24–06; 8:45 am]

**BILLING CODE 6210–01–S**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. E6-5847) published on pages 20106-20107 of the issue for Wednesday, April 19, 2006.

Under the Federal Reserve Bank of Kansas City heading, the entry for First Pryor Bancorp, Inc., Pryor, Oklahoma, is revised to read as follows:

**A. Federal Reserve Bank of Kansas City** (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

*1. First Pryor Bancorp, Inc.*, Pryor, Oklahoma; to acquire 14.29 percent of the voting shares of Carson River Community Bank, Minden, Nevada (in organization).

Comments on this application must be received by May 15, 2006.

Board of Governors of the Federal Reserve System, April 20, 2006.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. E6–6154 Filed 4–24–06; 8:45 am]

**BILLING CODE 6210–01–S**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. E6-5930) published on page 20401 of the issue for Thursday, April 20, 2006.

Under the Federal Reserve Bank of Kansas City heading, the entry for Dickinson Financial Corporation II, Kansas City, Missouri, is revised to read as follows:

**A. Federal Reserve Bank of Kansas City** (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

*1. Dickinson Financial Corporation II, and Dickinson Financial Corporation*, both of Kansas City, Missouri; to acquire 100 percent of the voting shares of Southern Commerce Bank, Tampa, Florida.

Comments on this application must be received by May 15, 2006.

Board of Governors of the Federal Reserve System, April 20, 2006.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. E6–6156 Filed 4–24–06; 8:45 am]

**BILLING CODE 6210–01–S**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center Web site at *http://www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 19, 2006.

**A. Federal Reserve Bank of New York** (Anne McEwen, Financial Specialist) 33 Liberty Street, New York, New York 10045-0001:

*1. HSBC Holdings plc and HSBC Overseas Holdings (UK) Limited*, both of London, United Kingdom, and their direct and indirect subsidiaries, HSBC North America Holdings, Inc., HSBC Investments (North America), Inc., HSBC North America Inc., all of Wilmington, Delaware, and HSBC USA Inc., Baltimore, Maryland, to convert their limited purpose and non–depository trust bank subsidiary, HSBC Trust Company (Delaware), N.A., Wilmington, Delaware, into a full service bank.

**B. Federal Reserve Bank of Chicago** (Patrick M. Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

*1. Alpha Bancorp, Inc., and Metropolitan Bank Group, Inc.*, both of Chicago, Illinois; to acquire 100 percent of the voting shares of Community Bank of DuPage, Westmont, Illinois (in organization).

**C. Federal Reserve Bank of Kansas City** (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

*1. First Fidelity Bancorp, Inc.*, Oklahoma City, Oklahoma; to acquire 100 percent of the voting shares of Apex Mortgage Company, and thereby indirectly acquire Edmond Bank and Trust, both of Edmond, Oklahoma.

Board of Governors of the Federal Reserve System, April 20, 2006.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. E6–6181 Filed 4–24–06; 8:45 am]

**BILLING CODE 6210–01–S**

## FEDERAL RESERVE SYSTEM

### Sunshine Act Meeting

**AGENCY HOLDING THE MEETING:** Board of Governors of the Federal Reserve System.

**TIME AND DATE:** 11:30 a.m., Monday, May 1, 2006.

**PLACE:** Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

**STATUS:** Closed.

**MATTERS TO BE CONSIDERED:**

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

**FOR FURTHER INFORMATION CONTACT:** Michelle Smith, Director, or Dave Skidmore, Assistant to the Board, Office of Board Members at 202–452–2955.

**SUPPLEMENTARY INFORMATION:** You may call 202–452–3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at *http://www.federalreserve.gov* for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Board of Governors of the Federal Reserve System, April 21, 2006.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 06–3951 Filed 4–21–06; 3:31 pm]

**BILLING CODE 6210–01–S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. 2006N–0133]**

### Agency Information Collection Activities; Proposed Collection; Comment Request; Experimental Evaluation of Variations in Content and Format of the Brief Summary in Direct-to-Consumer Print Advertisements for Prescription Drugs

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing an opportunity for public comment on a proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on two studies of consumer evaluations of variations in content and format of the brief summary in direct-to-consumer (DTC) prescription drug print advertisements.

**DATES:** Submit written or electronic comments on the collection of information by June 26, 2006.

**ADDRESSES:** Submit electronic comments on the collection of

information to: *http://www.fda.gov/dockets/ecomments*. Submit written comments on the collection of information to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** Karen Nelson, Office Management Programs (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1482.

**SUPPLEMENTARY INFORMATION:**

## I. Backround

Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to each of the following collection of information, FDA invites comments on these topics: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

### Experimental Evaluation of Variations in Content and Format of the Brief Summary in DTC Print Advertisements for Prescription Drugs

Section 1701(a)(4) of the Public Health Service Act (42 U.S.C. 300u(a)(4)) authorizes FDA to conduct research relating to health information. Section 903(b)(2)(c) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 393(b)(2)(c)) authorizes FDA to conduct research relating to drugs and other FDA-regulated products in carrying out the provisions of the act. Under the act, a drug is misbranded if its labeling or advertising is false or misleading. In addition, section 502(n) of the act (21 U.S.C. 352(n)) specifies that advertisements for prescription drugs and biological products must provide a true statement of information ''in brief summary'' about the advertised product's ''side effects, contraindications, and effectiveness.'' The prescription drug advertising regulations (§ 202.1(e)(3)(iii) (21 CFR 202.1(e)(3)(iii))) specify that the information about risks must include ''each specific side effect and contraindication'' from the advertised drug's approved labeling. The regulation also specifies that the phrase ''side effect and contraindication'' refers to all of the categories of risk information required in the approved product labeling written for health professionals, including the warnings, precautions, and adverse reactions sections. Thus, every risk in an advertised drug's approved labeling must be included to meet these regulations.

In recent years, FDA has become concerned about the adequacy of the brief summary in DTC print advertisements. Although advertising of prescription drugs was once primarily addressed to health professionals, increasingly consumers have become a target audience, as DTC advertising has dramatically increased in the past few years. Results of FDA's 2002 survey on DTC advertising (available at *http://www.fda.gov/cder/ddmac/researchka.htm*) show that 41 percent of respondents in 2002 reported they do not usually read any of the brief summary that accompanies the main print ad. Use of the brief summary was a function of whether they have an interest in the condition; about 45 percent of those having a particular interest in the advertised drug read all or almost all of the brief summary. Despite their interest, about half of these individuals described the brief summary as somewhat or very hard to understand.

Because the regulations do not specify how to include each risk, sponsors can use discretion in fulfilling the brief summary requirement under § 202.1(e)(3)(iii). Frequently, sponsors print in small type, verbatim, the risk-related sections of the approved product labeling (also called the package insert, professional labeling, or prescribing information). This labeling is written for health professionals, using medical terminology. FDA believes that while this is one reasonable way to fulfill the brief summary requirement for print advertisements directed toward health professionals, this method is difficult for consumers to understand and therefore may not be the best approach to communicate this important information to them.

In 2004, FDA published a draft guidance entitled ''Brief Summary: Disclosing Risk Information in Consumer-Directed Print Advertisements'' (available at *http://www.fda.gov/cder/guidance/5669dft.htm*). This guidance outlined possible options for improving the communication of risk information to consumers in specific promotional pieces. When discussing the current professional prescribing information format, the guidance states that the ''volume of the material, coupled with the format in which it is presented... discourages its use and makes the information less comprehensible to consumers.'' The draft guidance suggested three possible presentations for the brief summary, including the current prescribing information format, an approved patient package insert, or highlights from the physician labeling rule.

In the content study, FDA plans to investigate the role of context in providing useful risk information to consumers. It has been theorized that long lists of minor risks may detract from the understanding of more serious risks, as stated in the draft guidance. Nonetheless, if the risk information is presented with proper supporting context, people may find the information facilitates rather than distracts from the understanding of the risk information. One of the two proposed studies in this notice will investigate the context that may contribute to this facilitation.

In addition to context, format also plays a role in the clarity and understanding of the brief summary. FDA proposes to collect information on the usefulness of different formats suggested in the draft guidance. In addition to the patient package insert, which is usually presented in a question and answer format, FDA proposes to test a consumer-friendly highlights format, as well as a format based on the drug facts labeling used for over-the-counter drugs.

Data from these two studies will converge to allow a better assessment of various ways to present risk information

in a print advertisement for a prescription drug.

**II. Studies**

*A. Content Study*

1. Design Overview

This study will employ a between-subjects crossed factorial design using a mall-intercept protocol. Ten print advertisements will be created using two levels of drug side effect information and five levels of context. Thus, the factors will be the amount of side effect information (short; long) and amount of supportive context for the side effect information (paragraph only; paragraph rate; paragraph rate plus placebo rate; chart rate; chart rate plus placebo rate). Other information will be constant across conditions. Respondents who self-identify as being in the target market for the condition will be asked to read a single print advertisement for a new prescription drug. After reading the advertisement, they will be asked questions about their comprehension and evaluation of the information presented in the advertisement.

2. Factors

a. *Participants*. Consumers will be screened and recruited by the contractor to be self-identified as being moderately overweight or more. We chose to limit our investigation to this one disease condition (weight loss) because it has a high prevalence rate in the population (*http://www.cdc.gov/nccdphp/dnpa/obesity/faq.htm*) and is likely to occur both in males and females. We chose to accept this decrease in generalizability to maximize our ability to detect subtle differences in content variation. Participants will be screened to represent a range of education levels (some college or less; completed college or more). Because the task presumes basic reading abilities, all screened participants will speak English as their primary language and, as appropriate, have reading glasses available when participating in the study.

b. *Amount of side effect information*. The number of side effects will be varied to create ''short'' and ''long'' levels as follows:

Short: ''Side effects include a, b, and c. This is not a complete list. Talk to your doctor for more information.''

Long: ''Side effects include a, b, c, d, e, f, g, and h. Talk to your doctor for more information.''

c. *Context*. The context for the side effect information will be varied to create five levels ranging from least supportive to most supportive as follows:

Paragraph only: Listing of side effects in paragraph form.

Paragraph rate: Listing of side effects and their rate of occurrence in paragraph form.

Paragraph rate plus placebo rate: Listing of side effects, their rate of occurrence, and the rate of placebo effects in paragraph form.

Chart rate: Listing of side effects and their rate of occurrence in table form.

Chart rate plus placebo rate: Listing of side effects, their rate of occurrence, and the rate of placebo effects in table form.

3. Procedure

Participants will be shown one ad. Then a structured interview will be conducted with each participant to examine a number of important perceptions about the brief summary, including perceived riskiness of the drug, comprehension of information in the brief summary, and perceived usefulness of brief summary information. Finally, demographic and health care utilization information will be collected. Interviews are expected to last approximately 20 minutes. A total of 900 participants will be involved. This will be a one-time (rather than annual) collection of information.

*B. Format Study*

1. Design Overview

This study will employ a between-subjects crossed factorial design using a mall-intercept protocol. Three print advertisements will be created using three different formats: Question and answer, highlights (71 FR 3922, January 24, 2006), and drug facts (21 CFR 201.66 and Appendix A). The information in the formats will be constant across conditions. Participants who self-identify as being in the target market for the condition will be asked to read a single print advertisement for a new prescription drug. After reading the advertisement, they will be asked questions about their comprehension and evaluation of the information presented in the advertisement.

2. Factors

a. *Participants*. Consumers will be screened and recruited by the contractor to be self-identified as being moderately overweight or more. As in the content study described previously in this document, we chose to limit our investigation to one disease condition–weight loss. Participants will be screened to represent a range of education levels (some college or less; completed college or more). Because the task presumes basic reading abilities, all screened participants will speak English as their primary language and, as appropriate, have reading glasses available when participating in the study.

b. *Type of format*. The format of the information in the brief summary will be varied as follows: Question and answer, highlights, and drug facts. Please refer to Appendix A for examples of the different format variations.

3. Procedure

Participants will be shown one ad. Then a structured interview will be conducted with each participant to examine a number of important perceptions about the brief summary, including perceived riskiness of the drug, comprehension of information in the brief summary, and perceived usefulness of brief summary information. Finally, demographic and health care utilization information will be collected. Interviews are expected to last approximately 20 minutes. A total of 300 participants will be involved. This will be a one-time (rather than annual) collection of information.

FDA estimates that 1,800 individuals will need to be screened to obtain a respondent sample of 900 for the content study and that 600 individuals will need to be screened to obtain a respondent sample of 300 for the format study. The screener is expected to take 30 seconds, for a total screener burden of 41 hours. The 1,200 respondents in the two studies will then be asked to respond to a series of questions about the advertisement. We estimate the response burden for each of the two studies to be 20 minutes, for a burden of 396 hours. The estimated total burden for this data collection effort is 437 hours. The respondent burden is listed in table 1 of this document.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN [1]

| No. of Respondents | Annual Frequency per Response | Total Annual Responses | Hours per Response | Total Hours |
|---|---|---|---|---|
| 1,800 (content study: screener) | 1 | 1,800 | .017 | 31 |
| 900 (content study: questionnaire) | 1 | 900 | .33 | 297 |
| 600 (format study: screener) | 1 | 600 | .017 | 10 |
| 300 (format study: questionnaire) | 1 | 300 | .33 | 99 |
| Total | | | | 437 |

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

Dated: April 18, 2006.

**Jeffrey Shuren,**

*Assistant Commissioner for Policy.*

[FR Doc. E6–6142 Filed 4–24–06; 8:45 am]

**BILLING CODE 4160–01–S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. 2004N–0408]**

### Regulatory Site Visit Training Program; Correction

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice; correction.

**SUMMARY:** The Food and Drug Administration is correcting a notice that appeared in the **Federal Register** of April 11, 2006. The document reannounced the invitation for participation in its Regulatory Site Visit Training Program. The document was published with an incorrect e-mail address. This document corrects that error.

**FOR FURTHER INFORMATION CONTACT:** Joyce A. Strong, Office of Policy (HF–27), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–7010.

**SUPPLEMENTARY INFORMATION:** In FR Doc. E6–5221, appearing on page 18340 in the **Federal Register** of Tuesday, April 11, 2006, the following correction is made:

1. On page 18340, in the third column, in the last sentence under the ''**ADDRESSES**'' caption and under the ''**FOR FURTHER INFORMATION CONTACT**'' caption, the e-mail address is corrected to read *matt@cber.fda.gov*.

Dated: April 18, 2006.

**Jeffrey Shuren,**

*Assistant Commissioner for Policy.*

[FR Doc. E6–6120 Filed 4–24–06; 8:45 am]

**BILLING CODE 4160–01–S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

### Industry Exchange Workshop on Food and Drug Administration Clinical Trial Requirements; Public Workshop; Correction

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of public workshop; correction.

**SUMMARY:** The Food and Drug Administration is correcting a notice that appeared in the **Federal Register** of March 7, 2006. The document announced a workshop on FDA clinical trial statutory and regulatory requirements. The document was published with an incorrect Internet address. This document corrects that error.

**FOR FURTHER INFORMATION CONTACT:** Joyce A. Strong, Office of Policy (HF–27), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–7010.

**SUPPLEMENTARY INFORMATION:** In FR Doc. E6–3229, appearing on page 11434 in the **Federal Register** of Tuesday, March 7, 2006, the following correction is made:

1. On page 11434, in the second column, under the ''*Registration*'' caption, the Internet address is corrected to read *http://www.socra.org/html/FDA_Conference.htm*.

Dated: April 18, 2006.

**Jeffrey Shuren,**

*Assistant Commissioner for Policy.*

[FR Doc. E6–6119 Filed 4–24–06; 8:45 am]

**BILLING CODE 4160–01–S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. 2006D–0150]**

### Guidance for Sponsors, Institutional Review Boards, Clinical Investigators, and Food and Drug Administration Staff; Guidance on Informed Consent for In Vitro Diagnostic Device Studies Using Leftover Human Specimens That Are Not Individually Identifiable; Availability

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the availability of the guidance entitled ''Guidance on Informed Consent for *In Vitro* Diagnostic Device Studies Using Leftover Human Specimens That Are Not Individually Identifiable.'' This guidance is intended to inform sponsors, institutional review boards, clinical investigators, and agency staff that under circumstances described in the guidance, that FDA does not intend to object to the use in device investigations, without informed consent, of leftover human specimens that are not individually identifiable. FDA intends to include in this policy leftover specimens that are remnants of specimens collected for routine clinical care or analysis that would otherwise have been discarded, specimens obtained from specimen repositories, and specimens that are leftover from specimens previously collected for other unrelated research. This guidance document will be implemented immediately, but it remains subject to comment in accordance with the agency's good guidance practices (GGPs).

**DATES:** Submit written or electronic comments on this guidance at any time. General comments on agency guidance documents are welcome at any time.

**ADDRESSES:** Submit written requests for single copies of the guidance document entitled ''Guidance on Informed Consent for *In Vitro* Diagnostic Device Studies Using Leftover Human Specimens That Are Not Individually Identifiable'' to the Division of Small Manufacturers, International, and Consumer Assistance (HFZ–220), Center for Devices and Radiological Health, Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850. Send one self-addressed adhesive label to assist that office in processing your request, or fax your request to 301–443–8818. See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance.

Submit written comments concerning this guidance to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments*. Identify comments with the docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** Sally Hojvat, Center for Devices and Radiological Health (HFZ–440), Food and Drug Administration, 2098 Gaither Rd., Rockville, MD 20850, 240–276–0496.

**SUPPLEMENTARY INFORMATION:**

## I. Background

Under FDA's current regulations governing the conduct of *in vitro* diagnostic (IVD) studies, the definition of human subject includes human specimens (see 21 CFR 812.3(p)). Because these regulations require informed consent for all FDA-regulated human subject research, except in limited circumstances specified in FDA regulations, informed consent is required before specimens can be used in FDA-regulated research (see 21 CFR part 50). This aspect of FDA's human subject protection regulations has created confusion and difficulty for persons developing IVDs. Many clinicians, research hospitals, and companies have viewed the requirement for informed consent for IVD studies using leftover specimens to be unnecessary to protect human subjects and to be overly burdensome and costly.

FDA has recently focused on unnecessary obstacles to medical product development. The agency has received comments from trade associations and research institutions that identify the challenge of obtaining informed consent for the use of leftover specimens as an unnecessary obstacle and expense to investigational efforts. When leftover specimens are available, it is often difficult, if not impossible, to locate the donor and obtain consent.

The confusion regarding the application of informed consent requirements to IVD studies and concerns about unnecessary obstacles to product development have prompted FDA to issue this guidance document. The agency believes that the policy expressed in this guidance will facilitate product development in a manner consistent with values of human subject protection.

FDA intends that the exercise of enforcement discretion expressed in this guidance document begin immediately. In accordance with FDA's GGP regulation (21 CFR 10.115), you may comment on this guidance at any time. The agency will consider your comments and determine whether to revise the guidance at a later date.

## II. Significance of Guidance

This guidance is being issued consistent with FDA's GGP regulation. The guidance represents the agency's current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute and regulations.

## III. Electronic Access

To receive ''Guidance on Informed Consent for *In Vitro* Diagnostic Device Studies Using Leftover Human Specimens that are Not Individually Identifiable'' by fax, call the CDRH Facts-On-Demand system at 800–899–0381 or 301–827–0111 from a touch-tone telephone. Press 1 to enter the system. At the second voice prompt, press 1 to order a document. Enter the document number 1588 followed by the pound sign (#). Follow the remaining voice prompts to complete your request.

Persons interested in obtaining a copy of the guidance may also do so by using the Internet. CDRH maintains an entry on the Internet for easy access to information including text, graphics, and files that may be downloaded to a personal computer with Internet access. Updated on a regular basis, the CDRH home page includes device safety alerts, **Federal Register** reprints, information on premarket submissions (including lists of approved applications and manufacturers' addresses), small manufacturer's assistance, information on video conferencing and electronic submissions, Mammography Matters, and other device-oriented information. The CDRH Web site may be accessed at *http://www.fda.gov/cdrh*. A search capability for all CDRH guidance documents is available at *http://www.fda.gov/cdrh/guidance.html*. Guidance documents are also available on the Division of Dockets Management Internet site at *http://www.fda.gov/ohrms/dockets*.

## IV. Paperwork Reduction Act of 1995

This guidance contains information collection provisions that are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (the PRA) (44 U.S.C. 3501–3520). The collection of information in this guidance was approved under the emergency processing provisions of the PRA and was assigned OMB control number 0910–0582.

## V. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments regarding this document. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Dated: April 11, 2006.

**Jeffrey Shuren,**

*Assistant Commissioner for Policy.*

[FR Doc. E6–6145 Filed 4–24–06; 8:45 am]

**BILLING CODE 4160–01–S**

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### National Advisory Council on Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

*Name:* National Advisory Council on Migrant Health.

*Dates and Times:* May 21, 2006, 9 a.m. to 1 p.m. May 21, 2006, 2:30 p.m. to 7:30 p.m. (site visit and public hearing). May 22, 2006, 10 a.m. to 6 p.m.

*Place:* Westin Riverwalk Hotel, 420 West Market Street, San Antonio, Texas 73205. Telephone: (210) 224–6500. Fax: (210) 444–6000.

*Status:* The meeting will be open to the public.

*Purpose:* The purpose of the meeting is to discuss services and issues related to the health of migrant and seasonal farmworkers and their families to be able to formulate recommendations to the Secretary of Health and Human Services. There will also be a site visit and public hearing regarding matters that affect the health of migrant farmworkers.

*Agenda:* The agenda includes an overview of the Council's general business activities. The Council will also hear presentations from experts on farmworker issues, including the status of farmworkers health at the local and national level.

In addition, the Council will be going on a site visit and holding a public hearing at which migrant farmworkers, community leaders, and providers will have the opportunity to testify before the Council regarding matters that affect the health of migrant farmworkers. The site visit and hearing are scheduled for Sunday, May 21, from 2:30 p.m. to 7:30 p.m., at the Community Health Development, Inc., 200 South Evans Street, Uvalde, Texas 78801; telephone (830) 278–5604, extension 200, fax (830) 278–1836.

The Council meeting is being held in conjunction with the National Farmworker Health Conference sponsored by the National Association of Community Health Centers, in San Antonio, Texas, during the same period of time.

Agenda items are subject to change as priorities indicate.

*For Further Information Contact:* Anyone requiring information regarding the Council should contact Gladys Cate, Office of Minority and Special Populations, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Maryland 20857; telephone (301) 594–0367.

Dated: April 19, 2006.

**Tina M. Cheatham,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. E6–6144 Filed 4–24–06; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Center for Complementary & Alternative Medicine; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the National Advisory Council for Complementary and Alternative Medicine (NACCAM) meeting.

The meetings will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

A portion of the meeting will be closed to the public in accordance with provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and/or contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications and/or contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Advisory Council for Complementary and Alternative Medicine.

*Date:* June 8, 2006.

*Closed:* 9 a.m. to 12 p.m.

*Agenda:* Deliberation on grant applications.

*Open:* 1 p.m. to 3:30 p.m.

*Agenda:* Presentations on current and proposed research.

*Place:* National Institutes of Health, 9000 Rockville Pike, Building 31C, 6th Flr., Conference Room 10, Bethesda, MD 20892.

*Contact Person:* Martin H. Goldrosen, PhD., Executive Secretary, National Center for Complementary and Alternative Medicine, National Institutes of Health, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892. (301) 594–2014.

This public comments session is scheduled from 3–3:30 p.m. but could change depending on the actual time spent on each agenda item. Each speaker will be permitted 5 minutes for their presentation. Interested individuals and representatives or organizations are requested to notify Dr. Martin H. Goldrosen, National Center for Complementary and Alternative Medicine, NIH, 6707 Democracy Boulevard, Suite 401, Bethesda, Maryland, 20892, 301–594–2014, Fax: 301–480–9970. Letters of intent to present comments, along with a brief description of the organization represented, should be received no later than 5 p.m. on May 29, 2006. Anyone representative of an organization may present oral comments. Any person attending the meeting who does not request an opportunity to speak in advance of the meeting may be considered for oral presentation, if time permits, and at the discretion of the Chairperson. In addition, written comments may be submitted to Dr. Martin H. Goldrosen at the address listed above up to ten calendar days (June 18, 2006) following the meeting.

Copies of the meeting agenda and the roster of members will be furnished upon request by contacting Dr. Martin H. Goldrosen, Executive Secretary, NACCAM, National Center for Complementary and Alternative Medicine, National Institutes of Health, 6707 Democracy Boulevard, Suite 401, Bethesda, Maryland 20892, 301–594–2014, Fax 301–480–9970, or via e-mail at *naccames@mail.nih.gov*.

In the interest of security, NIH has instituted stringent procedures for entrance into the building by nongovernment employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

Dated: April 17, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3872 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Center for Complementary & Alternative Medicine; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Center for Complementary and Alternative Medicine Special Emphasis Panel; Basic Science.

*Date:* June 1–2, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Bethesda Marriott Suites, 6711 Democracy Boulevard, Bethesda, MD 20817.

*Contact Person:* Dale L. Birkle, PhD, Scientific Review Administrator, Office of Scientific Review, National Center for Complementary and Alternative Medicine, NIH, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892. (301) 451–6570. *birkled@mail.nih.gov.*

*Name of Committee:* National Center for Complementary and Alternative Medicine Special Emphasis Panel; Clinical Research Review.

*Date:* June 12–13, 2006.
*Time:* 8 a.m. to 5:30 p.m.
*Agenda:* To review and evaluate grant applications.
*Place:* Holiday Inn Chevy Chase, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.
*Contact Person:* Jeanette M. Hosseini, PhD, Scientific Review Administrator, Office of Scientific Review, National Center for Complementary and Alternative Medicine, NIH, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892. (301) 594–9096. *jeanetteh@mail.nih.gov*.

*Name of Committee:* National Center for Complementary and Alternative Medicine Special Emphasis Panel; Training and Education.
*Date:* June 26, 2006.
*Time:* 8 a.m. to 6 p.m.
*Agenda:* To review and evaluate grant applications.
*Place:* Loews Annapolis Hotel, 126 West Street, Annapolis, MD 21401.
*Contact Person:* Laurie Friedman Donze, PhD, Scientific Review Administrator, Office of Scientific Review, National Center for Complementary and Alternative Medicine, NIH, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892. 301–402–1030. *donzel@mail.nih.gov*.

*Name of Committee:* National Center for Complementary and Alternative Medicine Special Emphasis Panel; Centers of Excellence for Research on Complementary and Alternative Medicine (CERC).
*Date:* June 26–27, 2006.
*Time:* 8 a.m. to 5 p.m.
*Agenda:* To review and evaluate grant applications.
*Place:* Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.
*Contact Person:* Martina Schmidt, PhD, Scientific Review Administrator, Office of Scientific Review, National Center for Complementary and Alternative Medicine, NIH, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892. 301–594–3456. *schmidma@mail.nih.gov*.

Dated: April 17, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3873 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Center on Minority Health and Health Disparities; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6). Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Center on Minority Health and Health Disparities Special Emphasis Panel, NCMHD Endowment.
*Date:* May 7–8, 2006.
*Time:* 3 p.m. to 3 p.m.
*Agenda:* To review and evaluate grant applications.
*Place:* Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road, NW., Washington, DC 20015.
*Contact Person:* Merlyn M. Rodrigues, PhD, MD, Director, Office of Extramural Activities, National Center On Minority Health and Health Disparities, National Institutes of Health, 6707 Democracy Blvd., Suite 800, Bethesda, MD 20894, (301) 402–1366, *rodrigm1@mail.nih.gov.*

Dated: April 13, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3876 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Neurological Disorders and Stroke; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Neurological Disorders and Stroke Special Emphasis Panel; Parkinson's Disease Therapeutics Development.
*Date:* May 2, 2006.
*Time:* 2:30 p.m. to 4:30 p.m.
*Agenda:* To review and evaluate grant applications.
*Place:* National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852. (Telephone Conference Call.)
*Contact Person:* W. Ernest Lyons, PhD, Scientific Review Administrator, Scientific Review Branch, NINDS/NIH/DHHS, Neuroscience Center, 6001 Executive Blvd., Suite 3208, MSC 9529, Bethesda, MD 20892–9529. 301–496–4056.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.853, Clinical Research Related to Neurological Disorders; 93.854, Biological Basis Research in the Neurosciences, National Institutes of Health, HHS)

Dated: April 17, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3871 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Alcohol Abuse and Alcoholism; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute on Alcohol and Alcoholism Initial Review Group; Biomedical Research Review Subcommittee.
*Date:* June 1–2, 2006.
*Time:* 8:30 a.m. to 5 p.m.
*Agenda:* To review and evaluate grant applications.
*Place:* Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.
*Contact Person:* Sathasiva B. Kandasamy, Ph.D., Scientific Review Administrator, Office of Scientific Affairs, National Institute on Alcohol Abuse and Alcoholism, Extramural Review Branch, 5635 Fishers Lane, Bethesda, MD 20892–9304. (301) 443–2861. *skandasa@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.271, Alcohol Research Career Development Awards for Scientists and Clinicians; 93.272, Alcohol National Research Service Awards for Research Training; 93.273, Alcohol Research Programs; 93.891, Alcohol Research Center Grants, National Institutes of Health, HHS)

Dated: April 17, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3874 Filed 4–24–05; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Board of Scientific Counselors, NIAID.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual grant applications conducted by the National Institute of Allergy and Infectious Diseases, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Board of Scientific Counselors, NIAID; Division of Intramural Research, Board of Scientific Counselors.

*Date:* June 5–7, 2006.

*Time:* June 5, 2006, 8 a.m. to 6:30 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Rocky Mountain Lab, Building A Seminar Room, 903 South 4th Street, Hamilton, MT 59840.

*Time:* June 6, 2006, 8 a.m. to 7:20 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Rocky Mountain Lab, Building A Seminar Room, 903 South 4th Street, Hamilton, MT 59840.

*Time:* June 7, 2006, 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Rocky Mountain Lab, Building A Seminar Room, 903 South 4th Street, Hamilton, MT 59840.

*Contact Person:* Kathryn C. Zoon, PhD, Director, Division of Intramural Research, National Institute of Allergy and Infectious Diseases, NIH, Building 31, Room 4A30, Bethesda, MD 20892. 301–496–3006. *kzoon@niaid.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: April 13, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3875 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute on Deafness and Other Communication Disorders; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute on Deafness and Other Communications Disorders Special Emphasis Panel, NIDCD Research Core Center P30.

*Date:* May 4, 2006.

*Time:* 1 p.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6120 Executive Blvd., Rockville, MD 20852, (Telephone Conference Call).

*Contact Person:* Shiguang Yang, PhD, DVM, Scientific Review Administrator, Division of Extramural Activities, NIDCD, NIH, 6120 Executive Blvd., Bethesda, MD 20892, 301–435–8683.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.173, Biological Research Related to Deafness and Communicative Disorders, National Institutes of Health, HHS)

Dated: April 14, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3877 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Dental & Craniofacial Research; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act as amended (5 U.S.C. Appendix 2), notice is here by given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applicators Aden the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Dental and Cranifiofacial Research Special Emphasis Panel, 06–78, Review R21s, PAR05–020.

*Date:* May 10, 2006.

*Time:* 2 p.m. to 4 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Natcher Building, 45 Center Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Mary Kelly, Scientific Review Specialist, National Institute of Dental & Crainofacial Res., 45 Center Drive, Natcher Bldg., RM 4AN38J, Bethesda, MD 20892–6402, (301) 594–4809, *mary_kelly@nih.gov*.

*Name of Committee:* National Institute of Dental and Cranifiofacial Research Special Emphasis Panel, 06–80, Review R21s.

*Date:* May 23, 2006.

*Time:* 1:30 p.m. 2:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Natcher Building, 45 Center Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Sooyoun (Sonia) Kim, MS, Associate SRA, 45 Center Dr, 4An 32ZB, Division of Extramural Research, National Inst. of Dental & Crainofacial Research, National Institute of Health, Bethesda, MD 20892, (301) 594–4827, *kims@email.nidr.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.121, Oral Diseases and Disorders Research, National Institute of Health, HHS)

Dated: April 14, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3878 Filed 4–24–06; 8:45am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Allergy and Infectious Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel, Loan Repayment Program.

*Date:* May 9, 2006.

*Time:* 2 p.m. to 6 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Rockledge 6700, 6700B Rockledge Drive, Bethesda, MD 20817, (Telephone Conference Call).

*Contact Person:* Roberta Binder, PhD, Scientific Review Administrator, Scientific Review Program, Division of Extramural Activities, NIAID/NIH/DHHS, 6700B Rockledge Drive, MSC 7616, Bethesda, MD 20892, (301) 496–7966, *rbinder@niaid.nih.gov*.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

*Name of Committee:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel, Loan Repayment Program, Session 1.

*Date:* May 11, 2006.

*Time:* 1:30 p.m. to 5:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Rockledge 6700, 6700B Rockledge Drive, Bethesda, MD 20817, (Telephone Conference Call).

*Contact Person:* Roberta Binder, PhD, Scientific Review Administrator, Scientific Review Program, Division of Extramural Activities, NIAID/NIH/DHHS, 6700B Rockledge Drive, MSC 7616, Bethesda, MD 20892, (301) 496–7966, *rbinder@niaid.nih.gov*.

*Name of Committee:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel, NIAID Specimen Repository.

*Date:* May 12, 2006.

*Time:* 12:30 p.m. to 4 p.m.

*Agenda:* To review and evaluate contract proposals.

*Place:* National Institutes of Health, Rockledge 6700, 6700B Rockledge Drive, Bethesda, MD 20817, (Telephone Conference Call).

*Contact Person:* Mary J. Homer, PhD, Scientific Review Administrator, Scientific Review Program, Division of Extramural Activities, NIAID/NIH/DHHS, 6700B Rockledge Drive, MSC 7616, Bethesda, MD 20892, (301) 496–7042, *mjhomer@niaid.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: April 14, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3879 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Center For Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Pregnancy.

*Date:* May 16, 2006.

*Time:* 1 p.m. to 3 p.m.

*Agency:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Abubakar A. Shaikh, PhD, DVM, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, room 6168, MSC 7892, Bethsda, MD 20892, (301) 435–1042, *shaikha@csr.nih.gov*.

*Name of Committee:* Bioengineering Sciences & Technologies Integrated Review Group, Modeling and Analysis of Biological Systems Study Section.

*Date:* May 18–19, 2006.

*Time:* 8:30 a.m. to 5 p.m.

*Agency:* To review and evaluate grant applications.

*Place:* Clarion Hotel Bethesda Park, 8400 Wisconsin Ave., Bethesda, MD 20814.

*Contact Person:* Malgorzata Klosek, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4188, MSC 7849, Bethesda, MD 20892, (301) 435–2211, *klosekm@mail.nih.gov*.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Nanotechnology and Nanoscience Special Emphasis Panel.

*Date:* May 25–26, 2006.

*Time:* 8:30 a.m. to 5 p.m.

*Agency:* To review and evaluate grant applications.

*Place:* Bethesda Park Hotel, 8400 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* Sergei Ruvinov, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4158, MSC 7806, Bethesda, MD 20892, (301) 435–1180, *ruvinser@csr.nih.gov*.

*Name of Committee:* Immunology Integrated Review Group, Transplantation, Tolerance, and Tumor Immunology.

*Date:* June 1–2, 2006.

*Time:* 8 a.m. to 12 p.m.

*Agency:* To review and evaluate grant applications.

*Place:* Hilton Silver Spring, 8727 Colesville Road, Silver Spring, MD 20910.

*Contact Person:* Cathleen L. Cooper, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4208, MSC 7812, Bethsda, MD 20892, 301–435–3566, *cooperc@csr.nih.gov*.

*Name of Committee:* Respiratory Sciences Integrated Review Group, Lung Cellular, Molecular, and Immunobiology Study Section.

*Date:* June 1–2, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agency:* To review and evaluate grant applications.

*Place:* Wyndham City Center Hotel, 1143 New Hampshire Ave., NW., Washington, DC 20037.

*Contact Person:* George M. Barnas, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2180, MSC 7818, Bethesda, MD 20892, 301–435–0696, *barnasg@csr.nih.gov*.

*Name of Committee:* Cell Biology Integrated Review Group, Cell Structure and Function.

*Date:* June 1–2, 2006.

*Time:* 8 a.m. to 5:30 p.m.

*Agency:* To review and evaluate grant applications.

*Place:* Melrose Hotel, 2430 Pennsylvania Ave., NW., Washington, DC 20037.

*Contact Person:* Alexandra M. Ainsztein, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5144, MSC 7840, Bethesda, MD 20892, (301) 451–3848, *ainsztea@csr.nih.gov.*

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Member Conflicts: Thalamus.

*Date:* June 1, 2006.

*Time:* 1 p.m. to 2:30 p.m.

*Agency:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Christine L. Melchior, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5176, MSC 7844, Bethesda, MD 20892, 301–435–1713, *melchioc@csr.nih.gov.*

*Name of Committee:* Digestive Sciences Integrated Review Group, Hepatobiliary Pathophysiology Study Section.

*Date:* June 5–6, 2006.

*Time:* 8 a.m. to 4 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Boulevard, Gaithersburg, MD 20878.

*Contact Person:* Rass M. Shayiq, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2182, MSC 7818, Bethesda, MD 20892, (301) 435–2359, *shayiqr@csr.nih.gov.*

*Name of Committee:* Digestive Sciences Integrated Review Group, Clinical and Integrative Gastrointestinal Pathobiology Study Section.

*Date:* June 5–6, 2006.

*Time:* 8 a.m. to 4 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Boulevard, Gaithersburg, MD 20878.

*Contact Person:* Mushtaq A. Khan, DVM, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2176, MSC 7818, Bethesda, MD 20892, 301–435–1778, *khanm@csr.nih.gov.*

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Clinical Neuroscience and Disease.

*Date:* June 5–6, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* The Watergate, 2650 Virginia Avenue, NW., Washington, DC 20037.

*Contact Person:* Seetha Bhagavan, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3022D, MSC 7846, Bethesda, MD 20892, (301) 435–1121, *bhagavas@csr.nih.gov.*

*Name of Committee:* Digestive Sciences Integrated Review Group, Gastrointestinal Cell and Molecular Biology Study Section.

*Date:* June 5–6, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Marriott Gaithersburg Washingtonian Center, 9751 Washingtonian Blvd, Gaithersburg, MD 20878.

*Contact Person:* Najma Begum, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2175, MSC 7818, Bethesda, MD 20892, 301–435–1243, *begumn@csr.nih.gov.*

*Name of Committee:* Health of the Population Integrated Review Group, Infectious Diseases, Reproductive Health, Asthma and Pulmonary Conditions.

*Date:* June 5–6, 2006.

*Time:* 8:30 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Holiday Inn Select, 480 King Street, Alexandria, VA 22314.

*Contact Person:* Sandra L. Melnick, DRPH, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3028D, MSC 7770, Bethesda, MD 20892, 301–435–1251, *melnicks@csr.nih.gov.*

*Name of Committee:* Respiratory Sciences Integrated Review Group, Lung Injury, Repair, and Remodeling Study Section.

*Date:* June 6–7, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Bethesda Park Hotel, 8400 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* Ghenima Dirami, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2159, MSC 7818, Bethesda, MD 20892, 301–594–1321, *diramig@csr.nih.gov.*

*Name of Committee:* Integrative, Functional and Cognitive Neuroscience Integrated Review Group, Cognitive Neuroscience Study Section.

*Date:* June 6–7, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Doubletree Hotel, 8120 Wisconsin Ave, Bethesda, MD 20814.

*Contact Person:* Michael A. Steinmetz, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5172, MSC 7844, Bethesda, MD 20892, 301–435–1247, *steinmem@csr.nih.gov.*

*Name of Committee:* Integrative, Functional and Cognitive Neuroscience Integrated Review Group, Sensorimotor Integration Study Section.

*Date:* June 6–7, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* One Washington Circle Hotel, One Washington Circle, Washington, DC 20037.

*Contact Person:* John Bishop, Ph.D, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5180, MSC 7844, Bethesda, MD 20892, (301) 435–1250, *bishopj@csr.nih.gov.*

*Name of Committee:* Respiratory Sciences Integrated Review Group, Respiratory Integrative Biology and Translational Research Study Section.

*Date:* June 6–7, 2006.

*Time:* 8:30 a.m. to 3 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Beacon Hotel and Corporate quarters, 1615 Rhode Island Avenue, NW., Washington, DC 20036.

*Contact Person:* Everett E. Sinnett, Ph.D, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2178, MSC 7818, Bethesda, MD 20892, (301) 435–1016, *sinnett@csr.nih.gov.*

*Name of Committee:* Digestive Sciences Integrated Review Group, Gastrointestinal Mucosal Pathobiology Study Section.

*Date:* June 7–8, 2006.

*Time:* 8 a.m. to 4 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* The Watergate, 2650 Virginia Avenue, NW., Washington, DC 20037.

*Contact Person:* Peter J. Perrin, Ph.D, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2180, MSC 7818, Bethesda, MD 20892, (301) 435–0682, *perrinp@csr.nih.gov.*

*Name of Committee:* Cardiovascular Sciences Integrated Review Group, Cardiac Contractility, Hypertrophy, and Failure Study Section.

*Date:* June 7–8, 2006.

*Time:* 8 a.m. to 3 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Wyndham Washington, DC, 1400 M Street, NW., Washington, DC 20005.

*Contact Person:* Olga A. Tjurmina, Ph.D, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3028D, MSC 6714, Bethesda, MD 20892, (301) 451–1375, *ot3d@nih.gov.*

*Name of Committee:* Bioengineering Sciences & Technologies Integrated Review Group, Gene and Drug Delivery Systems Study Section.

*Date:* June 7–8, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Hyatt Regency Bethesda, One Bethesda Metro Center, Bethesda, MD 20814.

*Contact Person:* Steven J. Zullo, Ph.D, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4192, MSC 7849, Bethesda, MD 20892, (301) 435–2810, *zullost@csr.nih.gov.*

*Name of Committee:* Biological Chemistry and Macromolecular Biophysics Integrated Review Group, Macromolecular Structure and Function C Study Section.

*Date:* June 8–9, 2006.

*Time:* 8 a.m. to 6 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Latham Hotel, 3000 M Street, NW., Washington, DC 20007.

*Contact Person:* Arnold Revzin, Ph.D, Scientific Review Administrator, Center for

Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4184, MSC 7824, Bethesda, MD 20892, (301) 435–1153, *revzina@csr.nih.gov.*

*Name of Committee:* Integrative, Functional and Cognitive Neuroscience Integrated Review Group, Neurotoxicology and Alcohol Study Section.

*Date:* June 8–9, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Hilton Washington Embassy Row, 2015 Massachusetts Ave., NW., Washington, DC 20036.

*Contact Person:* Joseph G. Rudolph, Ph.D, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5186, MSC 7844, Bethesda, MD 20892, 301–435–2212, *josephru@csr.nih.gov.*

*Name of Committee:* Hematology Integrated Review Group, Hematopoiesis Study Section.

*Date:* June 8–9, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Holiday Inn Georgetown, 2101 Wisconsin Avenue, NW., Washington, DC 20007.

*Contact Person:* Robert T. Su, Ph.D, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4134, MSC 7802, Bethesda, MD 20892, (301) 435–1195, *sur@csr.nih.gov.*

*Name of Committee:* Infectious Diseases and Microbiology Integrated Review Group, Drug Discovery and Mechanisms of Antimicrobial Resistance Study Section.

*Date:* June 8–9, 2006.

*Time:* 8 a.m. to 6 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* City Center Hotel, 1143 New Hampshire Ave., NW., Washington, DC 20037.

*Contact Person:* Tera Bounds, PhD, Scientific Review Administrator, National Institutes of Health, Center for Scientific Review, 6701 Rockledge Drive, Room 3015–D, MSC 7808, Bethesda, MD 20892, 301–435–2306, *boundst@csr.nih.gov.*

*Name of Committee:* Genes, Genomes, and Genetics Integrated Review Group, Molecular Genetics C Study Section.

*Date:* June 8–9, 2006.

*Time:* 8 a.m. to 4 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Georgetown Suites, 1111 30th Street, NW., Washington, DC 20007.

*Contact Person:* Barbara Whitmarsh, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2206, MSC 7890, Bethesda, MD 20892, (301) 435–4511, *whitmarshb@csr.nih.gov.*

*Name of Committee:* Genes, Genomes, and Genetics Integrated Review Group, Molecular Genetics A Study Section.

*Date:* June 8–9, 2006.

*Time:* 8 a.m. to 3 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Hilton Crystal City, 2399 Jefferson Davis Hwy., Arlington, VA 22202.

*Contact Person:* Michael M. Sveda, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5152, MSC 7842, Bethesda, MD 20892, (301) 435–3565, *svedam@csr.nih.gov.*

*Name of Committee:* Health of the Population Integrated Review Group, Community Influences on Health Behavior.

*Date:* June 8–9, 2006.

*Time:* 8:30 a.m. to 6 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Washington Plaza Hotel, 10 Thomas Circle, NW., Washington, DC 20005.

*Contact Person:* Ellen K. Schwartz, EDD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3168, MSC 7770, Bethesda, MD 20892, (301) 435–0681, *schwarte@csr.nih.gov.*

*Name of Committee:* Biological Chemistry and Macromolecular Biophysics Integrated Review Group, Enabling Bioanalytical and Biophysical Technologies Study Section.

*Date:* June 8–9, 2006.

*Time:* 8:30 a.m. to 5:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* The Watergate, 2650 Virginia Avenue, NW., Washington, DC 20037.

*Contact Person:* Noni Byrnes, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4180, MSC 7806, Bethesda, MD 20892, (301) 435–1217, *byrnesn@csr.nih.gov.*

*Name of Committee:* Biological Chemistry and Macromolecular Biophysics Integrated Review Group, Synthetic and Biological Chemistry B Study Section.

*Date:* June 8–9, 2006.

*Time:* 8:30 a.m. to 6 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Holiday Inn Select Bethesda, 8120 Wisconsin Ave, Bethesda, MD 20814.

*Contact Person:* Mike Radtke, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4176, MSC 7806, Bethesda, MD 20892, (301) 435–1728, *radtkem@csr.nih.gov.*

*Name of Committee:* Health of the Population Integrated Review Group, Biostatistical Methods and Research Design Study Section.

*Date:* June 9, 2006.

*Time:* 8 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* George Washington University Inn, 824 New Hampshire Ave., NW., Washington, DC 20037.

*Contact Person:* Ann Hardy, DRPH, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3158, MSC 7770, Bethesda, MD 20892, (301) 435–0695, *hardyan@csr.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 83.892, 93.893, National Institutes of Health, HHS)

Dated: April 13, 2006.

**Anna Snouffer,**

*Acting Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 06–3880 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Toxicology Program (NTP); Office of Chemical Nomination and Selection; Announcement of and Request for Public Comment on Toxicological Study Nominations to the NTP; Clarification

**AGENCY:** National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health.

**ACTION:** Clarification.

**SUMMARY:** The NTP is issuing a clarification of a **Federal Register** notice published on April 11, 2006 (Volume 71, Number 69, pages 18341–18344), because a table summarizing the toxicological study nominations contains several misaligned columns and rows. A correct version of the table is available on the NTP Web site at *http://ntp.niehs.nih.gov/go/21134* or by contacting Dr. Scott Masten (see **ADDRESSES** below).

**ADDRESSES:** Correspondence should be addressed to Dr. Scott A. Masten, Director, Office of Chemical Nomination and Selection, NIEHS/NTP, 111 T.W. Alexander Drive, P.O. Box 12233, Research Triangle Park, North Carolina 27709; telephone: 919–541–5710; FAX: 919–541–3647; e-mail: *masten@niehs.nih.gov*.

Dated: April 12, 2006.

**David Schwartz,**

*Director, National Institute of Environmental Health Sciences and National Toxicology Program.*

[FR Doc. E6–6121 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### List of Drugs for Which Pediatric Studies Are Needed

**ACTION:** Notice.

**SUMMARY:** The National Institutes of Health (NIH) is providing notice of the

''List of Drugs for Which Pediatric Studies Are Needed.'' The NIH developed the list in consultation with the Food and Drug Administration (FDA) and pediatric experts, as mandated by the Best Pharmaceuticals for Children Act. This list prioritizes certain drugs most in need of study for use by children to ensure their safety and efficacy. The NIH will update the list at least annually until the Act expires on October 1, 2007.

**DATES:** The list is effective upon publication.

**FOR FURTHER INFORMATION CONTACT:** Dr. Perdita Taylor-Zapata, National Institute of Child Health and Human Development (NICHD), 6100 Executive Boulevard, Suite 4A–01, Bethesda, MD 20892–7510, e-mail *taylorpe@mail.nih.gov* or *BestPharmaceuticals@mail.nih.gov*, telephone 301–496–9584 (not a toll-free number).

**SUPPLEMENTARY INFORMATION:** The NIH is providing notice of the ''List of Drugs for Which Pediatric Studies Are Needed,'' as authorized under Section 3, Pub. L. 107–109 (42 U.S.C. 409I). On January 4, 2002, President Bush signed into law the Best Pharmaceuticals for Children Act (BPCA). The BPCA mandates that not later than one year after the date of enactment, the NIH in consultation with the FDA and experts in pediatric research shall develop, prioritize, and publish an annual list of certain approved drugs for which pediatric studies are needed. For inclusion on the list, an approved drug must meet the following criteria: (1) There is an approved application under section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)); (2) there is a submitted application that could be approved under the criteria of section 505(j) of the Federal Food, Drug, and Cosmetic Act; (3) there is no patent protection or market exclusivity protection under the Federal Food, Drug, and Cosmetic Act; or (4) there is a referral for inclusion on the list under section 505A(d)(4)(c); and additional studies are needed to assess the safety and effectiveness of the use of the drug in the pediatric population. The BPCA further stipulates that in developing and prioritizing the list, the NIH shall consider, for each drug on the list: (1) The availability of information concerning the safe and effective use of the drug in the pediatric population; (2) whether additional information is needed; (3) whether new pediatric studies concerning the drug may produce health benefits in the pediatric population; and (4) whether reformulation of the drug is necessary. For this year, we are providing an update on all of the drugs listed since the enactment of BPCA and a brief status report on each of the drugs (see Table 1).

TABLE 1.—CURRENT STATUS OF DRUGS THAT HAVE BEEN LISTED BY NIH (NICHD) FOR BPCA

| Drug | Indication | Listing | Patent status | Written request/RFP | Clinical trial primary site | Current status and/or clinical trial design |
|---|---|---|---|---|---|---|
| Acyclovir* | Herpetic infections | 2005 | On-patent | FDA | N/A | Recommended for systematic review for potential re-labeling based on published literature. |
| Ampicillin | Infection | 2004 | Off-patent | NICHD | N/A | Awaiting systematic literature review for the development of RFP. |
| Ampicillin/sulbactam | Infection | 2003 | Off-patent | FDA | N/A | Inactive. Being reconsidered due to feasibility issues. |
| Azithromycin (IV) | Prevention of bronchopulmonary dysplasia (BPD) in neonates colonized with Ureaplasma urealyticum. | 2003 | Off-patent | NICHD | N/A | PK, safety, efficacy, tolerability studies proposed. Currently reviewing scientific issues. |
| Azithromycin (PO) | Prevention treatment of Chlamydia conjunctivitis and pneumonia. | 2003 | Off-patent | NICHD | N/A | Inactive for this indication. Initial Studies proposed difficult to conduct due to feasibility issues. RFP released but no responses received. Indication being reconsidered. |
| Baclofen* | Oral treatment of spasticity from cerebral palsy. | 2003 | On-patent | FNIH, NICHD. | Negotiations ongoing | Plan is for Pharmacokinetics, safety and efficacy studies. FNIH considering funding. |
| Bumetanide | Diuresis | 2003 | Off-patent | FDA | N/A | Has been recommended for consultation with scientific community concerning diagnosis and treatment of pediatric hypertension, and the role of diuretics in treatment. |
| Bupropion* | Treatment of Depression. | 2004 | On-patent | FNIH, NICHD. | N/A | Recommended for systematic review and consultation with scientific community. Written Request referred to FNIH. |
| Bupropion* | Treatment for smoking cessation. | 2004 | On-patent | FNIH, NICHD. | N/A | Written Request referred to FNIH. |

TABLE 1.—CURRENT STATUS OF DRUGS THAT HAVE BEEN LISTED BY NIH (NICHD) FOR BPCA—Continued

| Drug | Indication | Listing | Patent status | Written request/RFP | Clinical trial primary site | Current status and/or clinical trial design |
|---|---|---|---|---|---|---|
| Clonidine | Autism | 2005 | Off-patent | FDA | N/A | Data gathering in process. Indication being reconsidered due to feasibility issues. |
| Clonidine | Attention deficit disorder. | 2005 | Off-patent | FDA | N/A | Recommended for systematic review and consultation with scientific community. Reconsidered for listing for 2006 under condition-based approach. |
| Cyclosporine | Cardiac transplant rejection. | 2005 | Off-patent | FDA | N/A | Recommended for systematic review and consultation with scientific community to discuss feasibility and study design in cardiac transplant patients. |
| Dactinomycin | Cancer | 2004 | Off-patent | NICHD | NICHD Partnership with NCI/Children's Oncology Group. | Clinical studies being conducted by Children's Oncology Group in conjunction with NCI to better define safety, efficacy, PK. |
| Daunomycin | Cancer | 2006 | Off-patent | FDA | N/A | WR in process. |
| Dexrazoxane* | Prophylaxis from cardiotoxicity of doxorubicin. | 2005 | On-patent | FNIH, NICHD. | N/A | WR referred to FNIH. |
| Diazoxide | Hypoglycemia | 2003 | Off-patent | FDA | N/A | Inactive. Being considered for labeling based on literature review. |
| Dobutamine | Hypotension, low cardiac output in neonates. | 2003 | Off-patent | FDA | N/A | Inactive due to issues with feasibility and clinical trial design. |
| Dopamine | Hypotension, low cardiac output in neonates. | 2003 | Off-patent | FDA | N/A | Inactive due to issues with feasibility and clinical trial design. |
| Eletriptan* | Migraine headaches in adolescents. | 2005 | On-patent | FNIH, NICHD. | N/A | WR referred to FNIH. |
| Ethambutol | Tuberculosis | 2005 | Off-patent | FDA | N/A | Data gathering in process. |
| Flecainide | Ventricular arrhythmia. | 2005 | Off-patent | FDA | N/A | Recommended for systematic review and consultation with scientific community to determine feasibility and study design. |
| Furosemide | Diuresis | 2003 | Off-patent | FDA | N/A | Recommend consultation with scientific community concerning diagnosis and treatment of pediatric hypertension, and the role of diuretics in treatment. |
| Griseofulvin | Tinea capitis | 2005 | Off-patent | NICHD | N/A | Development of RFP in progress. |
| Heparin | Anticoagulation | 2003 | Off-patent | FDA | | Already labeled for patients ≥ 1 kg. |
| Hydrochlorothiazide | Hypertension | 2005 | Off-patent | FDA | N/A | Recommend consultation with scientific community concerning diagnosis and treatment of pediatric hypertension, and the role of diuretics in treatment. |
| Hydrocortisone valerate ointment and cream*. | Dermatitis | 2005 | On-patent | FDA | N/A | Inactive. |
| Hydroxychloroquine | Connective tissue disorders. | 2005 | Off-patent | FDA | N/A | WR in process. |
| Hydroxyurea* | Sickle Cell Disease | 2006 | On-patent | FNIH, NICHD. | NICHD Partnership with NHLBI. | PK, efficacy and safety studies under way. FNIH considering funding. |

TABLE 1.—CURRENT STATUS OF DRUGS THAT HAVE BEEN LISTED BY NIH (NICHD) FOR BPCA—Continued

| Drug | Indication | Listing | Patent status | Written request/RFP | Clinical trial primary site | Current status and/or clinical trial design |
|---|---|---|---|---|---|---|
| Isofluorane | Maintenance of general anesthesia. | 2003 | Off-patent | FDA | N/A | Awaiting results of Ketamine preclinical study and results to be extrapolated. |
| Ivermectin | Scabies | 2005 | Off-patent | FDA | N/A | Formulation issues may preclude study. |
| Ketamine | Sedation | 2004 | Off-patent | FDA | NICHD Partnership with NCTR, FDA. | Preclinical toxicology studies under way. Clinical studies will not be designed until the preclinical studies are completed. |
| Lindane | Second line treatment of scabies. | 2003 | Off-patent | FDA | N/A | WR accepted by NDA holder. |
| Lithium | Treatment of mania in bipolar disorder. | 2003 | Off-patent | NICHD | Case Western Reserve University. | PK, safety, efficacy, and tolerability studies to be performed. |
| Lorazepam | Treatment of Status Epilepticus. | 2003 | Off-patent | NICHD | Children's National Medical Center. | PK, efficacy, and safety. Participants are currently being enrolled in PK study. Feasibility issues with efficacy trial. |
| Lorazepam | Sedation in the intensive care unit for children on respirators. | 2003 | Off-patent | NICHD | Case Western Reserve University. | Pharmacokinetics, safety, efficacy by randomized double-blind active comparator study. Participants are currently being enrolled. |
| Meropenem | Infection | 2003 | Off-patent | NICHD | N/A | Currently in negotiations. |
| Methadone | Neonates with opioid withdrawal. | 2005 | Off-patent | FDA | N/A | Data gathering in process. |
| Methotrexate | Cancer | 2006 | Off-patent | FDA | N/A | WR in process. |
| Metoclopramide* | Gastro-esophageal reflux. | 2003 | On-patent | NICHD | N/A | Inactive due to change in patent status after listing. |
| Metolazone | Diuresis | 2004 | Off-patent | FDA | N/A | Recommend consultation with scientific community concerning diagnosis and treatment of pediatric hypertension and the role of diuretics in treatment. |
| Morphine* | Analgesia | 2004 | On-patent | FNIH, NICHD. | Children's National Medical Center. | Basic science studies are needed to determine the developmental expression and function of opioid receptors. FNIH considering funding. Grant awarded by NICHD in 2005 for study in neonates. |
| Piperacillin/ tazobactam. | Infection | 2003 | Off-patent | FDA | N/A | Inactive. Being reconsidered due to feasibility issues. |
| Pralidoxime | Organophosphate Poisoning. | 2006 | Off-patent | Pending | N/A | Recommended for systemic literature review. |
| Promethazine | Nausea and vomiting | 2003 | Off-patent | FDA | N/A | Inactive. Under consideration for removal from list due to current black boxed warning. |
| Rifampin | Methicillin-resistant Staphylococcus aureus endocarditis. | 2003 | Off-patent | NICHD | N/A | Inactive. Frequency of condition being reviewed. |
| Rifampin | Central nervous system shunt infection. | 2003 | Off-patent | NICHD | N/A | Inactive. Frequency of condition being reviewed. |
| Sevelamer* | Hyperphosphatemia in chronic renal failure. | 2005 | On-patent | FNIH, NICHD. | N/A | Written Request referred to FNIH. |

TABLE 1.—CURRENT STATUS OF DRUGS THAT HAVE BEEN LISTED BY NIH (NICHD) FOR BPCA—Continued

| Drug | Indication | Listing | Patent status | Written request/RFP | Clinical trial primary site | Current status and/or clinical trial design |
|---|---|---|---|---|---|---|
| Sodium nitroprusside | Control of blood pressure. | 2003 | Off-patent .... | NICHD ..... | Duke and Stanford Universities. | Pharmacokinetics, safety, efficacy by randomized double-blind parallel group study design. Participants are currently being enrolled. |
| Spironolactone ..... | Diuresis ..... | 2003 | Off-patent .... | FDA ..... | N/A ..... | Recommend consultation with scientific community concerning diagnosis and treatment of pediatric hypertension and the role of diuretics in treatment. |
| Vincristine ..... | Cancer ..... | 2004 | Off-patent .... | NICHD ..... | NICHD Partnership with NCI/Children's Oncology Group. | Clinical studies being conducted by Children's Oncology Group with National Cancer Institute to better define safety, efficacy, and PK. |
| Zonisamide* ..... | Partial Seizures ..... | 2005 | On-patent .... | FNIH, NICHD. | N/A ..... | Written Request referred to FNIH. |

**Key:** Drug is the generic name. Indication summarizes the indication or condition for which the drug is to be tested. Listing notes the year in which the drug was added to the list for testing. Patent Status is the on- or off-patent status of the drug. WR indicates a Written Request has been issued by the FDA and denotes where the request for and the processing of information currently resides (FDA, Foundation for NIH (FNIH) or NIH). Request for Proposals (RFP) indicates the RFP was published by NICHD and its current status. Clinical Trial Primary Site identifies the institution that has received the contract and has designed and implemented the preclinical or clinical protocol. Clinical Trial Design indicates in general terms the format of the proposed or actual preclinical or clinical trials and the phases of drug development being conducted. N/A refers to a process that is not applicable to a particular drug at this time. NHLBI is the National Heart, Lung, and Blood Institute; NCI is the National Cancer Institute; NIEHS is the National Institute of Environmental Health Sciences; NIMH is the National Institute of Mental Health; and NCTR is the National Center for Toxicological Research, part of the FDA.

* Indicates that a drug is currently on-patent and will be studied under a different funding mechanism than the off-patent process as described in the BPCA Legislation of 2002. For an on-patent drug, if the manufacturer has denied or failed to respond to the WR issued by the FDA in 120 days, the FDA refers the drug to the FNIH and requests that it be considered for FNIH support of pediatric studies. These drugs are also discussed at the annual scientific listing meetings.

As previously stated, NICHD and the FDA have reviewed the progress of the drugs currently listed under BPCA in addition to a review of the entire listing process since its inception. There are drugs listed that are currently considered inactive or are being reconsidered due to multiple factors. Many of the factors for reconsideration are based on feasibility issues related to clinical trial design and the overall conduct of a study with that particular drug and/or indication—such as frequency of condition, statistical power, and safety. A drug may also be considered inactive if there has been a change in patent status since its original listing. These drugs will continue to be reevaluated throughout the year and an update will be provided no later than January 2007.

Upon review of the BPCA listing process and based on our goal of improving pediatric therapeutics, NIH and FDA have decided to change our listing system to a therapeutic class-based approach. We believe that this approach will allow us to compare drugs within a therapeutic class (on- and off-patent) and give a broader description for the availability and use of these drugs in children. This will also allow us to obtain focused expertise in therapeutic areas that will subsequently give us more insight into feasibility and study designs. We drafted and categorized a preliminary list of drugs for the 2006 Priority List based on the newly developed condition-based approach in an effort to identify areas in pediatrics that may contain gaps in knowledge in the area of therapeutic options. In developing this list, the NIH consulted with the FDA and experts in pediatric research and practice. The following are the conditions and the drugs discussed in our November 8–9, 2005, scientific meeting with experts in pediatric research and determined to need more scientific evidence before studies can be conducted in children: Attention Deficit and Hyperactivity Disorder (ADHD), Hypertension, Parasitic Diseases, Influenza, Cancer, Poisonings, and Sickle Cell Anemia. The drugs thought to be effective for treatment in each of these conditions were then prioritized based on the potential for providing a health benefit in the general pediatric population.

ADHD was identified as a therapeutic area of interest because of its tremendous impact on the use of psychotropic medications in children—remaining the most commonly diagnosed behavioral disorder of childhood. Clonidine and Guanfacine were discussed as off-patent drugs that require further information in children. We determined that we need further discussion with the primary care and mental health communities to determine if studies of these agents are warranted for the treatment of ADHD or if the primary use of these agents is as adjunctive agents because of their sedative properties. In 2005, NICHD learned of a published report in *Cancer Letters* discussing possible cytogenetic effects in children treated with Methylphenidate (*Cytogenetic effects in children treated with methylphenidate*, El-Zein, R. et al., *Cancer Letters* xx (2005), 1–8.). NICHD developed a partnership with the National Institute of Environmental Health Sciences, the National Institute of Mental Health, the National Center for Toxicology Research, and the FDA to further evaluate this finding.

Hypertension was identified as a therapeutic area of interest due to the recent ''Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents,'' published in *Pediatrics* in 2004, which identified a need to determine a treatment strategy for high blood pressure in children, especially

with the increasing epidemic of obesity and obesity-related diseases in this country. The therapeutic drugs class of Diuretics (Bumetanide, Furosemide, Hydrochlorothiazide, Spironolactone) were discussed as off-patent drugs that require further information in children. It was determined that we need further discussion with the pediatric experts involved in the development of the ''Fourth Report'' to determine if, and how, this particular class of drugs is used in primary pediatric hypertension and how a clinical study might be structured to address the complex issues that have recently arisen, such as obesity-related hypertension, in the diagnosis and treatment of this disease.

Parasitic Diseases was identified as a therapeutic area of interest due to the tremendous impact on morbidity and mortality that these diseases have in children worldwide. Albendazole and Mebendazole were discussed as off-patent drugs that require further information in children. It was determined that we need to consult with domestic (Centers for Disease Control and Prevention) and foreign sources (World Health Organization) and other areas where these agents are predominantly monitored and used to obtain safety information. It was also determined that a liquid formulation of Albendazole would be advantageous for children of developing countries, in whom these diseases occur more often.

Influenza was identified as a therapeutic area of interest because of the emerging threat of pandemic flu and the lack of dosing and efficacy data in our most vulnerable pediatric population—children less than 1 year of age. Amantidine and Rimantidine were discussed as off-patent drugs that require further information in children. It was determined that we need more information on the effectiveness of these drugs to provide additional insight into the use of these agents in the population of children less than 1 year of age.

Cancer has been identified as an ongoing therapeutic area of interest because of the extensive morbidity and mortality that this disease continues to exhibit in pediatric patients of all ages.

Poisoning was identified as a therapeutic area of interest due to the fact that injuries and poisonings remain as one of the top 5 conditions that lead to the highest morbidity and mortality in young children and adolescents.

Sickle Cell Anemia was identified as a therapeutic area of interest because of the extensive morbidity caused by, and paucity of treatment options for, this disease.

The following are the conditions and drugs discussed in our November 8–9, 2005, scientific meeting with experts in pediatric research. We will add these conditions and drugs to the 2006 priority list for which pediatric studies are most urgently needed, along with their indications for use:

**Treatment of Pediatric Cancers: Methotrexate and Daunomycin**

There is an urgent need for information regarding the pharmacokinetics and toxicity of daunomycin in obese children. There is an urgent need to evaluate the neurotoxicity and long-term cognitive outcomes of children receiving methotrexate.

**Treatment of Sickle Cell Anemia: Hydroxyurea**

There is an urgent need for further pharmacokinetic and long-term safety data in the use of this drug in children with sickle cell anemia.

**Treatment of Organophosphate Poisoning: Pralidoxime**

There is an urgent need for further dosing information of the use of this drug in children.

For the coming year, NICHD is planning a series of discussions with experts in the field of pediatric cancers (NCI/COG), pediatric infectious diseases, emergency care in pediatrics (PECARN), pediatric-based research networks (PBRN), pediatric hypertension, and pediatric psychiatry, in addition to our ongoing discussions with the other NIH Institutes and Centers. The goal of these discussions will be to specifically identify current gaps in scientific knowledge regarding research and treatment of these various pediatric conditions, with the ultimate goal of determining future approved drugs for which pediatric studies are needed. NICHD will continue scientific discussions and planning throughout 2006 and will provide an update in January 2007.

Dated: April 11, 2006.

**Elias A. Zerhouni,**

*Director, National Institutes of Health.*

[FR Doc. E6–6122 Filed 4–24–06; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HOMELAND SECURITY

### Coast Guard

**[USCG–2006–23665]**

### Collection of Information Under Review by Office of Management and Budget (OMB): 1625–0009, 1625–0014, 1625–0038, and 1625–0039

**AGENCY:** Coast Guard, DHS.

**ACTION:** Request for comments.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, this request for comments announces that the Coast Guard has forwarded four Information Collection Requests (ICRs), abstracted below, to the Office of Information and Regulatory Affairs (OIRA) of the Office of Management and Budget (OMB) for review and comment. The ICRs are as follows: (1) 1625–0009, Oil Record Book for Ships; (2) 1625–0014, Request for Designation and Exemption of Oceanographic Research Vessels; (3) 1625–0038; Plan Approval and Records for Tank, Passenger, Cargo and Miscellaneous Vessels, Mobile Offshore Drilling Units, Nautical School Vessels, Oceanographic Research Vessels and Electrical Engineering—46 CFR Subchapters D, H, I, I–A, J, R, and U; and (4) 1625–0039, Declaration of Inspection Before Transfer of Liquid Cargo in Bulk. Our ICRs describe the information we seek to collect from the public. Review and comment by OIRA ensures that we impose only paperwork burdens commensurate with our performance of duties.

**DATES:** Please submit comments on or before May 25, 2006.

**ADDRESSES:** To make sure that your comments and related material do not reach the docket [USCG–2006–23665] or OIRA more than once, please submit them by only one of the following means:

(1)(a) By mail to the Docket Management Facility, U.S. Department of Transportation (DOT), room PL–401, 400 Seventh Street, SW., Washington, DC 20590–0001. (b) By mail to OIRA, 725 17th Street, NW., Washington, DC 20503, to the attention of the Desk Officer for the Coast Guard.

(2)(a) By delivery to room PL–401 at the address given in paragraph (1)(a) above, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is (202) 366–9329. (b) By delivery to OIRA, at the address given in paragraph (1)(b) above, to the attention of the Desk Officer for the Coast Guard.

(3) By fax to (a) the Facility at (202) 493–2298 and (b) OIRA at (202) 395–

6566, or e-mail to OIRA at *oira-docket@omb.eop.gov* attention: Desk Officer for the Coast Guard.

(4)(a) Electronically through the Web site for the Docket Management System (DMS) at *http://dms.dot.gov.* (b) OIRA does not have a Web site on which you can post your comments.

The Docket Management Facility maintains the public docket for this notice. Comments and material received from the public, as well as documents mentioned in this notice as being available in the docket, will become part of this docket and will be available for inspection or copying at room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also find this docket on the Internet at *http://dms.dot.gov.*

Copies of the complete ICRs are available through this docket on the Internet at *http://dms.dot.gov*, and also from Commandant (CG–611), U.S. Coast Guard Headquarters, room 1236 (Attn: Ms. Barbara Davis), 2100 2nd Street, SW., Washington, DC 20593–0001. The telephone number is (202) 475–3523.

**FOR FURTHER INFORMATION CONTACT:** Ms. Barbara Davis, Office of Information Management, telephone (202) 475–3523 or fax (202) 475–3929, for questions on these documents; or Ms. Renee V. Wright, Program Manager, Docket Operations, (202) 493–0402, for questions on the docket.

**SUPPLEMENTARY INFORMATION:** The Coast Guard invites comments on the proposed collections of information to determine whether the collections are necessary for the proper performance of the functions of the Department. In particular, the Coast Guard would appreciate comments addressing: (1) The practical utility of the collections; (2) the accuracy of the estimated burden of the collections; (3) ways to enhance the quality, utility, and clarity of the information that is the subject of the collections; and (4) ways to minimize the burden of collections on respondents, including the use of automated collection techniques or other forms of information technology.

Comments to DMS or OIRA must contain the OMB Control Number of the ICRs addressed. Comments to DMS must contain the docket number of this request, [USCG 2006–23665]. For your comments to OIRA to be considered, it is best if OIRA receives them on or before May 25, 2006.

Public participation and request for comments: We encourage you to respond to this request for comments by submitting comments and related materials. We will post all comments received, without change, to *http://dms.dot.gov*, and they will include any personal information you have provided. We have an agreement with DOT to use their Docket Management Facility. Please see the paragraph on DOT's ''Privacy Act Policy'' below.

Submitting comments: If you submit a comment, please include your name and address, identify the docket number for this request for comment [USCG–2006–23665], indicate the specific section of this document or the ICR to which each comment applies, and give the reason for each comment. You may submit your comments and material by electronic means, mail, fax, or delivery to the Docket Management Facility at the address under **ADDRESSES**, but please submit them by only one means. If you submit them by mail or delivery, submit them in an unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing. If you submit them by mail and would like to know that they reached the Facility, please enclose a stamped, self-addressed postcard or envelope.

The Coast Guard and OIRA will consider all comments and material received during the comment period. We may change the documents supporting this collection of information or even the underlying requirements in view of them.

Viewing comments and documents: To view comments, as well as documents mentioned in this notice as being available in the docket, go to *http://dms.dot.gov* at any time and conduct a simple search using the docket number. You may also visit the Docket Management Facility in room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Privacy Act: Anyone can search the electronic form of all comments received in dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review the Privacy Act Statement of DOT in the **Federal Register** published on April 11, 2000 (65 FR 19477), or you may visit *http://dms.dot.gov.*

**Previous Request for Comments**

This request provides a 30-day comment period required by OIRA. The Coast Guard has already published the 60-day notice (71 FR 4604, January 27, 2006) required by 44 U.S.C. 3506(c)(2). That notice elicited no comments.

**Information Collection Request**

1. *Title:* Oil Record Book for Ships.
*OMB Control Number:* 1625–0009.
*Type of Request:* Extension of a currently approved collection.
*Affected Public:* Operators of vessels.
*Forms:* CG–4602A.
*Abstract:* This information is used to verify sightings of actual violations of the Act to Prevent Pollution from Ships (APPS) to determine the level of compliance with International Convention for Prevention of Pollution from Ships (MARPOL 73/78) and as a means of reinforcing the discharge provisions.
*Burden Estimate:* The estimated burden has decreased from 29,048 hours to 26,993 hours a year.

2. *Title:* Request for Designation and Exemption of Oceanographic Research Vessels.
*OMB Control Number:* 1625–0014.
*Type of Request:* Extension of a currently approved collection.
*Affected Public:* Owners or operators of vessels.
*Forms:* None.
*Abstract:* This information is necessary to ensure a vessel qualifies for the designation.
*Burden Estimate:* The estimated burden has increased from 21 hours to 51 hours a year.

3. *Title:* Plan Approval and Records for Tank, Passenger, Cargo and Miscellaneous Vessels, Mobile Offshore Drilling Units, Nautical School Vessels, Oceanographic Research Vessels and Electrical Engineering—46 CFR Subchapters D, H, I, I–A, J, R, and U.
*OMB Control Number:* 1625–0038.
*Type of Request:* Extension of a currently approved collection.
*Affected Public:* Shipyards, designers, and manufacturers of certain vessels.
*Forms:* None.
*Abstract:* This information collection requires the shipyard, designer or manufacturer for the construction of a vessel to submit plans, technical information and operating manuals to the Coast Guard.
*Burden Estimate:* The estimated burden has increased from 8,835 hours to 13,790 hours a year.

4. *Title:* Declaration of Inspection Before Transfer of Liquid Cargo in Bulk.
*OMB Control Number:* 1625–0039.
*Type of Request:* Extension of a currently approved collection.
*Affected Public:* Persons-in-charge of transfers.
*Forms:* None.
*Abstract:* A Declaration of Inspection (DOI) documents the transfer of oil and hazardous materials, to help prevent spills and damage to a facility or vessel.

Persons-in-charge of the transfer operations must review and certify compliance with procedures specified by the terms of the DOI.

*Burden Estimate:* The estimated burden has increased from 66,223 hours to 68,534 hours a year.

Dated: April 20, 2006.

**C.S. Johnson, Jr.,**

*Captain, U.S. Coast Guard, Acting Assistant Commandant for Command, Control, Communications, Computers and Information Technology.*

[FR Doc. E6–6203 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–15–P**

## DEPARTMENT OF HOMELAND SECURITY

### Coast Guard

**[USCG–2006–23736]**

### Collection of Information Under Review by Office of Management and Budget; OMB Control Numbers: 1625–0047, 1625–0063, 1625–0070, and 1625–0084

**AGENCY:** Coast Guard, DHS.

**ACTION:** Request for comments.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, this request for comments announces that the Coast Guard has forwarded four Information Collection Requests (ICRs), abstracted below, to the Office of Information and Regulatory Affairs (OIRA) of the Office of Management and Budget (OMB) for review and comment. The ICRs are as follows: (1) 1625–0047, Plan Review and Records for Vital System Automation; (2) 1625–0063, Marine Occupational Health and Safety Standards for Benzene—46 CFR 197 Subpart C; (3) 1625–0070, Vessel Identification System; and (4) 1625–0084, Audit Reports under the International Safety Management Code. Our ICRs describe the information we seek to collect from the public. Review and comment by OIRA ensures that we impose only paperwork burdens commensurate with our performance of duties.

**DATES:** Please submit comments on or before May 25, 2006.

**ADDRESSES:** To make sure that your comments and related material do not reach the docket [USCG–2006–23736] or OIRA more than once, please submit them by only one of the following means:

(1)(a) By mail to the Docket Management Facility, U.S. Department of Transportation (DOT), room PL–401, 400 Seventh Street, SW., Washington, DC 20590–0001. (b) By mail to OIRA, 725 17th Street, NW., Washington, DC 20503, to the attention of the Desk Officer for the Coast Guard.

(2)(a) By delivery to room PL–401 at the address given in paragraph (1)(a) above, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is (202) 366–9329. (b) By delivery to OIRA, at the address given in paragraph (1)(b) above, to the attention of the Desk Officer for the Coast Guard.

(3) By fax to (a) the Facility at (202) 493–2298 and (b) OIRA at (202) 395–6566, or e-mail to OIRA at *oira-docket@omb.eop.gov* attention: Desk Officer for the Coast Guard.

(4)(a) Electronically through the Web site for the Docket Management System (DMS) at *http://dms.dot.gov*. (b) OIRA does not have a Web site on which you can post your comments.

The Docket Management Facility maintains the public docket for this notice. Comments and material received from the public, as well as documents mentioned in this notice as being available in the docket, will become part of this docket and will be available for inspection or copying at room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also find this docket on the Internet at *http://dms.dot.gov*.

Copies of the complete ICRs are available through this docket on the Internet at *http://dms.dot.gov*, and also from Commandant (CG–611), U.S. Coast Guard Headquarters, room 1236 (Attn: Ms. Barbara Davis), 2100 2nd Street, SW., Washington, DC 20593–0001. The telephone number is (202) 475–3523.

**FOR FURTHER INFORMATION CONTACT:** Ms. Barbara Davis, Office of Information Management, telephone (202) 475–3523 or fax (202) 475–3929, for questions on these documents; or Ms. Renee V. Wright, Program Manager, Docket Operations, (202) 493–0402, for questions on the docket.

**SUPPLEMENTARY INFORMATION:** The Coast Guard invites comments on the proposed collections of information to determine whether the collections are necessary for the proper performance of the functions of the Department. In particular, the Coast Guard would appreciate comments addressing: (1) The practical utility of the collections; (2) the accuracy of the estimated burden of the collections; (3) ways to enhance the quality, utility, and clarity of the information that is the subject of the collections; and (4) ways to minimize the burden of collections on respondents, including the use of automated collection techniques or other forms of information technology.

Comments to DMS or OIRA must contain the OMB Control Number of the ICRs addressed. Comments to DMS must contain the docket number of this request, [USCG 2006–23736]. For your comments to OIRA to be considered, it is best if OIRA receives them on or before the May 25, 2006.

*Public participation and request for comments:* We encourage you to respond to this request for comments by submitting comments and related materials. We will post all comments received, without change, to *http://dms.dot.gov*, and they will include any personal information you have provided. We have an agreement with DOT to use their Docket Management Facility. Please see the paragraph on DOT's ''Privacy Act Policy'' below.

*Submitting comments:* If you submit a comment, please include your name and address, identify the docket number for this request for comment [USCG–2006–23736], indicate the specific section of this document or the ICR to which each comment applies, and give the reason for each comment. You may submit your comments and material by electronic means, mail, fax, or delivery to the Docket Management Facility at the address under **ADDRESSES**, but please submit them by only one means. If you submit them by mail or delivery, submit them in an unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing. If you submit them by mail and would like to know that they reached the Facility, please enclose a stamped, self-addressed postcard or envelope.

The Coast Guard and OIRA will consider all comments and material received during the comment period. We may change the documents supporting this collection of information or even the underlying requirements in view of them.

*Viewing comments and documents:* To view comments, as well as documents mentioned in this notice as being available in the docket, go to *http://dms.dot.gov* at any time and conduct a simple search using the docket number. You may also visit the Docket Management Facility in room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

*Privacy Act:* Anyone can search the electronic form of all comments received in dockets by the name of the individual submitting the comment (or signing the comment, if submitted on

behalf of an association, business, labor union, etc.). You may review the Privacy Act Statement of DOT in the **Federal Register** published on April 11, 2000 (65 FR 19477), or you may visit *http://dms.dot.gov.*

**Previous Request for Comments**

This request provides a 30-day comment period required by OIRA. The Coast Guard has already published the 60-day notice (71 FR 6516, February 8, 2006) required by 44 U.S.C. 3506(c)(2). That notice elicited no comments.

**Information Collection Request**

1. *Title:* Plan Review and Records for Vital System Automation.
*OMB Control Number:* 1625–0047.
*Type of Request:* Extension of a currently approved collection.
*Affected Public:* Designers, manufacturers, and owners of vessels.
*Forms:* None.
*Abstract:* This collection pertains to the vital system automation on commercial vessels that is necessary to protect personnel and property on board U.S. flag vessels.
*Burden Estimate:* The estimated burden has increased from 57,375 hours to 65,400 hours a year.

2. *Title:* Marine Occupational Health and Safety Standards for Benzene—46 CFR part 197 subpart C.
*OMB Control Number:* 1625–0063.
*Type of Request:* Extension of a currently approved collection.
*Affected Public:* Owners and operators of vessels.
*Forms:* None.
*Abstract:* This information collection is vital to verifying compliance.
*Burden Estimate:* The estimated burden remains 59,766 hours a year.

3. *Title:* Vessel Identification System.
*Omb Control Number:* 1625–0070.
*Type of Request:* Extension of a currently approved collection.
*Affected Public:* Governments of States and Territories.
*Abstract:* The Coast Guard established a nationwide Vessel Identification System (VIS). VIS provides participating States and Territories with access to data on vessels numbered by States and Territories. Participation in VIS is voluntary.
*Burden Estimate:* The estimated burden has decreased from 6,045 hours to 5,829 hours a year.

4. *Title:* Audit Reports under the International Safety Management (ISM) Code.
*OMB Control Number:* 1625–0084.
*Type of Request:* Extension of a currently approved collection.
*Affected Public:* Owners and operators of vessels, and organizations authorized to issue ISM Code certificates for the U.S.
*Forms:* None.
*Abstract:* This information helps to determine whether U.S. vessels, subject to International Convention for the Safety of Life at Sea (SOLAS) 74, engaged in international trade, are in compliance with that treaty. Organizations recognized by the Coast Guard conduct ongoing audits of vessels' and companies' safety management systems.
*Burden Estimate:* The estimated burden has increased from 8,440 hours to 12,676 hours a year.

Dated: April 20, 2006.

**C.S. Johnson, Jr.,**

*Captain, U.S. Coast Guard, Acting Assistant Commandant for Command, Control, Communications, Computers and Information Technology.*

[FR Doc. E6–6204 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–15–P**

## DEPARTMENT OF HOMELAND SECURITY

### Coast Guard

**[USCG–2006–24525]**

### Collection of Information Under Review by Office of Management and Budget: OMB Control Number 1625–0087

**AGENCY:** Coast Guard, DHS.

**ACTION:** Request for comments.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, the U.S. Coast Guard intends to seek the approval of OMB for the reinstatement of one Information Collection Request (ICR). The ICR is 1625–0087, U.S. Coast Guard International Ice Patrol (IIP) Customer Survey. Before submitting the ICR to OMB, the Coast Guard is inviting comments on it as described below.

**DATES:** Comments must reach the Coast Guard on or before June 26, 2006.

**ADDRESSES:** To make sure that your comments and related material do not enter the docket [USCG–2006–24525] more than once, please submit them by only one of the following means:

(1)(a) By mail to the Docket Management Facility, U.S. Department of Transportation (DOT), room PL–401, 400 Seventh Street, SW., Washington, DC 20590–0001. (b) By mail to OIRA, 725 17th St., NW., Washington, DC 20503, to the attention of the Desk Officer for the Coast Guard.

(2)(a) By delivery to room PL–401 at the address given in paragraph (1)(a) above, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is (202) 366–9329. (b) By delivery to OIRA, at the address given in paragraph (1)(b) above, to the attention of the Desk Officer for the Coast Guard.

(3) By fax to (a) the Facility at (202) 493–2298 and (b) OIRA at (202) 395–6566, or e-mail to OIRA at *oira-docket@omb.eop.gov* attention: Desk Officer for the Coast Guard.

(4)(a) Electronically through the Web Site for the Docket Management System (DMS) at *http://dms.dot.gov*. (b) OIRA does not have a Web site on which you can post your comments.

The Docket Management Facility maintains the public docket for this notice. Comments and material received from the public, as well as documents mentioned in this notice as being available in the docket, will become part of this docket and will be available for inspection or copying at room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also find this docket on the Internet at *http://dms.dot.gov*.

Copies of the complete ICR are available through this docket on the Internet at *http://dms.dot.gov*, and also from Commandant (CG–611), U.S. Coast Guard Headquarters, (Attn: Ms. Barbara Davis), 2100 2nd Street, SW., Washington, DC 20593–0001. The telephone number is 202–475–3523.

**FOR FURTHER INFORMATION CONTACT:** Ms. Barbara Davis, Office of Information Management, telephone 202–475–3523, or fax 202–475–3929, for questions on this document; or telephone Ms. Renee V. Wright, Program Manager, Docket Operations, 202–493–0402, for questions on the docket.

**SUPPLEMENTARY INFORMATION:**

**Public Participation and Request for Comments**

We encourage you to respond to this request for comments by submitting comments and related materials. We will post all comments received, without change, to *http://dms.dot.gov*; they will include any personal information you have provided. We have an agreement with DOT to use the Docket Management Facility. Please see the paragraph on DOT's ''Privacy Act Policy'' below.

*Submitting comments:* If you submit a comment, please include your name and address, identify the docket number [USCG–2006–24525], indicate the specific section of the document to which each comment applies, and give the reason for each comment. You may

submit your comments and material by electronic means, mail, fax, or delivery to the Docket Management Facility at the address under **ADDRESSES**; but please submit them by only one means. If you submit them by mail or delivery, submit them in an unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing. If you submit them by mail and would like to know that they reached the Facility, please enclose a stamped, self-addressed postcard or envelope. We will consider all comments and material received during the comment period. We may change the documents supporting this collection of information or even the underlying requirements in view of them.

Viewing comments and documents: To view comments, as well as documents mentioned in this notice as being available in the docket, go to *http://dms.dot.gov* at any time and conduct a simple search using the docket number. You may also visit the Docket Management Facility in room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

*Privacy Act:* Anyone can search the electronic form of all comments received in dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review the Privacy Act Statement of DOT in the **Federal Register** published on April 11, 2000 (65 FR 19477), or you may visit *http://dms.dot.gov*.

**Information Collection Request**

*Title:* U.S. Coast Guard International Ice Patrol (IIP) Customer Survey.

*OMB Control Number:* 1625–0087.

*Summary:* The U.S. Coast Guard will use the information obtained from customers to measure satisfaction with current services and determine whether additional services are requested.

*Need:* The International Ice Patrol monitors the extent of the iceberg danger near the Grand Banks of Newfoundland and provides iceberg warnings to the maritime community by broadcasting the southeastern, southern, and southwestern limits of all known ice in two message bulletins and one radiofacsimile chart each day. Customer satisfaction surveys are required by Executive Order 12862 to evaluate services and customer satisfaction.

*Respondents:* Masters, crewmembers, scientists, government employees, or other persons using International Ice Patrol products.

*Frequency:* Annually.

*Burden Estimate:* The estimated burden has decreased from 125 hours to 120 hours a year.

Dated: April 20, 2006.

**C.S. Johnson, Jr.,**

*Captain, U.S. Coast Guard, Acting Assistant Commandant for Command, Control, Communications, Computers and Information Technology.*

[FR Doc. E6–6205 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–15–P**

## DEPARTMENT OF HOMELAND SECURITY

### Coast Guard

**[USCG–2006–24444]**

### Navigation Safety Advisory Council

**AGENCY:** Coast Guard, DHS.

**ACTION:** Notice of meetings.

**SUMMARY:** The Navigation Safety Advisory Council (NAVSAC) will meet as required to discuss various issues relating to the safety of navigation. The meeting will be open to the public.

**DATES:** NAVSAC will meet on Tuesday, May 9, 2006, from 8:30 a.m. to 4 p.m.; Wednesday, May 10, 2006, from 8:30 a.m. to 4 p.m.; and Thursday, May 11, 2006, from 8:30 a.m. to 1 p.m. The meetings may close early if all business is finished. Written material for and requests to make oral presentations at the meeting should reach the Coast Guard on or before April 28, 2006. Requests to have a copy of your material distributed to each member of the Committee or working groups prior to the meeting should reach the Coast Guard on or before April 28, 2006.

**ADDRESSES:** NAVSAC will meet in the Hyatt Regency Newport Beach Hotel, 1107 Jamboree Rd., Newport Beach, CA 92660. Send written material and requests to make oral presentations to Mr. John Bobb, Commandant (G–PWM–1), U.S. Coast Guard Headquarters, G–MW, Room 1406, 2100 Second Street, SW., Washington, DC 20593–0001. This notice and related documents are available on the Internet at *http://dms.dot.gov*.

**FOR FURTHER INFORMATION CONTACT:** Mr. John Bobb, Executive Secretary, telephone 202–267–2384, fax 202–267–4700, or e-mail at: *jbobb@comdt.uscg.mil*.

**SUPPLEMENTARY INFORMATION:** Notice of these meetings is given under the Federal Advisory Committee Act, 5 U.S.C. App. 2 (Pub. L. 92–463, 86 Stat. 770, as amended).

**Agenda of Committee Meeting**

The agenda includes the following items to be discussed:

(1) Standard Navigational Bridge Design.

(2) Transfer radar Plotting for renewal of RDR Endorsements.

(3) Offshore Energy Applications (Regulated Navigation Areas and Security Zones).

(4) Right Whale Proposed Regulation Update.

(5) Navigation Bridge Visibility Update.

(6) Report on Automatic Identification Systems.

(7) Report on developments in Electronic Navigation Systems.

**Procedural**

All meetings are open to the public. Please note that the meetings may close early if all business is finished. At the chair's discretion, members of the public may make oral presentations during the meetings. If you would like to make an oral presentation at the meeting, please notify the Executive Secretary no later than April 28, 2006. Written material for distribution at a meeting should reach the Coast Guard no later than April 28, 2006. If you would like a copy of your material distributed to each member of the Committee or Working Groups in advance of a meeting, please submit 20 copies to the Executive Secretary no later than April 28, 2006. You may also submit this material electronically to the e-mail address in **FOR FURTHER INFORMATION CONTACT**, no later than April 28, 2006.

**Information on Services for Individuals With Disabilities**

For information on facilities or services for individuals with disabilities or to request special assistance at the meetings, contact the Executive Secretary as soon as possible.

Dated: April 10, 2006.

**Dennis J. Holland,**

*Captain, U.S. Coast Guard, Acting Director of Waterways Management.*

[FR Doc. E6–6136 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–15–P**

## DEPARTMENT OF HOMELAND SECURITY

### Bureau of Customs and Border Protection

### Automated Commercial Environment (ACE): National Customs Automation Program Test Of Automated Truck Manifest for Truck Carrier Accounts; Deployment Schedule

**AGENCY:** Customs and Border Protection; Department of Homeland Security.

**ACTION:** General notice.

**SUMMARY:** The Bureau of Customs and Border Protection, in conjunction with the Department of Transportation, Federal Motor Carrier Safety Administration, is currently conducting a National Customs Automation Program (NCAP) test concerning the transmission of automated truck manifest data. This document announces the next groups, or clusters, of ports to be deployed for this test.

**DATES:** The cluster of ports identified individually in this notice, deploying in the states of Texas and New Mexico, were deployed as of March 1, 2006. The cluster encompassing Laredo, Texas, and its bridges, is expected to deploy no earlier than April 5, 2006. A third cluster of ports, all in the State of California and also identified individually in this notice, are expected to deploy no earlier than May 1, 2006. Comments concerning this notice and all aspects of the announced test may be submitted at any time during the test period.

**FOR FURTHER INFORMATION CONTACT:** Mr. James Swanson via e-mail at *james.d.swanson@dhs.gov.*

**SUPPLEMENTARY INFORMATION:**

#### Background

The National Customs Automation Program (NCAP) test concerning the transmission of automated truck manifest data for truck carrier accounts was announced in a General Notice published in the **Federal Register** (69 FR 55167) on September 13, 2004. That notice stated that the test of the Automated Truck Manifest would be conducted in a phased approach, with primary deployment scheduled for no earlier than November 29, 2004. The document identified the ports of Blaine, Washington, and Buffalo, New York, as the original deployment sites.

The September 13, 2004, notice stated that subsequent deployment of the test would occur at Champlain, New York; Detroit, Michigan; Laredo, Texas; Otay Mesa, California; and Port Huron, Michigan, on dates to be announced. The notice stated that the Bureau of Customs and Border Protection (CBP) would announce the implementation and sequencing of truck manifest functionality at these ports as they occur and further stated that additional participants and ports would be selected throughout the duration of the test. The test is to be expanded eventually to include ACE Truck Carrier Account participants at all land border ports, and subsequent releases of ACE will include all modes of transportation.

#### Implementation of the Test

The test commenced in Blaine, Washington in December 2004, but not at Buffalo, New York. In light of experience with the implementation of the test in Blaine, Washington, CBP decided to change the implementation schedule and published a General Notice in the **Federal Register** (70 FR 30964) on May 31, 2005, announcing the changes.

As noted in the May 31, 2005, General Notice, CBP is phasing in the deployment of the Automated Truck Manifest test in clusters. In some instances, one site in the cluster is identified as the ''model site'' or ''model port'' for the cluster. This deployment strategy allows for more efficient equipment set-up, site checkouts, port briefings and central training.

The ports identified belonging to the first cluster announced in the May 31, 2005, notice included the original port of implementation: Blaine, Washington. Sumas, Washington, was designated as the model port. The other ports of deployment in the cluster included the following: Point Roberts, WA; Oroville, WA (including sub ports); Boundary, WA; Danville, WA; Ferry, WA; Frontier, WA; Laurier, WA; Metaline Falls, WA; Nighthawk, WA; and Lynden, WA.

In a notice published in the **Federal Register** (70 FR 43892) on July 29, 2005, CBP announced that the test was being further deployed, in two clusters, at ports in the States of Arizona and North Dakota. CBP stated that the test would be deployed at the following ports in Arizona as of July 25, 2005: Douglas, AZ; Naco, AZ; Lukeville, AZ; Sasabe, AZ; and Nogales, AZ. Douglas, AZ was designated as the model port. The test was also to be deployed, according to information provided in the notice, at the following ports in North Dakota as of August 15, 2005: Pembina, ND; Neche, ND; Noyes, ND; Walhalla, ND; Maida, ND; Hannah, ND; Sarles, ND; and Hansboro, ND. Pembina, ND, was designated as the model port.

In a General Notice published in the **Federal Register** (70 FR 60096) on October 14, 2005, CBP announced that the test was to be further deployed in a cluster of ports, in the State of Michigan, no earlier than the dates indicated as follows (all in the year 2005): Windsor Tunnel, October 4; Barge Transport, October 5; Ambassador Bridge, October 7; Port Huron, October 14; Marine City, October 18; Algonac, October 18; and Sault St. Marie, October 28. No port in this cluster was designated as a ''model port.''

CBP next announced, in a General Notice published in the **Federal Register** (71 FR 3875) on January 24, 2006, two additional clusters of ports to be brought up for purposes of implementation of the test. These ports were all to be deployed no earlier than January 2006, in one cluster at Eagle Pass, Texas and Del Rio, Texas and in another cluster at the following ports: Brownsville, Texas; Pharr, Texas; Progresso, Texas; Rio Grande City, Texas; and Roma, Texas. No ports in these clusters were designated as ''model ports.''

#### New Clusters

Through this notice, CBP announces the next clusters of ports. The test was deployed as of March 1, 2006 at the following ports in the States of Texas and New Mexico: El Paso, Texas; Presidio, Texas; Columbus, New Mexico; and Santa Teresa, New Mexico. A cluster encompassing Laredo, Texas, and its bridges, is expected to deploy no earlier than April 5, 2006. The cluster of ports in the State of California at which the test is expected to deploy no earlier than May 1, 2006, will consist of: Otay Mesa, California; Calexico, California; Andrade, California; Tecate, California; and San Luis, California. No port in any of the three new clusters has been designated as a ''model port.''

#### Previous NCAP Notices Not Concerning Deployment Schedules

On Monday, March 21, 2005, a General Notice was published in the **Federal Register** (70 FR 13514) announcing a modification to the NCAP test to clarify that all relevant data elements are required to be submitted in the automated truck manifest submission. That notice did not announce any change to the deployment schedule and is not affected by publication of this notice. All requirements and aspects of the test, as set forth in the September 13, 2004 notice, as modified by the March 21, 2005 notice, continue to be applicable.

Dated: April 20, 2006.

**Jayson P. Ahern,**

*Assistant Commissioner, Office of Field Operations.*

[FR Doc. E6–6188 Filed 4–24–06; 8:45 am]

**BILLING CODE 9111–14–P**

## DEPARTMENT OF THE INTERIOR

### Fish and Wildlife Service

### Draft Recovery Plan for Two Plants From Rota (*Nesogenes rotensis* and *Osmoxylon mariannense*)

**AGENCY:** U.S. Fish and Wildlife Service, Interior.

**ACTION:** Notice of document availability for review and comment.

**SUMMARY:** We, the U.S. Fish and Wildlife Service, announce the availability of the Draft Recovery Plan for Two Plants from Rota (*Nesogenes rotensis* and *Osmoxylon mariannense*) (no common names) for public review and comment.

**DATES:** Comments on the draft recovery plan must be received on or before June 26, 2006.

**ADDRESSES:** Copies of the draft recovery plan are available by request from the U.S. Fish and Wildlife Service, Pacific Islands Fish and Wildlife Office, 300 Ala Moana Boulevard, Room 3–122, Box 50088, Honolulu, Hawaii 96850 (telephone: 808–792–9400). An electronic copy of the draft recovery plan is also available at: *http://endangered.fws.gov/recovery/index.html#plans.*

**FOR FURTHER INFORMATION CONTACT:** The Field Supervisor, at the above Pacific Islands Fish and Wildlife Office.

**SUPPLEMENTARY INFORMATION:**

#### Background

Restoring endangered or threatened animals and plants to the point where they are again secure, self-sustaining members of their ecosystems is a primary goal of our endangered species program. The Endangered Species Act (16 U.S.C. 1531 *et seq.*) (ESA) requires the development of recovery plans for listed species unless such a plan would not promote the conservation of a particular species. Recovery plans help guide the recovery effort by describing actions considered necessary for the conservation of the species, establishing criteria for downlisting or delisting listed species, and estimating time and cost for implementing the measures needed for recovery.

Section 4(f) of the ESA requires that public notice, and an opportunity for public review and comment, be provided during recovery plan development. We will consider all information presented during the public comment period prior to approval of each new or revised recovery plan. Substantive comments on the recovery needs of the species or other aspects of recovery plan development may result in changes to the recovery plan. Substantive comments regarding recovery plan implementation may not necessarily result in changes to the recovery plan, but will be forwarded to appropriate Federal or other entities so that they can take these comments into account during the course of implementing recovery actions. Individual responses to comments will not be provided.

*Nesogenes rotensis* and *Osmoxylon mariannense* are found only on the island of Rota in the Commonwealth of the Northern Mariana Islands (CNMI). Both species were federally listed as endangered in 2004 (69 FR 18499), and *O. mariannense* is also protected by the government of the Commonwealth of the Northern Mariana Islands (CNMI). Currently, there are 2 known populations of *N. rotensis* consisting of 15 to 20 plants each. There are 10 known individuals of *O. mariannense* scattered through the Sabana (the cloudswept plateau that dominates the western half of Rota), including 2 individuals outplanted from past controlled propagation efforts.

*Nesogenes rotensis* is found on exposed, raised limestone flats in non-forested strand habitat. *Osmoxylon mariannense* is found in limestone forests on the Sabana, a raised plateau unique in the Mariana archipelago, that are often shrouded in clouds and mist.

Human activities are believed to be the primary factors leading to the small population sizes and limited distribution of *Nesogenes rotensis* and *Osmoxylon mariannense*, and include: agriculture, ranching, non-native plant and animal introductions, resort and beach park development in the coastal habitat of *N. rotensis*, and road construction and maintenance in the Sabana habitat of *O. mariannense.* In the last decade, several major typhoons have made landfall on Rota, severely impacting individuals of both species. Another factor that may affect the recovery of these two species is their vulnerability to extinction from reduced reproductive vigor due to their small population sizes.

The objective of this recovery plan is to restore and maintain multiple naturally reproducing populations of *Nesogenes rotensis* and *Osmoxylon mariannense* on the island of Rota. The draft recovery plan for these two plants focuses on the following actions: (1) Coordinating and monitoring recovery efforts; (2) addressing factors affecting viability of the wild populations; (3) monitoring *N. rotensis* and *O. mariannense* populations, establishing new populations, and augmenting existing populations; and (4) providing educational informational opportunities to build public support for conservation.

#### Public Comments Solicited

We solicit written comments on the draft recovery plan described. All comments received by the date specified above will be considered in the finalization of this plan.

#### Authority

The authority for this action is section 4(f) of the Endangered Species Act, 16 U.S.C. 1533 (f).

Dated: February 17, 2006.

**David J. Wesley,**

*Acting Regional Director, Region 1, U.S. Fish and Wildlife Service.*

[FR Doc. E6–6143 Filed 4–24–06; 8:45 am]

**BILLING CODE 4310–55–P**

## DEPARTMENT OF THE INTERIOR

### U.S. Geological Survey

### National Earthquake Prediction Evaluation Council

**AGENCY:** U.S. Geological Survey, Interior.

**ACTION:** Notice of meeting.

**SUMMARY:** Pursuant to Public Law 96–472, the National Earthquake Prediction Evaluation Council (NEPEC) will hold a meeting. The meeting location is the U.S. Geological Survey, Building 3, Conference Room C, 345 Middlefield Rd., Menlo Park, CA 94025. The Committee is comprised of members from academia and the Federal government. The Committee shall advise the Director of the U.S. Geological Survey (USGS) on proposed earthquake predictions, on the completeness and scientific validity of the available data related to earthquake predictions, and on related matters as assigned by the Director.

The Committee, which was recently reconstituted following a period of dormancy, will review past findings rendered by the NEPEC and by the California Earthquake Prediction Evaluation Council. They will also discuss recent trends in earthquake research that bear on the predictability of earthquake occurrence.

Meetings of the National Earthquake Prediction Evaluation Council are open to the public.

**DATES:** May 4, 2006, commencing at 1 p.m. and adjourning at 4 p.m. on May 5, 2006.

*Contact:* Dr. Michael Blanpied, U.S. Geological Survey, MS 905, 12201 Sunrise Valley Drive, Reston, Virginia 20192, (703) 648–6696, *mblanpied@usgs.gov.*

Dated: April 17, 2006.

**Peter T. Lyttle,**

*Acting Associate Director for Geology.*

[FR Doc. 06–3870 Filed 4–24–06; 8:45 am]

**BILLING CODE 4311–AM–M**

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

**[UT–920–1320–EL, UTU–81893]**

### Notice of Availability of the Environmental Assessments, Determination of NEPA Adequacy, and Public Hearing for Coal Lease Application UTU–81893, Utah

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice of Availability of the Kenilworth Tract Coal Lease By Application UTU–81893 and Federal Coal Notice of Public Hearing, and Request for Environmental Assessment, Determination of NEPA Adequacy, Maximum Economic Recovery and Fair Market Value Comments.

**SUMMARY:** Pursuant to 43 Code of Federal Regulation (CFR) 3425.4, the Bureau of Land Management (BLM) Utah State Office, held a public meeting on March 30, 2006 on the environmental assessment and Documentation of NEPA Adequacy (DNA), the proposed sale and requests public comment on the fair market value of the certain coal resources it proposes to offer for competitive lease sale. The EA/DNA analyzes and discloses direct, indirect, and cumulative environmental impacts of issuing a Federal coal lease competitively for 1,760.00 acres in Carbon County, Utah. The purpose of the public hearing was to solicit comments from the public on (1) the proposal to issue a Federal coal lease; (2) the proposed competitive lease sale; (3) the Fair Market Value (FMV) of the Federal coal; and (4) Maximum Economic Recovery (MER) of the Federal coal included in the tract.

**SUPPLEMENTARY INFORMATION:** On October 24, 2004 Andelex Resources, Inc. applied for a Federal coal lease. The Federal tract was assigned case number UTU–81893. The lands included in the delineated Federal coal lease tract (''Kenilworth'') are located approximately eight miles northeast of Helper, Utah on private lands with federally administered minerals and are described as follows:

T. 12 S., R. 10 E., SLM, Carbon County, Utah
sec. 26, N½SW¼, SE¼SW¼, SE¼;
sec. 27, S½;
sec. 34, S½NE¼, NW¼NE¼, NW¼, S½.
sec. 35, NE¼, S½NW¼, S½;

Containing approximately 1,760.00 acres in Carbon County, Utah.

The Kenilworth coal tract has one or more minable coal beds. The minable portions of the Castlegate A coal bed in this area are around six to twelve feet in thickness. The Castlegate A bed contains more than 16.3 million tons of recoverable high-volatile A bituminous coal. The Kenilworth coal bed may be recoverable but further analysis will be required though. The coal quality in the Castlegate A coal bed on an ''as received basis'' is as follows: 13,060 Btu/lb., 2.92 percent moisture, 7.61 percent ash, 41.82 percent volatile matter, 47.83 percent fixed carbon and 0.41 percent sulfur.

BLM requests public comment on the fair market value and environmental effects of this tract. The BLM signed a Decision Notice/ Finding of No Significant Impact dated February 10, 2006 that discusses the environmental effects of mining this tract. The Notice of Decision was posted in the Price Field Office and the Utah State Office on February 10, 2006. Comments should address, but not necessarily be limited to the following information.

1. The quality of the coal resource;

2. The mining methods or methods which would achieve maximum economic recovery of the coal, including specifications of seams to be mined and the most desirable timing and rate of production;

3. Whether this tract is likely to be mined as part of an existing mine and therefore should be evaluated on a realistic incremental basis, in relation to the existing mine to which it has the greatest value;

4. Whether the tract should be evaluated as part of a potential larger mining unit and revaluated as a portion of a new potential mine (i.e., a tract which does not in itself form a logical mining unit);

5. Restrictions to mining that may affect coal recovery;

6. The price that the mined coal would bring when sold;

7. Costs, including mining and reclamation, of producing the coal and the time of production;

8. The percentage rate at which anticipated income streams should be discounted, either with inflation or in the absence of inflation, in which case the anticipated rate of inflation should be given;

9. Depreciation, depletion, amortization and other tax accounting factors;

10. The value of any surface estate where held privately;

11. Documented information on the terms and conditions of recent and similar coal land transactions in the lease sale area;

12. Any comparable sales data of similar coal lands; and coal quantities and the FMV of the coal developed by BLM may or may not change as a result of comments received from the public and changes in the market conditions between now and when final economic evaluations are completed.

**DATES:** The public hearing was held at 7 p.m. on Thursday March 30, 2006 in the Price Field Office, 125 South 600 West, Price, Utah 84501 where copies of the EA/DNA are available for inspection or copies provided upon request. If the public wishes to have an additional meeting on the subject, please submit a request in writing to the Utah State Director, Bureau of Land Management, Utah State Office, Division of Lands and Minerals, P.O. Box 45155, Salt Lake City, Utah 84145.

**FOR FURTHER INFORMATION CONTACT:** Mr. Steve Rigby, Mining Engineer at the Price Field Office address above or by telephone at 435–636–3604. Written comments on the Fair Market Value and Maximum Economic Recovery should be addressed to James F. Kohler, and must be received by June 1, 2006 , Bureau of Land Management, Utah State Office, Division of Lands and Minerals, P.O. Box 45155, Salt Lake City, Utah 84145. As provided in 43 CFR 3422.1(a), proprietary data marked as confidential may be submitted to the Bureau of Land Management in response to this solicitation of public comments. Data so marked shall be treated in accordance with the laws and regulations governing confidentiality of such information. A copy of the comments submitted by the public on FMV and MER, except those portions identified as proprietary by the author and meeting exemptions stated in the Freedom of Information Act (FOIA), will be available for public inspection at the BLM, Utah State Office during the regular business hours (7:45 a.m.–4:30 p.m.) Monday through Friday. If you wish to withhold your name or

address from public review or from disclosure under the FOIA you must state this prominently at the beginning of your written comments. Such requests will be honored to the extent allowed by the FOIA. All submissions from organizations, businesses and individuals identifying themselves as representatives or officials of organizations or businesses will be available for public inspection in its entirety. Substantive comments, whether written or oral, will receive equal consideration prior to any lease offering. A copy of the EA/DNA, the case file, and the comments submitted by the public, except those portions identified as proprietary by the commenter and meeting exemptions stated in the FOIA, will be available for public inspection after at the Utah State Office, 440 West 200 South, Suite 500, Salt Lake City, Utah 84145.

Dated: April 4, 2006.

**James F. Kohler,**

*Acting Deputy State Director, Lands and Minerals.*

[FR Doc. E6–6180 Filed 4–24–06; 8:45 am]

**BILLING CODE 4310–DK–P**

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

### Notice of Public Meeting: Resource Advisory Council to the Boise District, Bureau of Land Management, U.S. Department of the Interior

**AGENCY:** Bureau of Land Management, U.S. Department of the Interior.

**ACTION:** Notice of public meeting.

**SUMMARY:** In accordance with the Federal Land Policy and Management Act (FLPMA) and the Federal Advisory Committee Act of 1972 (FACA), the U.S. Department of the Interior, Bureau of Land Management (BLM) Boise District Resource Advisory Council (RAC), will meet as indicated below.

**DATES:** The meeting will be held May 16, 2006, beginning at 9 a.m. and adjourning at 4 p.m. at the American Legion-Community Center, Phipps Watson Hall, Marsing, ID. Public comment periods will be held after topics on the agenda.

**FOR FURTHER INFORMATION CONTACT:** MJ Byrne, Public Affairs Officer and RAC Coordinator, BLM Boise District, 3948 Development Ave., Boise, ID 83705, Telephone (208) 384–3393.

**SUPPLEMENTARY INFORMATION:** The 15-member Council advises the Secretary of the Interior, through the BLM, on a variety of planning and management issues associated with public land management in southwestern Idaho. Meeting topics will include the following:

- Review of Action Items from previous RAC meeting;
- Hot Topics;
- Updates on current issues and planned activities in the three Field Offices and the District;
- Subcommittee Reports:
  - Rangeland Standards and Guidelines;
  - OHV & Transportation Management;
  - Sage Grouse Habitat Management;
  - Resource Management Plans, and;
  - Fire and Fuels Management.

Agenda items and location may change due to changing circumstances, including wildfire emergencies. All meetings are open to the public. The public may present written comments to the Council. Each formal Council meeting will also have time allocated for hearing public comments. Depending on the number of persons wishing to comment and time available, the time for individual oral comments may be limited. Individuals who plan to attend and need special assistance, such as sign language interpretation, tour transportation or other reasonable accommodations, should contact the BLM Coordinator as provided above. Expedited publication is requested to give the public adequate notice.

Dated: April 19, 2006.

**Jerry L. Taylor,**

*District Manager.*

[FR Doc. 06–3892 Filed 4–24–06; 8:45 am]

**BILLING CODE 4310–32–P**

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

**[OR–100–5882–PH; GP2–0195]**

### Meeting Notices for the Roseburg District Bureau of Land Management (BLM) Resource Advisory Committee Under Section 205 of the Secure Rural Schools and Community Self Determination Act of 2000 (Pub. L. 106–393).

**AGENCY:** Bureau of Land Management, Interior.

**SUMMARY:** This notice is published in accordance with Section 10(a)(2) of the Federal Advisory Committee Act. Meeting notice is hereby given for the Roseburg District BLM Resource Advisory Committee pursuant to Section 205 of the Secure Rural Schools and Community Self Determination Act of 2000, Public Law 106–393 (the Act). The committee will convene three times to review, discuss, and recommend funding for project proposals submitted under Title II of the Act. The first meeting will consist of a field trip to past and proposed project locations. At the second meeting, applicants will have an opportunity to make brief presentations regarding their projects. At the third meeting the committee will discuss projects and make funding recommendations. A fourth meeting is scheduled as a contingency, in case the Committee is not able to complete all its work at the previous meetings. At all meetings, a period will be set aside for public comments.

**DATES:** The Roseburg Resource Advisory Committee will meet at the BLM Roseburg District Office, 777 NW., Garden Valley Boulevard, Roseburg, Oregon 97470, on the following dates and times:

April 24, 2006, 8 a.m. to 4 p.m.

May 8, 2006, 9 a.m. to 4 p.m.

May 22, 2006, 9 a.m. to 4 p.m.

June 8, 2006, 9 a.m. to 4 p.m.

**SUPPLEMENTARY INFORMATION:** Pursuant to the Act, five Resource Advisory Committees have been formed for western Oregon BLM districts that contain Oregon & California (O&C) Grand Lands and Coos Bay Wagon Road lands. The Act establishes a 6-year payment schedule to local counties in lieu of funds derived from the harvest of timber on Federal lands, which have dropped dramatically over the past 10 years.

The Act creates a new mechanism for local community collaboration with Federal land management activities in the selection of projects to be conducted on Federal lands or that will benefit resources on Federal lands using funds under Title II of the Act. The Roseburg District BLM Resource Advisory Committee consists of 15 local citizens (plus 6 alternates) representing a wide array of interests.

**FOR FURTHER INFORMATION CONTACT:** Additional information concerning the Roseburg District BLM Resource Advisory Committee may be obtained from Jake Winn, Roseburg District Office, 777 Garden Valley Blvd, Roseburg, Oregon 97470, or *jake_winn@or.blm.gov*, or on the Web at *http://www.or.blm.gov.*

Dated: April 7, 2006.

**Jay Carlson,**

*Roseburg District Manager.*

[FR Doc. E6–6139 Filed 4–24–06; 8:45 am]

**BILLING CODE 4310–33–P**

## DEPARTMENT OF THE INTERIOR

### National Park Service

### General Management Plan, Draft Environmental Impact Statement, Great Sand Dunes National Park and Preserve, CO

**AGENCY:** National Park Service, Department of the Interior.

**ACTION:** Notice of Availability of the Draft Environmental Impact Statement for the General Management Plan and Wilderness Study, Great Sand Dunes National Park and Preserve.

**SUMMARY:** Pursuant to the National Environmental Policy Act of 1969, 42 U.S.C. 4332(2)(C), the National Park Service announces the availability of a Draft Environmental Impact Statement for the General Management Plan and Wilderness Study for Great Sand Dunes National Park and Preserve, Colorado.

**DATES:** The National Park Service will accept comments on the Draft Environmental Impact Statement from the public through June 26, 2006. Public meetings will be scheduled during the comment period, including hearings on the wilderness study, and dates and times will be posted in a newsletter, on the planning Web site, and by contacting the park.

**ADDRESSES:** Information will be available for public review and comment online at *http://parkplanning.nps.gov,* in the office of the Superintendent, Steve Chaney, Great Sand Dunes National Monument and Preserve, 11500 Hwy. 150, Mosca, CO 81146–9798; Tel: (719) 378–6300; and at the following locations: Southern Peaks Public Library, 423 4th Street, Alamosa, Colorado; West Custer County Library, 209 Main Street, Westcliffe, Colorado; Crestone/Baca Library, Crestone, Colorado; Great Sand Dunes National Park and Preserve Visitor Center.

**FOR FURTHER INFORMATION CONTACT:** Superintendent Steve Chaney, Great Sand Dunes National Monument and Preserve, 11500 Hwy. 150, Mosca, CO 81146–9798; Tel: (719) 378–6300; FAX: (719) 378–6311; e-mail: *steve_chaney@nps.gov.*

**SUPPLEMENTARY INFORMATION:** If you wish to comment, you may submit your comments by any one of several methods. You may mail comments to Suzy Stutzman, National Park Service, Intermountain Region, P.O. Box 25287, Denver, CO 80225. You may also comment via the Internet at *http://parkplanning.nps.gov.* If you do not receive a confirmation from the system that we have received your Internet message, contact us directly at Suzy Stutzman, (303) 987–6671. Finally, you may hand-deliver comments to National Park Service, Intermountain Region, Room 186, Lakewood, CO. It is the practice of the NPS to make all comments, including names and addresses of respondents who provide that information, available for public review following the conclusion of the [NEPA] process. Individuals may request that the NPS withhold their name and/or address from public disclosure. If you wish to do this, you must state this prominently at the beginning of your comment. Commentators using the Web site can make such a request by checking the box ''keep my contact information private.'' NPS will honor such requests to the extent allowable by law, but you should be aware that NPS may still be required to disclose your name and address pursuant to the Freedom of Information Act.

Dated: March 15, 2006.

**William E. Wellman,**

*Acting Director, Intermountain Region, National Park Service.*

[FR Doc. E6–6152 Filed 4–24–06; 8:45 am]

**BILLING CODE 4312–CL–P**

## DEPARTMENT OF THE INTERIOR

### National Park Service

### Notice of Intent to Expand the Scope of the General Management Plan/ Environmental Impact Statement for the Addition at Big Cypress National Preserve, FL

**SUMMARY:** The National Park Service (NPS) is expanding the scope of the General Management Plan (GMP)/ Environmental Impact Statement (EIS) being prepared for the Addition lands. As part of this planning effort, the NPS will include a wilderness study to determine if any portions of the Addition Lands of Big Cypress National Preserve (Preserve) should be recommended for inclusion in the National Wilderness Preservation System as defined in the Wilderness Act of 1964. The NPS also will prepare an Off-Road Vehicle Management Plan that will address in more detail the management of off-road vehicles in the Addition Lands. These new elements will be included as part of the GMP/EIS currently in preparation. A Notice of Intent to prepare an EIS with that GMP was published in the **Federal Register** of June 12, 2001. That EIS now will be expanded to include an evaluation of the impacts associated with possible designation of wilderness and off-road vehicle management within the Addition Lands of the Preserve. This notice is being furnished as required by National Environmental Policy Act (NEPA) regulation 40 CFR 1501.7.

To facilitate sound planning and analysis of environmental impact, the NPS is gathering information necessary for the preparation of the GMP, the Wilderness Study, Off-Road Vehicle Management Plan and the associated EIS and is obtaining suggestions and information from other agencies and the public on the scope of issues to be addressed. Comments and participation in this scoping process are invited.

**DATES:** Open house meeting places and times will be announced by press release to the *Naples Daily News* and the *Miami Herald* and on the park Web site at: *www.nps.gov.gov/bicy.*

**ADDRESSES:** Persons wishing to comment may do so by any one of several methods. They may attend open houses noted above. They may mail comments to Big Cypress Planning Team, National Park Service, Denver Service Center, P.O. Box 25287, Denver, Colorado 80225. They also may comment via the internet at *http://parkplanning.nps.gov* or e-mail to *BICY_GMP_Planning@ nps.gov.* Finally, they may hand-deliver comments to the Big Cypress National Preserve headquarters in Ochopee, Florida.

It is the practice of the NPS to make all comments, including names and addresses of respondents who provide that information, available for public review following the conclusion of the [NEPA] process. Individuals may request that the NPS withhold their name and/or address from public disclosure. If you wish to do this, you must state this prominently at the beginning of your comment. Commentators using the website can make such a request by checking the box ''keep my contact information private.'' NPS will honor such requests to the extent allowable by law, but you should be aware that NPS may still be required to disclose your name and address pursuant to the Freedom of Information Act.

**FOR FURTHER INFORMATION CONTACT:** Superintendent, Big Cypress National Preserve, 33100 Tamiami Trail East, Ochopee, Florida, 34141–1000, telephone: 239–695–1103.

**SUPPLEMENTARY INFORMATION:** Persons who previously submitted comments on the scope of the EIS as it relates to the GMP need not resubmit those comments. The NPS already is considering that input as planning continues. However, persons who have not previously submitted comments on

the scope of the EIS, or who wish to submit additional comments related to the scope of the EIS in consideration of the Wilderness Study and Off-Road Vehicle Management plan are encouraged to do so. The environmental review of the GMP, Wilderness Study, Off-Road Vehicle Management Plan, and EIS for the Addition Lands of the Preserve will be conducted in accordance with requirements of the NEPA (42 U.S.C. 4371 *et seq.*), NEPA regulations (40 CFR 1500 through 1508), other appropriate Federal regulations, and NPS procedures and policies for compliance with those regulations.

**Authority:** The authority for publishing this notice is 40 CFR 1506.6.

The responsible official for this draft GMP/EIS is the Regional Director for the Southeast Region, Patricia A. Hooks.

Dated: March 16, 2006.

**Patricia A. Hooks,**

*Regional Director, Southeast Region.*

[FR Doc. E6–6151 Filed 4–24–06; 8:45 am]

**BILLING CODE 4310–V6–P**

## DEPARTMENT OF THE INTERIOR

### National Park Service

### Announcement of a National Park Subsistence Resource Commission (SRC) Meeting for Gates of the Arctic National Park

**AGENCY:** National Park Service, Interior.

**SUMMARY:** The National Park Service (NPS) announces a SRC meeting within the Alaska Region for Gates of the Arctic National Park. The purpose of the meeting is to develop and continue work on subsistence hunting program recommendations and other related subsistence management issues. This meeting is open to the public and will have time allocated for public testimony. The public is welcomed to present written or oral comments to the SRC.

The NPS SRC program is authorized under Title VIII, Section 808, of the Alaska National Interest Lands Conservation Act, Pub. L. 96–487, to operate in accordance with the provisions of the Federal Advisory Committee Act. Meeting minutes will be available for public inspection approximately six weeks after the meeting.

**DATES:** The meeting will be held from 9 a.m. to 5 p.m. on Wednesday, April 26, 2006, and 9 a.m. to 5 p.m. on Thursday, April 27, 2006.

*Location:* The meeting will be held at the Coldfoot Camp Motel in Coldfoot, Alaska, telephone: (907) 474–3500.

**FOR FURTHER INFORMATION CONTACT:** Dave Mills, Superintendent and Fred Andersen, Subsistence Coordinator, Gates of the Arctic National Park and Preserve, 201 First Avenue Fairbanks, AK 99701, telephone: (907) 457–5752.

**SUPPLEMENTARY INFORMATION:** SRC meeting location and dates may need to be changed based on weather or local circumstances. Notice of SRC meetings will be published in local newspapers and announced on local radio stations prior to the meeting dates. The agendas for each meeting include the following:

1. Call to order (SRC Chair).
2. SRC Roll Call and Confirmation of Quorum.
3. SRC Chair and Superintendent's Welcome and Introductions.
4. Review and Approve Agenda.
5. Review and adopt minutes from last meeting.
6. Status of SRC Membership.
7. Commission Member Reports.
8. Superintendent and NPS Staff Reports.
9. Federal Subsistence Board Update.
10. New Business.
11. Agency and Public Comments.
12. SRC Work Session. Prepare correspondence and hunting program recommendations.
13. Set time and place of next SRC meeting.
14. Adjournment.

**Victor Knox,**

*Acting Regional Director.*

[FR Doc. E6–6157 Filed 4–24–06; 8:45 am]

**BILLING CODE 4312–HK–P**

## DEPARTMENT OF THE INTERIOR

### Bureau of Reclamation

### Meeting of the Yakima River Basin Conservation Advisory Group, Yakima River Basin Water Enhancement Project, Yakima, WA

**AGENCY:** Bureau of Reclamation, Interior.

**ACTION:** Notice of meeting.

**SUMMARY:** As required by the Federal Advisory Committee Act, notice is hereby given that the Yakima River Basin Conservation Advisory Group, Yakima River Basin Water Enhancement Project, Yakima, Washington, established by the Secretary of the Interior, will hold a public meeting. The purpose of the Conservation Advisory Group is to provide technical advice and counsel to the Secretary of the Interior and Washington State on the structure, implementation, and oversight of the Yakima River Basin Water Conservation Program.

**DATES:** Thursday, May 18, 2006, 9 a.m.–4 p.m.

**ADDRESSES:** Bureau of Reclamation Office, 1917 March Road, Yakima, Washington.

**FOR FURTHER INFORMATION CONTACT:** Mr. James Esget, Manager, Yakima River Basin Water Enhancement Project, 1917 Marsh Road, Yakima, Washington 98901; 509–575–5848, extension 267.

**SUPPLEMENTARY INFORMATION:** The purpose of the meeting will be to review the staff reports requested at the last meeting and provide program oversite. This meeting is open to the public.

Dated: March 24, 2006.

**James A. Esget,**

*Program Manager.*

[FR Doc. 06–3894 Filed 4–24–06; 8:45 am]

**BILLING CODE 4310–MN–M**

## INTERNATIONAL TRADE COMMISSION

**[Investigation Nos. 731–TA–624 and 625 (Second Review)]**

### Helical Spring Lock Washers From China and Taiwan

**AGENCY:** United States International Trade Commission.

**ACTION:** Scheduling of expedited five-year reviews concerning the antidumping duty orders on helical spring lock washers from China and Taiwan.

**SUMMARY:** The Commission hereby gives notice of the scheduling of expedited reviews pursuant to section 751(c)(3) of the Tariff Act of 1930 (19 U.S.C. 1675(c)(3)) (the Act) to determine whether revocation of the antidumping duty orders on helical spring lock washers from China and Taiwan would be likely to lead to continuation or recurrence of material injury within a reasonably foreseeable time. For further information concerning the conduct of these reviews and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207).

**EFFECTIVE DATE:** April 10, 2006.

**FOR FURTHER INFORMATION CONTACT:** Dana Lofgren (202–205–3185), Office of Investigations, U.S. International Trade Commission, 500 E Street, SW., Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special

assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its Internet server (*http://www.usitc.gov*). The public record for these reviews may be viewed on the Commission's electronic docket (EDIS) at *http://edis.usitc.gov.*

**SUPPLEMENTARY INFORMATION:**

*Background.* On April 10, 2006, the Commission determined that the domestic interested party group response to its notice of institution, 71 FR 133 (January 3, 2006), of the subject five-year reviews was adequate and that the respondent interested party group responses were inadequate. The Commission did not find any other circumstances that would warrant conducting full reviews.[1] Accordingly, the Commission determined that it would conduct expedited reviews pursuant to section 751(c)(3) of the Act.

*Staff report.* A staff report containing information concerning the subject matter of the reviews will be placed in the nonpublic record on May 11, 2006, and made available to persons on the Administrative Protective Order service list for these reviews. A public version will be issued thereafter, pursuant to section 207.62(d)(4) of the Commission's rules.

*Written submissions.* As provided in section 207.62(d) of the Commission's rules, interested parties that are parties to these reviews and that have provided individually adequate responses to the notice of institution,[2] and any party other than an interested party to the reviews may file written comments with the Secretary on what determinations the Commission should reach in the reviews. Comments are due on or before May 18, 2006 and may not contain new factual information. Any person that is neither a party to the five-year reviews nor an interested party may submit a brief written statement (which shall not contain any new factual information) pertinent to the reviews by May 18, 2006. However, should the Department of Commerce extend the time limit for its completion of the final results of its review, the deadline for comments (which may not contain new factual information) on Commerce's final results is three business days after the issuance of Commerce's results. If comments contain business proprietary information (BPI), they must conform with the requirements of sections 201.6, 207.3, and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means, except to the extent permitted by section 201.8 of the Commission's rules, as amended, 67 FR 68036 (November 8, 2002). Even where electronic filing of a document is permitted, certain documents must also be filed in paper form, as specified in II(C) of the Commission's Handbook on Electronic Filing Procedures, 67 FR 68168, 68173 (November 8, 2002).

In accordance with sections 201.16(c) and 207.3 of the rules, each document filed by a party to the reviews must be served on all other parties to the reviews (as identified by either the public or BPI service list), and a certificate of service must be timely filed. The Secretary will not accept a document for filing without a certificate of service.

*Determination.* The Commission has determined to exercise its authority to extend the review period by up to 90 days pursuant to 19 U.S.C. 1675(c)(5)(B).

**Authority:** These reviews are being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.62 of the Commission's rules.

Issued: April 19, 2006.

By order of the Commission.

**Marilyn R. Abbott,**

*Secretary to the Commission.*

[FR Doc. E6–6201 Filed 4–24–06; 8:45 am]

**BILLING CODE 7020–02–P**

[1] A record of the Commissioners' votes, the Commission's statement on adequacy, and any individual Commissioner's statements will be available from the Office of the Secretary and at the Commission's Web site.

[2] The Commission has found the response submitted by Shakeproof Assembly Components Division of Illinois Tool Works Inc. to be individually adequate. Comments from other interested parties will not be accepted (see 19 CFR 207.62(d)(2)).

## INTERNATIONAL TRADE COMMISSION

**[Investigation Nos. 731–TA–471 and 472 (Second Review)]**

### Silicon Metal from Brazil and China

**AGENCY:** International Trade Commission.

**ACTION:** Notice of Commission determinations to conduct full five-year reviews concerning the antidumping duty orders on silicon metal from Brazil and China.

**SUMMARY:** The Commission hereby gives notice that it will proceed with full reviews pursuant to section 751(c)(5) of the Tariff Act of 1930 (19 U.S.C. 1675(c)(5)) to determine whether revocation of the antidumping duty orders on silicon metal from Brazil and China would be likely to lead to continuation or recurrence of material injury within a reasonably foreseeable time. A schedule for the reviews will be established and announced at a later date. For further information concerning the conduct of these reviews and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207).

**DATES:** *Effective Date:* April 10, 2006.

**FOR FURTHER INFORMATION CONTACT:** Mary Messer (202–205–3193), Office of Investigations, U.S. International Trade Commission, 500 E Street, SW., Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its Internet server (*http://www.usitc.gov*). The public record for these reviews may be viewed on the Commission's electronic docket (EDIS) at *http://edis.usitc.gov.*

**SUPPLEMENTARY INFORMATION:** On April 10, 2006, the Commission determined that it should proceed to full reviews in the subject five-year reviews pursuant to section 751(c)(5) of the Act.[1] The Commission found that the domestic interested party group response to its notice of institution (71 FR 138, January 3, 2006) was adequate and that the respondent interested party group response with respect to Brazil was adequate. The Commission determined to conduct a full review with respect to silicon metal from Brazil. The Commission found that the respondent interested party group response with respect to China was inadequate. However, the Commission determined to conduct a full review concerning silicon metal from China to promote administrative efficiency in light of its decision to conduct a full review with respect to silicon metal from Brazil. A record of the Commissioners' votes, the Commission's statement on adequacy, and any individual Commissioner's statements will be available from the Office of the Secretary and at the Commission's Web site.

[1] Vice Chairman Deanna Tanner Okun did not participate.

**Authority:** These reviews are being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.62 of the Commission's rules.

By order of the Commission.

Issued: April 20, 2006.

**Marilyn R. Abbott,**

*Secretary to the Commission.*

[FR Doc. E6–6202 Filed 4–24–06; 8:45 am]

**BILLING CODE 7020–02–P**

## DEPARTMENT OF JUSTICE

### Antitrust Division

### Notice Pursuant to the National Cooperative Research and Production Act of 1993—The Composites Consortium

Notice is hereby given that, on March 27, 2006, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), The Composites Consortium (''TCC'') has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing (1) the identities of the parties to the consortium and (2) the nature and objectives of the consortium. The notifications were filed for the purpose of invoking the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances.

Pursuant to Section 6(b) of the Act, the identities of the parties to the consortium are: Alliant Techsystems, Iuka, MS; Allied Aerospace, Newport News, VA; Bell Helicopter-TEXTRON, Inc., Fort Worth, TX; The Boeing Company, St. Louis, MO; Clemson University, Clemson, SC; Diaphorm Technologies, LLC, Salem, NH; General Dynamics Electric Boat, Groton, CT; Goodrich Corporation, Santa Fe Springs, CA; Graftech International Ltd., Parma, OH; Hitco Carbon Composites, Los Angeles, CA; Maverick Corporation/ Canyon Composites, Blue Ash, OH; Mentis Sciences Inc., Manchester, NH; Mississippi State University, Mississippi State, MS; New Jersey Institute of Technology, Newark, NJ; Northrop Grumman Newport News/ Ship Systems, Newport News, VA; Northrop Grumman Integrated Systems, El Segundo, CA; Pennsylvania State University—Applied Research Laboratory, State College, PA; Raytheon Company, Tucson, AZ; Specialty Materials, Inc., Lowell, MA; TPI Composites, Inc., Warren, RI; Vought Aircraft Industries, Inc., Dallas, TX; and South Carolina Research Authority, North Charleston, SC. The general area of TCC's planned activity is to further the state of the art and practice of employing composites in the manufacture of complex structures, systems, and components thereof. The intent is to: (a) Improve the affordability to the Navy and other Government agencies of structures and systems; (b) increase the technical and manufacturing capability of TCC members; and (c) broadly disseminate the technology.

**Dorothy B. Fountain,**

*Deputy Director of Operations, Antitrust Division.*

[FR Doc. 06–3868 Filed 4–24–06; 8:45 am]

**BILLING CODE 4410–11–M**

## DEPARTMENT OF JUSTICE

### Antitrust Division

### Notice Pursuant to the National Cooperative Research and Production Act of 1993—PXI Systems Alliance, Inc.

Notice is hereby given that, on March 30, 2006, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et. seq.* (''the Act''), PXI Systems Alliance, Inc. has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Amida Technology, Inc., Taipei, Taiwan has been added as a party to this venture. Also, SMA Regelslysteme GmbH, Niestetal, Germany has withdrawn as a party to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and PXI Systems Alliance, Inc. intends to file additional written notification disclosing all changes in membership.

On November 22, 2000, PXI Systems Alliance, Inc. filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on March 8, 2001 (66 FR 13971).

The last notification was filed with the Department on January 6, 2006. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on January 26, 2006 (71 FR 4379).

**Dorothy B. Fountain,**

*Deputy Director of Operations, Antitrust Division.*

[FR Doc. 06–3869 Filed 4–24–06; 8:45 am]

**BILLING CODE 4410–11–M**

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

### Manufacturer of Controlled Substances; Notice of Application

Pursuant to section 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on July 20, 2005, August 4, 2005 and September 2, 2005, Cody Laboratories, Inc., 601 Yellowstone Avenue, Cody, Wyoming 82414, made application by letters to the Drug Enforcement Administration (DEA) for registration as a bulk manufacturer of the basic classes of controlled substances listed in Schedule II:

| Drug | Schedule |
|---|---|
| Codeine (9050) | II |
| Dihydrocodeine (9120) | II |
| Methadone (9250) | II |
| Alfentanil (9737) | II |

The company plans to manufacture in bulk, for distribution to its customers.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail may be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative, Liaison and Policy Section (ODL); or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than June 26, 2006.

Dated: April 18, 2006.

**Joseph T. Rannazzisi,**

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

[FR Doc. E6–6115 Filed 4–24–06; 8:45 am]

**BILLING CODE 4410–09–P**

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

### Importer of Controlled Substances; Notice of Application

Pursuant to 21 U.S.C. 958(i), the Attorney General shall, prior to issuing a registration under this Section to a bulk manufacturer of a controlled substance in Schedule I or II and prior to issuing a regulation under 21 U.S.C. 952(a)(2)(B) authorizing the importation of such a substance, provide manufacturers holding registrations for the bulk manufacture of the substance an opportunity for a hearing.

Therefore, in accordance with 21 CFR 1301.34(a), this is notice that on September 16, 2005, Hospira, Inc., 1776 North Centennial Drive, McPherson, Kansas 67460–1247, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of Remifentanial (9739), a basic class of controlled substance listed in Schedule II.

The company plans to import the basic class of controlled substance for use in dosage unit manufacturing.

Any manufacturer who is presently, or is applying to be, registered with DEA to manufacture such basic classes of controlled substances may file comments or objections to the issuance of the proposed registration and may, at the same time, file a written request for a hearing on such application pursuant to 21 CFR 1301.43 and in such form as prescribed by 21 CFR 1316.47.

Any such written comments or objections being sent via regular mail may be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative, Liaison and Policy Section (ODL); or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than May 25, 2006.

This procedure is to be conducted simultaneously with and independent of the procedures described in 21 CFR 1301.34(b), (c), (d), (e) and (f). As noted in a previous notice published in the **Federal Register** on September 23, 1975, (40 FR 43745–46), all applicants for registration to import a basic class of any controlled substance listed in Schedule I or II are, and will continue to be required to demonstrate to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, that the requirements for such registration pursuant to 21 U.S.C. 958(a), 21 U.S.C. 823(a), and 21 CFR 1301.34(b), (c), (d), (e) and (f) are satisfied.

Dated: April 18, 2006.

**Joseph T. Rannazzisi,**

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

[FR Doc. E6–6114 Filed 4–24–06; 8:45 am]

**BILLING CODE 4410–09–P**

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

### Importer of Controlled Substances; Notice of Application

Pursuant to 21 U.S.C. 958(i), the Attorney General shall, prior to issuing a registration under this Section to a bulk manufacturer of a controlled substance in Schedule I or II and prior to issuing a regulation under 21 U.S.C. 952(a)(2)(B) authorizing the importation of such a substance, provide manufacturers holding registrations for the bulk manufacture of the substance an opportunity for a hearing.

Therefore, in accordance with 21 CFR § 1301.34(a), this is notice that on November 15, 2005, Johnson Matthey Inc., Pharmaceutical Materials, 2003 Nolte Drive, West Deptford, New Jersey 08066, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of the basic classes of controlled substances listed in Schedule II:

| Drug | Schedule |
|---|---|
| Phenylacetone (8501) | II |
| Raw Opium (9600) | II |
| Concentrate of Poppy Straw (9670). | II |

The company plans to import the listed controlled substances as raw materials for use in the manufacture of bulk controlled substances for distribution to its customers.

Any manufacturer who is presently, or is applying to be, registered with DEA to manufacture such basic classes of controlled substances may file comments or objections to the issuance of the proposed registration and may, at the same time, file a written request for a hearing on such application pursuant to 21 CFR 1301.43 and in such form as prescribed by 21 CFR 1316.47.

Any such written comments or objections being sent via regular mail may be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative, Liaison and Policy Section (ODL); or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than May 25, 2006.

This procedure is to be conducted simultaneously with and independent of the procedures described in 21 CFR 1301.34(b), (c), (d), (e) and (f). As noted in a previous notice published in the **Federal Register** on September 23, 1975, (40 FR 43745–46), all applicants for registration to import a basic class of any controlled substance listed in Schedule I or II are, and will continue to be required to demonstrate to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, that the requirements for such registration pursuant to 21 U.S.C. 958(a), 21 U.S.C. 823(a), and 21 CFR 1301.34(b), (c), (d), (e) and (f) are satisfied.

Dated: April 18, 2006.

**Joseph T. Rannazzisi,**

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

[FR Doc. E6–6113 Filed 4–24–06; 8:45 am]

**BILLING CODE 4410–09–P**

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

### Importer of Controlled Substances; Notice of Application

Pursuant to 21 U.S.C. 958(i), the Attorney General shall, prior to issuing a registration under this section to a bulk manufacturer of a controlled substance in Schedule I or II and prior to issuing a regulation under 21 U.S.C. 952(a)(2)(B) authorizing the importation of such a substance, provide manufacturers holding registrations for the bulk manufacture of the substance an opportunity for a hearing.

Therefore, in accordance with 21 CFR 1301.34(a), this is notice that on November 2, 2005, Noramco Inc., 500 Old Swedes Landing Road, Wilmington, Delaware 19801, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of the basic classes of controlled substances listed in Schedule II:

| Drug | Schedule |
|---|---|
| Raw Opium (9600) | II |

| Drug | Schedule |
|---|---|
| Concentrate of Poppy Straw (9670). | II |

The company plans to import the listed controlled substances to manufacture other controlled substances.

Any manufacturer who is presently, or is applying to be, registered with DEA to manufacture such basic classes of controlled substances may file comments or objections to the issuance of the proposed registration and may, at the same time, file a written request for a hearing on such application pursuant to 21 CFR 1301.43 and in such form as prescribed by 21 CFR 1316.47.

Any such written comments or objections being sent via regular mail may be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative, Liaison and Policy Section (ODL); or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than May 25, 2006.

This procedure is to be conducted simultaneously with and independent of the procedures described in 21 CFR 1301.34(b), (c), (d), (e) and (f). As noted in a previous notice published in the **Federal Register** on September 23, 1975, (40 FR 43745–46), all applicants for registration to import a basic class of any controlled substance listed in Schedule I or II are, and will continue to be required to demonstrate to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, that the requirements for such registration pursuant to 21 U.S.C. 958(a), 21 U.S.C. 823(a), and 21 CFR 1301.34(b), (c), (d), (e) and (f) are satisfied.

Dated: April 18, 2006.

**Joseph T. Rannazzisi,**

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

[FR Doc. E6–6116 Filed 4–24–06; 8:45 am]

**BILLING CODE 4410–09–P**

## DEPARTMENT OF JUSTICE

## Drug Enforcement Administration

## Manufacturer of Controlled Substances; Notice of Application

Pursuant to section 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on August 23, 2005, Noramco Inc., 1440 Olympic Drive, Athens, Georgia 30601, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as a bulk manufacturer of the basic classes of controlled substances listed in Schedules I and II:

| Drug | Schedule |
|---|---|
| Codeine-N-Oxide (9053) | I |
| Morphine-N-Oxide (9307) | I |
| Amphetamine (1100) | II |
| Codeine (9050) | II |
| Dihydrocodeine (9120) | II |
| Oxycodone (9143) | II |
| Hydromorphone (9150) | II |
| Hydrocodone (9193) | II |
| Morphine (9300) | II |
| Thebaine (9333) | II |
| Sufentanil (9740) | II |
| Fentanyl (9801) | II |

The company plans to manufacture small quantities of the Schedule I controlled substances for internal testing; the Schedule II controlled substances will be manufactured in bulk for distribution to its customers.

Any other such applicant and any person who is presently registered with DEA to manufacture such a substance may file comments or objections to the issuance of the proposed registration pursuant to 21 CFR 1301.33(a).

Any such written comments or objections being sent via regular mail may be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, Attention: DEA Federal Register Representative, Liaison and Policy Section (ODL); or any being sent via express mail should be sent to DEA Headquarters, Attention: DEA Federal Register Representative/ODL, 2401 Jefferson-Davis Highway, Alexandria, Virginia 22301; and must be filed no later than June 26, 2006.

Dated: April 18, 2006.

**Joseph T. Rannazzisi,**

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

[FR Doc. E6–6117 Filed 4–24–06; 8:45 am]

**BILLING CODE 4410–09–P**

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

**[Notice: (06–027)]**

## Notice of Information Collection Under OMB Review

**AGENCY:** National Aeronautics and Space Administration (NASA).

**ACTION:** Notice of information collection under OMB review.

**SUMMARY:** The National Aeronautics and Space Administration, 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 (Pub. L. 04–13, 44 U.S.C. 3506(c)(2)(A)).

**DATES:** All comments should be submitted within 30 calendar days from the date of this publication.

**ADDRESSES:** All comments should be addressed to Desk Officer for NASA, Office of Information and Regulatory Affairs, Room 10236, New Executive Office Building, Washington, DC 20503.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Mr. Walter Kit, NASA Reports Officer, NASA Headquarters, 300 E Street, SW., JE0000, Washington, DC 20546, (202) 358–1350, *Walter.Kit-1@nasa.gov.*

**SUPPLEMENTARY INFORMATION:**

### I. Abstract

The National Aeronautics and Space Administration (NASA) is requesting approval for a new collection that will be used to voluntary collect ideas from the general public about ways to fulfill NASA's technology development challenges.

### II. Method of Collection

NASA will utilize electronic methods to collect this information, via an on-line Web based form.

### III. Data

*Title:* NASA Centennial Challenges Idea Submission Web Forms.

*OMB Number:* 2700–0119.

*Type of Review:* Extension of currently approved collection.

*Affected Public:* Individuals or households.

*Estimated Number of Respondents:* 300.

*Estimated Time per Response:* .25 hours.

*Estimated Total Annual Burden Hours:* 75.

*Estimated Total Annual Cost:* $0.

**IV. Request for Comments**

Comments are invited on: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of NASA, including whether the information collected has practical utility; (2) the accuracy of NASA's estimate of the burden (including hours and cost) of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including automated collection techniques or the use of other forms of information technology.

Dated: April 17, 2006.

**Patricia L. Dunnington,**

*Chief Information Officer.*

[FR Doc. E6–6118 Filed 4–24–06; 8:45 am]

**BILLING CODE 7510–13–P**

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

**[Notice (06–026)]**

### NASA Advisory Council; Meeting

**AGENCY:** National Aeronautics and Space Administration (NASA).

**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:** Thursday, May 18, 2006, 8 a.m.–5 p.m.

**ADDRESSES:** vonKarman Auditorium, Jet Propulsion Laboratory, 4800 Oak Grove Drive, Pasadena, CA 91109.

**FOR FURTHER INFORMATION CONTACT:** Mr. Christopher Blackerby, Designated Federal Official, National Aeronautics and Space Administration, Washington, DC, 20546, 202/358–4688.

**SUPPLEMENTARY INFORMATION:** The meeting will be open to the public up to the seating capacity of the room. The agenda for the meeting includes updates from each of the Council committees, including discussion and deliberation of potential recommendations. The Council Committees address NASA interests in the following areas: Aeronautics, Audit and Finance, Space Exploration, Human Capital, and Science. It is imperative that the meeting be held on this date to accommodate the scheduling priorities of the key participants.

Dated: April 18, 2006.

**P. Diane Rausch,**

*Advisory Committee Management Officer, National Aeronautics and Space Administration.*

[FR Doc. E6–6112 Filed 4–24–06; 8:45 am]

**BILLING CODE 7510–13–P**

## NATIONAL FOUNDATION ON THE ARTS AND HUMANITIES

### Submission for OMB Review; Comment Request

**AGENCY:** National Endowment for the Humanities; NFAH.

**ACTION:** Notice.

**SUMMARY:** The National Endowment for the Humanities (NEH) has submitted the following public information collection request (ICR) to the Office of Management and Budget (OMB) for review and approval as required by the provisions of the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35). Copies of this ICR, with applicable supporting documentation, may be obtained by calling Susan G. Daisey, Director, Office of Grant Management, the National Endowment for the Humanities (202–606–8494) or may be requested by e-mail to *sdaisey@neh.gov*. Comments should be sent to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the National Endowment for the Humanities, Office of Management and Budget, Room 10235, Washington, DC 20503 (202–395–7316), within 30 days from the date of this publication in the **Federal Register**.

**SUPPLEMENTARY INFORMATION:** The Office of Management and Budget (OMB) is particularly interested in comments which:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses.

*Agency:* National Endowment for the Humanities.

*Title of Proposal:* Generic Clearance Authority for the National Endowment for the Humanities.

*OMB Number:* 3136–0134.

*Frequency of Collection:* On occasion.

*Affected Public:* Applicants to NEH grant programs, reviewers of NEH grant applications, and NEH grantees.

*Total Respondents:* 8,762.

*Average Time per Response:* varied according to type of information collection.

*Estimated Total Burden Hours:* 74,979 hours.

*Total Annualized capital/startup costs:* 0.

*Total annual costs (operating/maintaining systems or purchasing services):* 0.

*Description:* This submission requests approval from OMB for a three year extension of NEH's currently approved generic clearance authority for all NEH information collections other than one-time evaluations, questionnaires and surveys. Generic clearance authority would include approval of forms and instructions for application to NEH grant programs, reporting forms for NEH grantees, panelists and reviewers and for program evaluation purposes.

**FOR FURTHER INFORMATION CONTACT:** Ms. Susan G. Daisey, Director, Office of Grant Management, National Endowment for the Humanities, 1100 Pennsylvania Avenue, NW., Room 311, Washington, DC 20506, or by e-mail to: *sdaisey@neh.gov*. Telephone: 202–606–8494.

**Brett Bobley,**

*Chief Information Officer, National Endowment for the Humanities.*

[FR Doc. E6–6123 Filed 4–24–06; 8:45 am]

**BILLING CODE 7536–01–P**

## NATIONAL TRANSPORTATION SAFETY BOARD

### Sunshine Act Meeting

**TIME:** 9:30 a.m., Tuesday, May 2, 2006.

**PLACE:** NTSB Conference Center, 429 L'Enfant Plaza, SW., Washington, DC 20594.

**STATUS:** The two items are open to the public.

**MATTERS TO BE CONSIDERED:**

7777 *Aircraft Accident Brief*—Crash During Takeoff in Icing conditions, Canadair, Ltd., CL–600–2A12, N873G, Montrose, Colorado, November 28, 2004.

7778 *Aircraft Accident Report*—Crash During Approach to Landing, Air Tahoma, Inc., Flight 185, Convair 580, N586P, Covington, Kentucky, August 13, 2004.

**NEWS MEDIA CONTACT:** Ted Lopatkiewicz, Telephone: (202) 314–6100.

Individuals requesting specific accommodations should contact Chris Bisett at (202) 314–6305 by Friday, April 28, 2006.

The public may view the meeting via a live or archived Web cast by accessing a link under ''News & Events'' on the NTSB home page at *http://www.ntsb.gov.*

**FOR FURTHER INFORMATION CONTACT:** Vicky D'Onofrio, (202) 314–6410.

Dated: April 21, 2006.

**Vicky D'Onofrio,**

*Federal Register Liaison Officer.*

[FR Doc. 06–3944 Filed 4–21–06; 1:51 pm]

**BILLING CODE 7533–01–M**

## NUCLEAR REGULATORY COMMISSION

### Sunshine Act Meetings

**DATE:** Weeks of April 24, May 1, 8, 15, 22, 29, 2006.

**PLACE:** Commissioners' Conference Room, 11555 Rockville Pike, Rockville, Maryland.

**STATUS:** Public and Closed.

**MATTERS TO BE CONSIDERED:**

**Week of April 24, 2006**

*Monday, April 24, 2006*

2 p.m.: Meeting with Federal Energy Regulatory Commission (FERC), FERC Headquarters, 888 First St., NE., Washington, DC 20426, Room 2C (Public Meeting), (Contact: Mike Mayfield, 301–415–3298).

This meeting will be webcast live at the Web address—*http://www.ferc.gov.*

*Wednesday, April 26, 2006*

1 p.m.: Discussion of Management Issues (Closed—Ex. 2).

*Thursday, April 27, 2006*

1:30 p.m.: Meeting with Department of Energy (DOE) on New Reactor Issues (Public Meeting).

This meeting will be webcast live at the Web address—*http://www.nrc.gov.*

**Week of May 1, 2006—Tentative**

*Tuesday, May 2, 2006*

9:30 a.m.: Briefing on Status of Emergency Planning Activities—Morning Session (Public Meeting) (Contact: Eric Leeds, 301–415–2334).

1 p.m.: Briefing on Status of Emergency Planning Activities—Afternoon Session (Public Meeting).

These meetings will be webcast live at the Web address—*http://www.nrc.gov.*

*Wednesday, May 3, 2006*

8:55 a.m.: Affirmation Session (Public Meeting) (Tentative). a. ANDREW SIEMASZKO, Docket No. IA–05–021, unpublished Licensing Board Order (Dec. 22, 2005) (Tentative). b. ANDREW SIEMASZKO, Docket No. IA–05–021, unpublished Licensing Board Order (March 2, 2006) (Tentative).

9 a.m.: Briefing on Status of Risk-Informed, Performance-Based Regulation (Public Meeting) (Contact: Eileen McKenna, 301–415–2189).

This meeting will be webcast live at the Web address—*http://www.nrc.gov.*

**Week of May 8, 2006—Tentative**

There are no meetings scheduled for the Week of May 8, 2006.

**Week of May 15, 2006—Tentative**

*Monday, May 15, 2006*

1 p.m.: Briefing on Status of Implementation of Energy Policy Act of 2005 (Public Meeting) (Contact: Scott Moore, 301–415–7278).

This meeting will be Web cast live at the Web address—*http://www.nrc.gov*.

*Tuesday, May 16, 2006*

9:30 a.m.: Briefing on Results of the Agency Action Review Meeting—Reactors/Materials (Public Meeting) (Contact: Mark Tonacci, 301–415–4045).

This meeting will be Web cast live at the Web address—*http://www.nrc.gov*.

**Week of May 22, 2006—Tentative**

*Wednesday, May 24, 2006*

9:30 a.m.: Discussion of Security Issues (Closed—Ex. 1).

1:30 p.m.: All Employees Meeting (Public Meetings), Marriott Bethesda North Hotel, Salons, D–H, 5701 Marinelli Road, Rockville, MD 20852.

**Week of May 29, 2006–Tentative**

*Wednesday, May 31, 2006*

1 p.m.: Discussion of Security Issues (Closed—Ex. 1).

**Additional Information**

The Briefing on Equal Employment Opportunity (EEO) Programs (Public Meeting) previously scheduled on May 22, 2006, has been postponed and will be rescheduled.

*The schedule for Commission meetings is subject to change on short notice. To verify the status of meetings call (recording)—(301) 415–1292. Contact person for more information: Michelle Schroll, (301) 415–1662.

The NRC Commission Meeting Schedule can be found on the Internet at: *http://www.nrc.gov/what-we-do/policy-making/schedule.html.*

The NRC provides reasonable accommodation to individuals with disabilities where appropriate. If you need a reasonable accommodation to participate in these public meetings, or need this meeting notice or the transcript or other information from the public meetings in another format (*e.g.*, braille, large print), TDD: 301–415–2100, or by e-mail at *DLC@nrc.gov.* Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

This notice is distributed by mail to several hundred subscribers; if you no longer wish to receive it, or would like to be added to the distribution, please contact the Office of the Secretary, Washington, DC 20555 (301–415–1969). In addition, distribution of this meeting notice over the Internet system is available. If you are interested in receiving this Commission meeting schedule electronically, please send an electronic message to *dkw@nrc.gov.*

Dated: April 20, 2006.

**R. Michelle Schroll,**

*Office of the Secretary.*

[FR Doc. 06–3945 Filed 4–21–06; 2:01 pm]

**BILLING CODE 7590–01–M**

## NUCLEAR REGULATORY COMMISSION

### Biweekly Notice; Applications and Amendments to Facility Operating Licenses Involving No Significant Hazards Considerations

**I. Background**

Pursuant to section 189a.(2) of the Atomic Energy Act of 1954, as amended (the Act), the U.S. Nuclear Regulatory Commission (the Commission or NRC staff) is publishing this regular biweekly notice. The Act requires the Commission publish notice of any amendments issued, or proposed to be issued and grants the Commission the authority to issue and make immediately effective any amendment to an operating license upon a determination by the Commission that such amendment involves no significant hazards consideration, notwithstanding

the pendency before the Commission of a request for a hearing from any person.

This biweekly notice includes all notices of amendments issued, or proposed to be issued from March 31, 2006 to April 13, 2006. The last biweekly notice was published on April 11, 2006 (71 FR 18371).

**Notice of Consideration of Issuance of Amendments to Facility Operating Licenses, Proposed No Significant Hazards Consideration Determination, and Opportunity for a Hearing**

The Commission has made a proposed determination that the following amendment requests involve no significant hazards consideration. Under the Commission's regulations in 10 CFR 50.92, this means that operation of the facility in accordance with the proposed 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. The basis for this proposed determination for each amendment request is shown below.

The Commission is seeking public comments on this proposed determination. Any comments received within 30 days after the date of publication of this notice will be considered in making any final determination. Within 60 days after the date of publication of this notice, 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.

Normally, the Commission will not issue the amendment until the expiration of 60 days after the date of publication of this notice. The Commission may issue the license amendment before expiration of the 60-day period provided that its final determination is that the amendment involves no significant hazards consideration. In addition, the Commission may issue the amendment prior to the expiration of the 30-day comment period should circumstances change during the 30-day comment period such that failure to act in a timely way would result, for example in derating or shutdown of the facility. Should the Commission take action prior to the expiration of either the comment period or the notice period, it will publish in the **Federal Register** a notice of issuance. Should the Commission make a final No Significant Hazards Consideration Determination, any hearing will take place after issuance. The Commission expects that the need to take this action will occur very infrequently.

Written comments may be submitted by mail to the Chief, Rules and Directives Branch, Division of Administrative Services, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and should cite the publication date and page number of this **Federal Register** notice. Written comments may also be delivered to Room 6D22, Two White Flint North, 11545 Rockville Pike, Rockville, Maryland, from 7:30 a.m. to 4:15 p.m. Federal workdays. Copies of written comments received may be examined at the Commission's Public Document Room (PDR), located at One White Flint North, Public File Area O1F21, 11555 Rockville Pike (first floor), Rockville, Maryland. The filing of requests for a hearing and petitions for leave to intervene is discussed below.

Within 60 days after the date of publication of this notice, 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 2.309, which is available at the Commission's PDR, located at One White Flint North, Public File Area 01F21, 11555 Rockville Pike (first floor), Rockville, Maryland. Publicly available records will be accessible 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/doc-collections/cfr/.* If a request for a hearing or petition for leave to intervene is filed within 60 days, the Commission or a presiding officer designated by the Commission or by the Chief Administrative Judge of the Atomic Safety and Licensing Board Panel, will rule on the request and/or petition; and the Secretary or the Chief Administrative Judge of the Atomic Safety and Licensing Board will issue a notice of a hearing or an appropriate order.

As required by 10 CFR 2.309, 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 general requirements: (1) The name, address, and telephone number of the requestor or petitioner; (2) the nature of the requestor's/petitioner's right under the Act to be made a party to the proceeding; (3) the nature and extent of the requestor's/petitioner's property, financial, or other interest in the proceeding; and (4) the possible effect of any decision or order which may be entered in the proceeding on the requestor's/petitioner's interest. The petition must also set forth the specific contentions which the petitioner/requestor seeks to have litigated at the proceeding.

Each contention must consist of a specific statement of the issue of law or fact to be raised or controverted. In addition, the petitioner/requestor shall provide a brief explanation of the bases for the contention and a concise statement of the alleged facts or expert opinion which support the contention and on which the petitioner/requestor intends to rely in proving the contention at the hearing. The petitioner/requestor must also provide references to those specific sources and documents of which the petitioner is aware and on which the petitioner/requestor intends to rely to establish those facts or expert opinion. The petition must include 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/requestor to relief. A petitioner/requestor who fails to satisfy 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.

If a hearing is requested, and the Commission has not made a final determination on the issue of no significant hazards consideration, the Commission will make a final determination on the issue of no significant hazards consideration. The final determination will serve to decide

when the hearing is held. If the final determination is that the amendment request involves no significant hazards consideration, the Commission may issue the amendment and make it immediately effective, notwithstanding the request for a hearing. Any hearing held would take place after issuance of the amendment. If the final determination is that the amendment request involves a significant hazards consideration, any hearing held would take place before the issuance of any amendment.

A request for a hearing or a petition for leave to intervene must be filed by: (1) First class mail addressed to the Office of the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, Attention: Rulemaking and Adjudications Staff; (2) courier, express mail, and expedited delivery services: Office of the Secretary, Sixteenth Floor, One White Flint North, 11555 Rockville Pike, Rockville, Maryland, 20852, Attention: Rulemaking and Adjudications Staff; (3) e-mail addressed to the Office of the Secretary, U.S. Nuclear Regulatory Commission, *HearingDocket@nrc.gov;* or (4) facsimile transmission addressed to the Office of the Secretary, U.S. Nuclear Regulatory Commission, Washington, DC, Attention: Rulemakings and Adjudications Staff at (301) 415–1101, verification number is (301) 415–1966. 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 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 the attorney for the licensee.

Nontimely requests and/or petitions and contentions will not be entertained absent a determination by the Commission or the presiding officer of the Atomic Safety and Licensing Board that the petition, request and/or the contentions should be granted based on a balancing of the factors specified in 10 CFR 2.309(a)(1)(i)–(viii).

For further details with respect to this action, see the application for amendment which is available for public inspection at the Commission's PDR, located at One White Flint North, Public File Area 01F21, 11555 Rockville Pike (first floor), Rockville, Maryland. Publicly available records will be accessible from the ADAMS Public Electronic Reading Room on the Internet at the NRC Web site, *http://www.nrc.gov/reading-rm/adams.html.* If you do not have access to ADAMS or if there are problems in accessing the documents located in ADAMS, contact the PDR Reference staff at 1 (800) 397–4209, (301) 415–4737 or by e-mail to *pdr@nrc.gov.*

*Dominion Energy Kewaunee, Inc., Docket No. 50–305, Kewaunee Power Station, Kewaunee County, Wisconsin*

*Date of amendment request:* March 17, 2006.

*Description of amendment request:* The proposed amendment would change the design criteria described in the Kewaunee Power Station (KPS) Updated Safety Analysis Report (USAR). The change would add new design criteria associated with internal flooding to the current licensing basis for KPS.

*Basis for proposed no significant hazards consideration determination:* 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. Does the proposed amendment involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

The proposed change provides clarification to the existing functional requirements in the USAR by including specific design criteria for analyzing internal flooding in order to verify the capability of an SSC [structure, systems and components] to perform its design function. The proposed change does not affect any of the previously evaluated accidents in the KPS updated safety analysis report (USAR). No SSCs, operating procedures, or administrative controls that have the function of preventing or mitigating any of these accidents are affected.

This proposed change to incorporate design criteria into the USAR provides added administrative assurance that internal flooding will be appropriately addressed, consistent with existing functional requirements, and that safety related SSCs will not be affected by a potential failure of a non-safety related SSC. The change does not affect any accident initiators or the facility accident analysis. Thus, the probability and the consequences of an accident remain unchanged.

Therefore, the proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. Does the proposed amendment create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No.

The proposed change to incorporate design criteria consistent with existing functional requirements into the USAR does not change the design function or operation of any safety related SSCs. The proposed change documents design criteria in use and therefore does not involve a physical change to the facility. The change, therefore, does not create the possibility of a new or different kind of accident due to credible new failure mechanisms, malfunctions, or accident initiators not considered in the design and licensing bases.

Therefore, the proposed change does not create the possibility of a new or different kind of accident from any previously evaluated.

3. Does the proposed amendment involve a significant reduction in a margin of safety?

Response: No.

This proposed change does not affect any margin of safety as established in the Kewaunee USAR because it documents the design criteria presently used and is consistent with the functional requirements in the USAR. This proposed change provides added administrative assurance that safety related SSCs will not be affected by a potential failure of a non-safety related SSC due to a postulated internal flooding event. The proposed change adds criteria for the evaluation of internal flooding events that are more detailed than the existing functional requirements in the USAR. Therefore, the protection and subsequent availability of safety related SSCs is maintained consistent with previously assumed accident mitigation capabilities.

Therefore, the proposed change does not involve a significant reduction in a 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.

*Attorney for licensee:* Bradley D. Jackson, Esq., Foley and Lardner, P.O. Box 1497, Madison, WI 53701–1497.

*NRC Branch Chief:* L. Raghavan.

*Exelon Generation Company, LLC, Docket Nos. STN 50–454 and STN 50–455, Byron Station, Unit Nos. 1 and 2, Ogle County, Illinois; Docket Nos. STN 50–456 and STN 50–457, Braidwood Station, Unit Nos. 1 and 2, Will County, Illinois*

*Date of amendment request:* January 12, 2006.

*Description of amendment request:* The proposed amendment would correctly modify the wording in Technical Specification Surveillance Requirement (SR) 3.6.6.3 Containment Cooling train cooling water flow rate to accurately reflect the plant configuration. The current SR is to verify flow to each train. The proposed revision to SR 3.6.6.3 would verify flow to each cooler (plant configuration is two coolers per train).

*Basis for proposed no significant hazards consideration determination:*

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. The proposed TS change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

The proposed change will revise Technical Specifications (TS) Surveillance Requirement (SR) 3.6.6.3 containment cooling train cooling water flow rate to accurately reflect the existing plant configuration as described in the Updated Final Safety Analysis Report (UFSAR) Sections 6.2, ''Containment Systems,'' and 9.4, ''Air Conditioning, Heating, Cooling, and Ventilation Systems.'' The revision will specify the appropriate testing requirements for verification that each Containment Cooling System train Essential Service Water (SX) flow rate to each cooling unit is ≥ 2660 gpm [gallons per minute] and will therefore provide assurance that the design flow rate assumed in the safety analyses will be achieved and the Limited Conditions for Operation (LCO) will be met. This change is in the conservative direction, *i.e.*, verification of flow rate to each cooling unit [3] 2660 gpm is more conservative than verification of the same flow rate to each cooling train that consists of two cooling units. The performance of TS surveillance testing is not a precursor to any accident previously evaluated. Thus, the proposed change does not have any effect on the probability of an accident previously evaluated.

The function of the Containment Cooling System in conjunction with the Containment Spray System is to provide containment atmosphere cooling to limit post accident pressure and temperature in containment to less than design values. There is no change to the design of the Containment Cooling System. Furthermore, the surveillance testing specified in SR 3.6.6.3 will provide assurance that the Containment Cooling System will perform as designed. Thus, the radiological consequences of any accident previously evaluated are not increased.

Therefore, the proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. The proposed TS change does not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed change does not affect the control parameters governing unit operation or the response of plant equipment to transient conditions. The proposed change does not change or introduce any new equipment, modes of system operation or failure mechanisms.

Therefore, the proposed change does not create the possibility of a new or different kind of accident from any previously evaluated.

3. The proposed TS change does not involve a significant reduction in a margin of safety.

Prior to conversion to ITS [Improved Technical Specifications], the SR equivalent to SR 3.6.6.3 required that each system of containment cooling fans be demonstrated OPERABLE by ''verifying an essential service water flow rate of greater than or equal to 2660 gpm to each cooler.'' During the ITS conversion, standard verbiage for SR 3.6.6.3 was adopted; however, the specific plant design of two Reactor Containment Fan Coolers (RCFCs) per Containment Cooling train was inadvertently overlooked.

This proposed amendment would correctly modify the wording in Technical Specifications (TS) Surveillance Requirement (SR) 3.6.6.3 Containment Cooling System to accurately reflect the Braidwood and Byron existing plant design. The revision will provide the appropriate testing requirements for verification that each Containment Cooling System train SX cooling flow rate to each cooling unit is ≥ 2660 gpm. This verification provides assurance that the design flow rate assumed in the safety analyses will be achieved; and, therefore the LCO will be met. The change for verification of SX cooling flow rate from each cooling train to each cooling unit is in the conservative direction and will revise the existing non-conservative TS SR to be consistent with the plant design as described in the UFSAR.

Therefore, the proposed change does not involve a significant reduction in a 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 requested amendments involve no significant hazards consideration.

*Attorney for licensee:* Mr. Bradley J. Fewell, Assistant General Counsel, Exelon Generation Company, LLC, 200 Exelon Way, Kennett Square, PA 19348.

*NRC Branch Chief:* Daniel S. Collins.

*FAL Energy Seabrook LLC, Docket No. 50–443, Seabrook Station, Unit No. 1, Rockingham County, New Hampshire*

*Date of amendment request:* March 23, 2006.

*Description of amendment request:* The proposed amendment would revise the Seabrook Station, Unit No. 1 (Seabrook) Operating License and Technical Specifications (TSs) to delete the license condition requiring reporting of violations of other requirements (*e.g.*, conditions listed in Section 2.C of the operating license). The change is consistent with the notice published in the **Federal Register** on November 4, 2005, as part of the consolidated line item improvement process.

*Basis for proposed no significant hazards consideration determination:* As required by 10 CFR 50.91(a), an analysis of the issue of no significant hazards consideration is presented below:

1. Does the proposed change involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

The proposed change involves the deletion of a reporting requirement. The change does not affect plant equipment or operating practices and, therefore, does not significantly increase the probability or consequences of an accident previously evaluated.

2. Does the proposed change create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No.

The proposed change is administrative in that it deletes a reporting requirement. The change does not add new plant equipment, change existing plant equipment, or affect the operating practices of the facility. Therefore, the change does not create the possibility of a new of different kind of accident from any accident previously evaluated.

3. Does the proposed change involve a significant reduction in a margin of safety?

Response: No.

The proposed change deletes a reporting requirement. The change does not affect plant equipment or operation practices and, therefore, does not involve a significant reduction in a margin of safety.

Based upon the reasoning presented above, 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.

*Attorney for licensee:* M.S. Ross, Florida Power & Light Company, P.O. Box 14000, Juno Beach, FL 33408–0420.

*NRC Branch Chief:* Darrell J. Roberts.

*FPL Energy Seabrook LLC, Docket No. 50–443, Seabrook Station, Unit No. 1, Rockingham County, New Hampshire*

*Date of amendment request:* March 23, 2006.

*Description of amendment request:* The proposed amendment would revise the Seabrook Station Unit No. 1 (Seabrook) Technical Specifications (TSs) consistent with the NRC-approved Revision 4 to Technical Specification Task Force (TSTF) Standard Technical Specification Change Traveler, TSTF–449, ''Steam Generator Tube Integrity.''

Additionally, the proposed amendment would revise Seabrook TS Surveillance Requirement 4.4.6.2.1 to be consistent with NUREG–1431, Revision 3, Improved Standard Technical Specifications Westinghouse Plants.

The NRC staff issued a notice of opportunity for comment in the **Federal Register** on March 2, 2005 (70 FR 10298), on possible amendments adopting TSTF–449, including a model safety evaluation and model no significant hazards consideration

(NSHC) determination, using the consolidated line item improvement process. The NRC staff subsequently issued a notice of availability of the models for referencing in license amendment applications in the **Federal Register** on May 6, 2005 (70 FR 24126). The licensee affirmed the applicability of the following NSHC determination in its application dated March 23, 2006.

*Basis for proposed no significant hazards consideration determination:* As required by 10 CFR 50.91(a), an analysis of the issue of no significant hazards consideration is presented below:

Criterion 1—The proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

The proposed change requires a SG [Steam Generator] Program that includes performance criteria that will provide reasonable assurance that the SG tubing will retain integrity over the full range of operating conditions (including startup, operation in the power range, hot standby, cooldown and all anticipated transients included in the design specification). The SG performance criteria are based on tube structural integrity, accident induced leakage, and operational LEAKAGE.

A SGTR [steam generator tube rupture] event is one of the design basis accidents that are analyzed as part of a plant's licensing basis. In the analysis of a[n] SGTR event, a bounding primary to secondary LEAKAGE rate equal to the operational LEAKAGE rate limits in the licensing basis plus the LEAKAGE rate associated with a double-ended rupture of a single tube is assumed.

For other design basis accidents such as MSLB [main steamline break], rod ejection, and reactor coolant pump locked rotor the tubes are assumed to retain their structural integrity (*i.e.*, they are assumed not to rupture). These analyses typically assume that primary to secondary LEAKAGE for all SGs is 1 gallon per minute or increases to 1 gallon per minute as a result of accident induced stresses. The accident induced leakage criterion introduced by the proposed changes accounts for tubes that may leak during design basis accidents. The accident induced leakage criterion limits this leakage to no more than the value assumed in the accident analysis.

The SG performance criteria proposed change[s] to the TS[s] to identify the standards against which tube integrity is to be measured. Meeting the performance criteria provides reasonable assurance that the SG tubing will remain capable of fulfilling its specific safety function of maintaining reactor coolant pressure boundary integrity throughout each operating cycle and in the unlikely event of a design basis accident. The performance criteria are only a part of the SG Program required by the proposed change to the TS[s]. The program, defined by NEI [Nuclear Energy Institute] 97–06, Steam Generator Program Guidelines, includes a framework that incorporates a balance of prevention, inspection, evaluation, repair, and leakage monitoring. The proposed changes do not, therefore, significantly increase the probability of an accident previously evaluated.

The consequences of design basis accidents are, in part, functions of the DOSE EQUIVALENT I–131 in the primary coolant and the primary to secondary LEAKAGE rates resulting from an accident. Therefore, limits are included in the plant technical specifications for operational leakage and for DOSE EQUIVALENT I–131 in primary coolant to ensure the plant is operated within its analyzed condition. The typical analysis of the limiting design basis accident assumes that primary to secondary leak rate after the accident is 1 gallon per minute with no more than [500 gallons per day or 720 gallons per day] in any one SG, and that the reactor coolant activity levels of DOSE EQUIVALENT I–131 are at the TS values before the accident.

The proposed change does not affect the design of the SGs, their method of operation, or primary coolant chemistry controls. The proposed approach updates the current TSs and enhances the requirements for SG inspections. The proposed change does not adversely impact any other previously evaluated design basis accident and is an improvement over the current TSs.

Therefore, the proposed change does not affect the consequences of a SGTR accident and the probability of such an accident is reduced. In addition, the proposed changes do not affect the consequences of an MSLB, rod ejection, or a reactor coolant pump locked rotor event, or other previously evaluated accident.

Criterion 2—The proposed change does not create the possibility of a new or different kind of accident from any previously evaluated.

The proposed performance based requirements are an improvement over the requirements imposed by the current technical specifications. Implementation of the proposed SG Program will not introduce any adverse changes to the plant design basis or postulated accidents resulting from potential tube degradation. The result of the implementation of the SG Program will be an enhancement of SG tube performance. Primary to secondary LEAKAGE that may be experienced during all plant conditions will be monitored to ensure it remains within current accident analysis assumptions.

The proposed change does not affect the design of the SGs, their method of operation, or primary or secondary coolant chemistry controls. In addition, the proposed change does not impact any other plant system or component. The change enhances SG inspection requirements.

Therefore, the proposed change does not create the possibility of a new or different type of accident from any accident previously evaluated.

Criterion 3—The proposed change does not involve a significant reduction in the margin of safety.

The SG tubes in pressurized water reactors are an integral part of the reactor coolant pressure boundary and, as such, are relied upon to maintain the primary system's pressure and inventory. As part of the reactor coolant pressure boundary, the SG tubes are unique in that they are also relied upon as a heat transfer surface between the primary and secondary systems such that residual heat can be removed from the primary system. In addition, the SG tubes isolate the radioactive fission products in the primary coolant from the secondary system. In summary, the safety function of an SG is maintained by ensuring the integrity of its tubes.

Steam generator tube integrity is a function of the design, environment, and the physical condition of the tube. The proposed change does not affect tube design or operating environment. The proposed change is expected to result in an improvement in the tube integrity by implementing the SG Program to manage SG tube inspection, assessment, repair, and plugging. The requirements established by the SG Program are consistent with those in the applicable design codes and standards and are an improvement over the requirements in the current TSs.

For the above reasons, the margin of safety is not changed and overall plant safety will be enhanced by the proposed change to the TS.

Based upon the reasoning presented above, 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.

*Attorney for licensee:* M.S. Ross, Florida Power & Light Company, P.O. Box 14000, Juno Beach, FL 33408–0420.

*NRC Branch Chief:* Darrell J. Roberts.

*Indiana Michigan Power Company, Docket Nos. 50–315 and 50–316, Donald C. Cook Nuclear Plant, Units 1 and 2, Berrien County, Michigan*

*Date of amendment requests:* March 7, 2006.

*Description of amendment requests:* The proposed amendments would modify the Technical Specifications (TS) of the units to change the reactor trip on turbine trip from the P–7 interlock to the P–8 interlock. Specifically, the amendment would effect changes in TS Table 3.3.1–1, ''Reactor Trip System Instrumentation,'' for Function 16, ''Turbine Trip.'' The purpose of the proposed amendment is to decrease potentially unnecessary transients on the reactor and to increase plant availability when the cause of a turbine trip is readily correctable.

*Basis for proposed no significant hazards consideration determination:* As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration as follows:

(1) Does the proposed change involve a significant increase in the probability of occurrence or consequences of an accident previously evaluated?

Response: No.

The proposed change revises the setpoint at which a reactor trip will occur by changing the interlock at which it is enabled from the P–7 interlock, at approximately 10 percent power, to the P–8 interlock, at less than or equal to 31 percent power. The P–7 and P–8 interlocks are not accident initiators and the change to the reactor trip setpoint does not create any new credible single failure. An analysis has shown that a turbine trip without a reactor trip at 31 percent power or below does not challenge the pressurizer power operated relief valves (PORVs), thereby not adversely affecting the probability of a small[-]break loss[-]of [-]coolant accident due to a stuck open PORV. The consequences of accidents previously evaluated are unaffected by this change because no change to any accident mitigation scenario has resulted and there are no additional challenges to fission product barrier integrity.

Therefore, the proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

(2) Does the proposed change create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No.

No changes are being made to the plant that would introduce any new accident causal mechanisms. The proposed change to the power level at which a reactor trip on turbine trip is enabled does not adversely affect previously identified accident initiators and does not create any new accident initiators. The change does not affect how the associated trip function operates. No new single failures or accident scenarios are created by the proposed change and the proposed change does not result in any event previously deemed incredible being made credible.

Therefore, the proposed change does not create the possibility of a new or different kind of accident from any previously evaluated.

(3) Does the proposed change involve a significant reduction in a margin of safety?

Response: No.

No safety analyses [will be] changed or modified as a result of the proposed change in reactor trip setpoint. All margins associated with the current safety analyses acceptance criteria are unaffected. The current safety analyses remain binding. The safety systems credited in the safety analyses will continue to be available to perform their mitigation functions. The proposed change does not affect the availability or operability of safety-related systems and components.

Therefore, the proposed change does not involve a significant reduction in the margin of safety.

Based on the licensee's analysis, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the requested amendments involve no significant hazards consideration.

*Attorney for licensee:* James M. Petro, Jr., Esquire, One Cook Place, Bridgman, MI 49106.

*NRC Branch Chief:* L. Raghavan.

*Nebraska Public Power District, Docket No. 50–298, Cooper Nuclear Station, Nemaha County, Nebraska*

*Date of amendment request:* January 30, 2006.

*Description of amendment request:* The proposed change would revise Cooper Nuclear Station (CNS) Technical Specification section 5.5.12, ''Primary Containment Leakage Rate Testing Program,'' to allow a one-time extension of no more than 5 years for the Type A, Integrated Leakage Rate Test (ILRT) interval. This revision is a one-time exception to the 10-year frequency of the performance-based leakage rate testing program for Type A tests as defined in Nuclear Energy Institute (NEI) document NEI 94–01, Revision 0, ''Industry Guideline for Implementing Performance-Based Option of 10 CFR part 50, appendix J,'' pursuant to 10 CFR 50, appendix J, option B. The requested exception is to allow the ILRT to be performed within 15 years from the last ILRT, last performed on December 7, 1998.

*Basis for proposed no significant hazards consideration determination:* 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?

Response: No.

This license amendment proposes to revise the Technical Specifications to allow for a one-time extension of the ILRT interval from 10 years to 15 years. The containment function is solely to mitigate the consequences of an accident. No design basis accident is initiated by a failure of the containment leakage mitigation function. The extension of the ILRT will not create any adverse interactions with other systems that could result in initiation of a design basis accident. Continued containment integrity is also assured by the established programs for local leakage rate testing and inservice inspections which are unaffected by the proposed change. Therefore, the probability of occurrence of an accident previously evaluated is not significantly increased.

The potential consequences of the proposed change have been quantified by analyzing the changes in risk that would result from extending the ILRT interval from 10 to 15 years. The increase in risk in terms of person-rem per year within 50 miles resulting from accidents was determined to be of a magnitude that NUREG–1493 indicates is imperceptible. NPPD [Nebraska Public Power District] has also analyzed the increase in risk in terms of the frequency of large early releases from accidents. The increase in the large early release frequency resulting from the proposed extension was determined to be within the guidelines published in Nuclear Regulatory Commission (NRC) Regulatory Guide 1.174. Additionally, the proposed change maintains defense-in-depth by preserving a reasonable balance among prevention of core damage, prevention of containment failure, and consequence mitigation. NPPD has determined that the increase in conditional containment failure probability from reducing the ILRT frequency from one test in 10 years to one test in 15 years would be insignificant.

Therefore, the probability of occurrence or the consequences of an accident previously analyzed are not significantly increased.

2. Do the proposed changes create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No.

The proposed extension of the current interval for the ILRT does not involve any change to the design or operation of any plant structure, system, or component (SSC). The plant will continue to be operated in the same manner. Since no changes to the design or operation of the plant are being made, the proposed one-time extension of the ILRT does not result in a new failure mode for an accident.

Therefore, the proposed changes do not create the possibility of a new or different kind of accident from any accident previously analyzed.

3. Do the proposed changes involve a significant reduction in a margin of safety?

Response: No.

The proposed extension to the ILRT test interval will not result in a change to the design or operation of any plant SSC used to shut down the plant, initiate Emergency Core Cooling Systems, or isolate the primary or secondary containment. Thus, the change will not impact the ability of CNS to mitigate any accident or transient. NUREG–1493, a generic study of the effects of extending containment leakage testing, documented that an extension in the ILRT interval from three per 10 years to one per 20 years resulted in an imperceptible increase in risk to the public. NUREG–1493 generically concluded that the design containment leakage rate contributes about 0.1 percent to the individual risk, and that the decrease in the ILRT frequency would have a minimal effect on this risk since 95% of the potential leakage paths are detected by Type B and Type C testing. A risk assessment using the current CNS Probabilistic Safety Assessment internal events model concluded that the risk associated with this change is very small and not risk significant.

Therefore, the proposed changes do not involve a significant reduction in a 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.

*Attorney for licensee:* Mr. John C. McClure, Nebraska Public Power District, Post Office Box 499, Columbus, NE 68602–0499.

*NRC Branch Chief:* David Terao.

*Nebraska Public Power District, Docket No. 50–298, Cooper Nuclear Station, Nemaha County, Nebraska*

*Date of amendment request:* March 15, 2006.

*Description of amendment request:* The proposed amendment would revise Cooper Nuclear Station (CNS) Technical Specification 5.5.12, ''Primary Containment Leakage Rate Testing Program,'' by adding two sub-paragraphs to note exemptions from Section III.A and Section III.B of Part 50 of Title 10 of the Code of Federal Regulations, Appendix J, Option B. These two sub-paragraphs allow the leakage contribution from the four main steam line penetrations, referred to as the Main Steam Isolation Valve (MSIV) leakage, to be excluded.

*Basis for proposed no significant hazards consideration determination:* 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. Does the proposed amendment involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

This proposed change to TS 5.5.12 does not modify existing structures, systems or components (SSC's) of the plant, and it does not introduce new SSC's. It does not change assumptions, methodology or results of previously evaluated accidents in the Updated Safety Analysis Report.

It does not change operating procedures or administrative controls that affect the functions of SSC's. By excluding MSIV leakage from Type A and Type B and C test results, this change will make the CNS Primary Containment Leakage Rate Testing Program more closely aligned with the assumptions used in associated accident consequence analyses. Therefore, the proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. Does the proposed amendment create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No.

This proposed change to TS 5.5.12.a does not modify existing SSC's of the plant, and it does not introduce new SSC's. Thus, it does not affect the design function or operation of SSC's involved, and it does not introduce a new accident initiator. Therefore, the proposed change does not create the possibility of a new or different kind of accident from any previously evaluated.

3. Does the proposed amendment involve a significant reduction in a margin of safety?

Response: No.

Since MSIV leakage bypasses the containment and its filtration system (Standby Gas Treatment System) during a Loss-of-Coolant Accident (LOCA), the effects on release to the environment [are] analyzed and specifically accounted for in the CNS dose analysis methodology approved by Amendments 196 and 206. This proposed change to exclude MSIV leakage from Type A and Type B and C test results does not change dose analysis values, and thus, does not affect actual margin in the dose analysis. Therefore, the proposed change does not involve a significant reduction in an actual 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.

*Attorney for licensee:* Mr. John C. McClure, Nebraska Public Power District, Post Office Box 499, Columbus, NE 68602–0499.

*NRC Branch Chief:* David Terao.

*Nine Mile Point Nuclear Station, LLC, Docket No. 50–410, Nine Mile Point Nuclear Station, Unit 2, Oswego County, New York*

*Date of amendment request:* December 29, 2005.

*Description of amendment request:* The proposed change would delete Section 2.F of the Nine Mile Point, Unit 2 Facility Operating License (FOL), NPF–69, which requires the licensee report violations of the requirements contained in Section 2.C of this license. The NRC staff issued a notice of opportunity for comment in the **Federal Register** on August 29, 2005 (70 FR 51098), on possible amendments to delete this reporting requirement, including a model safety evaluation and model no significant hazards consideration (NSHC) determination, using the consolidated line item improvement process. The NRC staff subsequently issued a notice of availability of the models for referencing in license amendment applications in the **Federal Register** on November 4, 2005 (70 FR 67202). The licensee affirmed the applicability of the following NSHC determination in its application dated December 29, 2005.

*Basis for proposed no significant hazards consideration determination:* As required by 10 CFR 50.91(a), an analysis of the issue of no significant hazards consideration is presented below:

1. Does the proposed change involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

The proposed change involves the deletion of a reporting requirement. The change does not affect any plant equipment or operating practices and therefore does not significantly increase the probability or consequences of an accident previously evaluated.

2. Does the proposed change create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No.

The proposed change is administrative in that it deletes a reporting requirement. The change does not add new plant equipment, change existing plant equipment, or affect the operating practices of the facility. Therefore, the change will not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. Does the proposed change involve a significant reduction in a margin of safety?

Response: No.

The proposed change deletes a reporting requirement. The change does not affect plant equipment or operating practices and therefore does not involve a significant reduction in a margin of safety.

Based on the above, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

*Attorney for licensee:* Mark J. Wetterhahn, Esquire, Winston & Strawn, 1700 K Street, NW., Washington, DC 20006.

*NRC Branch Chief:* Richard J. Laufer.

*Nuclear Management Company, LLC, Docket Nos. 50–266 and 50–301, Point Beach Nuclear Plant, Units 1 and 2, Town of Two Creeks, Manitowoc County, Wisconsin*

*Date of amendment request:* March 23, 2006.

*Description of amendment request:* The proposed amendment would revise Technical Specification (TS) 3.3.4, ''Loss of Power (LOP) Diesel Generator (DG) Start and Load Sequence Instrumentation''. The revision modifies the section title and corrects a nonconservatism in the degraded voltage time delay values in TS Surveillance Requirement (SR) 3.3.4.3.b.

*Basis for proposed no significant hazards consideration determination:* 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. Operation of the Point Beach Nuclear Plant in accordance with the proposed amendments does not result in a significant increase in the probability or consequences of any accident previously evaluated.

The diesel generators (DGs) provide emergency electrical power to the safeguard

buses in support of equipment required to mitigate the consequences of design basis accidents and anticipated operational occurrences, including an assumed loss of all offsite power. SR 3.3.4.3 verifies that the loss of power (LOP) DG start instrumentation channels respond to measured parameters within the necessary range and accuracy. The proposed amendment revises the section title and corrects nonconservative values in the allowed time delays for the degraded voltage protection function. The revised values are more restrictive than the previously allowed values.

Reducing the time delays for the degraded voltage function as proposed does not significantly increase the probability of a loss of offsite power event. The degraded voltage analysis established both maximum time delay limits for a degraded voltage condition and minimum time delays to prevent premature disconnection from offsite power. The analyzed time delay limits considered prevention of premature disconnection from offsite power such that the probability of an unnecessary loss of offsite power is not significantly increased.

The proposed change does not involve any hardware changes, nor does it affect the probability of any event initiators. There will be no change to normal plant operating parameters, accident mitigation capabilities, or accident analysis assumptions or inputs.

Therefore, the probability or consequences of any accident previously evaluated will not be significantly increased as a result of the proposed change.

2. Operation of the Point Beach Nuclear Plant in accordance with the proposed amendments does not result in a new or different kind of accident from any accident previously evaluated.

No new accident scenarios, transient precursors, failure mechanisms, or limiting single failures are introduced as a result of the proposed change. The revised surveillance requirements are more restrictive and will continue to assure equipment reliability such that plant safety is maintained or will be enhanced.

Equipment important to safety will continue to operate as designed. The changes do not result in any event previously deemed incredible being made credible. The changes do not result in adverse conditions or result in any increase in the challenges to safety systems. Therefore, operation of the Point Beach Nuclear Plant in accordance with the proposed amendment will not create the possibility of a new or different type of accident from any accident previously evaluated.

3. Operation of the Point Beach Nuclear Plant in accordance with the proposed amendments does not result in a significant reduction in a margin of safety.

The diesel generators (DGs) provide emergency electrical power to the safeguard buses in support of equipment required to mitigate the consequences of design basis accidents and anticipated operational occurrences, including an assumed loss of all offsite power. SR 3.3.4.3 verifies that the loss of power (LOP) DG start instrumentation channels respond to measured parameters within the necessary range and accuracy. The proposed amendment corrects nonconservative values in the allowed time delays for the degraded voltage protection function. The revised values are more restrictive than the previously allowed values. The proposed change to this SR assures that design requirements of the emergency electrical power system continue to be met.

There are no new or significant changes to the initial conditions contributing to accident severity or consequences. The proposed amendment will not otherwise affect the plant protective boundaries, will not cause a release of fission products to the public, nor will it degrade the performance of any other structures, systems or components (SSCs) important to safety. Therefore, the requested change will not result in 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.

*Attorney for licensee:* Jonathan Rogoff, Esquire, Vice President, Counsel & Secretary, Nuclear Management Company, LLC, 700 First Street, Hudson, WI 54016.

*NRC Branch Chief:* L. Raghavan.

*PPL Susquehanna, LLC, Docket Nos. 50–387 and 50–388, Susquehanna Steam Electric Station, Units 1 and 2 (SSES 1 and 2), Luzerne County, Pennsylvania*

*Date of amendment request:* February 1, 2006.

*Description of amendment request:* The proposed amendment would modify Technical Specification (TS) requirements for inoperable snubbers by adding Limiting Condition for Operation (LCO) 3.0.8 for SSES 1 and 2. This change is based on the TS Task Force (TSTF) change traveler TSTF–372, Revision 4. A notice of availability for this TS improvement using the consolidated line item improvement process was published in the **Federal Register** on November 24, 2004, and May 4, 2005.

The Nuclear Regulatory Commission (NRC) staff issued a notice of availability of a model no significant hazards consideration (NSHC) determination for referencing license amendment applications in the **Federal Register** on November 24, 2004 (69 FR 68412), and May 4, 2005 (70 FR 23252). The licensee affirmed the applicability of the model NSHC determination in its application dated February 1, 2006.

*Basis for proposed no significant hazards consideration determination:* 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. Criterion 1—The Proposed Change Does Not Involve a Significant Increase in the Probability or Consequences of an Accident Previously Evaluated.

The proposed change allows a delay time for entering a supported system technical specification (TS) when the inoperability is due solely to an inoperable snubber if risk is assessed and managed. The postulated seismic event requiring snubbers is a low-probability occurrence and the overall TS system safety function would still be available for the vast majority of anticipated challenges. Therefore, the probability of an accident previously evaluated is not significantly increased, if at all. The consequences of an accident while relying on allowance provided by proposed LCO 3.0.8 are no different than the consequences of an accident while relying on the TS required actions in effect without the allowance provided by proposed LCO 3.0.8. Therefore the consequences of an accident previously evaluated are not significantly affected by this change. The addition of a requirement to assess and manage the risk introduced by this change will further minimize possible concerns. Therefore, this change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. Criterion 2—The Proposed Change Does Not Create the Possibility of a New or Different Kind of Accident From Any Previously Evaluated.

The proposed change does not involve a physical alteration of the plant (no new or different type of equipment will be installed). Allowing delay times for entering supported system TS when inoperability is due solely to inoperable snubbers, if risk is assessed and managed, will not introduce new failure modes or effects and will not, in the absence of other unrelated failures, lead to an accident whose consequences exceed the consequences of accidents previously evaluated. The addition of a requirement to assess and manage the risk introduced by this change will further minimize possible concerns.

Thus, this change does not create the possibility of a new or different kind of accident from an accident previously evaluated.

3. Criterion 3—The Proposed Change Does Not Involve a Significant Reduction in the Margin of Safety.

The proposed change allows a delay time for entering a supported system TS when the inoperability is due solely to an inoperable snubber, if risk is assessed and managed. The postulated seismic event requiring snubbers is a low-probability occurrence and the overall TS system safety function would still be available for the vast majority of anticipated challenges. The risk impact of the proposed TS changes was assessed following the three-tiered approach recommended in RG 1.177. A bounding risk assessment was performed to justify the proposed TS changes. This application of LCO 3.0.8 is predicated upon the licensee's performance

of a risk assessment and the management of plant risk. The net change to the margin of safety is insignificant. Therefore, this change does not involve a significant reduction in a 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.

*Attorney for licensee:* Bryan A. Snapp, Esquire, Assoc. General Counsel, PPL Services Corporation, 2 North Ninth St., GENTW3, Allentown, PA 18101–1179.

*NRC Branch Chief:* Richard J. Laufer.

*R.E. Ginna Nuclear Power Plant, LLC, Docket No. 50–244, R.E. Ginna Nuclear Power Plant, Wayne County, New York*

*Date of amendment request:* March 28, 2006.

*Description of amendment request:* The proposed amendment would revise Technical Specification Surveillance Requirement 3.5.1.4 by changing the method and sample frequency for boron concentration verification for the emergency core cooling system (ECCS) accumulators.

*Basis for proposed no significant hazards consideration determination:* 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. Does the proposed change involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

The ECCS Accumulators are used only to respond to an accident and are not an accident initiator. Therefore, the probability of an accident has not increased.

Boron concentration is controlled in the ECCS Accumulators to prevent either excessive boron concentrations or insufficient boron concentrations. Post-loss-of-coolant accident (LOCA) emergency procedures directing the operator to establish simultaneous hot and cold leg injection are based on the worst case minimum boron precipitation time. Maintaining the maximum ECCS Accumulator boron concentration within the upper limit ensures that the ECCS Accumulators do not invalidate these steps. The minimum boron requirements of 2100 (2550 after EPU [extended power uprate]) ppm [parts per million] ppm are based on beginning-of-life reactivity values and are selected to ensure that the reactor will remain subcritical during the reflood stage of a large break LOCA. During a large break LOCA, all control element assemblies are assumed not to insert into the core, and the initial reactor shutdown is accomplished by void formation during blowdown. Sufficient boron concentration must be maintained in the ECCS Accumulators to prevent a return to criticality during reflood. Level and pressure instrumentation is provided to monitor the availability of the ECCS Accumulators during plant operation.

The Technical Specification Surveillance Requirement (SR 3.5.1.4) verifies that the boron concentration remains within the required range by sampling. Currently, the boron concentration in each ECCS Accumulator is required to be verified by taking a sample of the water in the ECCS Accumulator every 31 days on a staggered test basis. A containment entry is required to take a sample from each of the two ECCS Accumulators. In addition, the makeup water source for the ECCS Accumulators is from the RWST [refueling water storage tank], which is maintained between 2300 ppm and 2600 ppm (2750 and 3050 after EPU) by SR 3.5.4.2, ensuring the ECCS Accumulators are not diluted during makeup/fill evolutions. However, the Reactor Coolant System boron concentration is lower during power operation than the boron concentration in the ECCS Accumulators. Two check valves in series prevent leakage from the Reactor Coolant System into the ECCS Accumulators.

This proposed amendment would require inleakage monitoring to be done every twelve hours in addition to taking samples from each ECCS Accumulator every six months. Samples would continue to be taken to verify the inleakage observations remain conservative.

The engineering analysis and risk insights combine to demonstrate that the method of ECCS Accumulator boron concentration verification can be changed from sampling every 31 days on a staggered test basis to monitoring inleakage every twelve hours and sampling each ECCS Accumulator every six months. The inleakage monitoring is based on a calculational method that has sufficient conservatism to predict the boron concentration of the ECCS Accumulator as shown by sample. Therefore, the ECCS Accumulator would remain capable of responding to an accident as described above and the consequences of an accident previously evaluated are not increased.

Therefore, the proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. Does the proposed change create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No.

The proposed change does not alter the function of any equipment, nor cause it to operate differently than it was designed to operate. All equipment required to mitigate the consequences of an accident would continue to operate as before. The proposed change alters the method of verification of the ECCS Accumulator boron concentration, but not the boron concentration requirements themselves.

Therefore, this change does not create the possibility of a new or different [kind] of accident from any accident previously evaluated.

3. Does the proposed change involve a significant reduction in a margin of safety?

Response: No.

The inleakage monitoring done to verify the concentration of boron in the ECCS Accumulators, is sufficiently conservative to ensure that a decrease in boron concentration would be detected, leading to attempts to increase the boron concentration or a need to sample the affected ECCS Accumulator. Sampling of the ECCS Accumulators every six months will continue to be done to ensure that the inleakage monitoring remains conservative and representative. If the boron concentration is maintained in the ECCS Accumulators, the system operates as assumed in the Updated Final Safety Analysis Report Chapter 15 analyses and the analyses continues to meet the dose consequences acceptance criteria given in the Updated Final Safety Analysis Report.

Therefore, this proposed change does not involve a significant reduction in [a] 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.

*Attorney for licensee:* Daniel F. Stenger, Ballard Spahr Andrews & Ingersoll, LLP, 601 13th Street, NW., Suite 1000 South, Washington, DC 20005.

*NRC Branch Chief:* Richard J. Laufer.

*Southern Nuclear Operating Company, Inc., Docket Nos. 50–348 and 50–364, Joseph M. Farley Nuclear Plant (FNP), Units 1 and 2, Houston County, Alabama; Docket Nos. 50–321 and 50–366, Edwin I. Hatch Nuclear Plant (HNP), Units 1 and 2, Appling County, Georgia; and Docket Nos. 50–424 and 50–425, Vogtle Electric Generating Plant (VEGP), Units 1 and 2, Burke County, Georgia*

*Date of amendment request:* February 17, 2006.

*Description of amendment request:* The proposed amendment would add Technical Specification (TS) Limiting Condition for Operation (LCO) 3.0.8 (and renumber existing LCO 3.0.8 to LCO 3.0.9 for VEGP) to allow a delay time for entering a supported system TS when the inoperability is due solely to an inoperable snubber, if risk is assessed and managed consistent with the program in place for complying with the requirements of 10 CFR 50.65(a)(4).

The NRC staff issued a notice of availability of a model safety evaluation and model no significant hazards consideration (NSHC) determination for referencing in license amendment applications in the **Federal Register** on November 24, 2004 (69 FR 68412). The licensee affirmed the applicability of the

model NSHC determination in its application dated February 17, 2006.

*Basis for proposed no significant hazards consideration determination:* As required by 10 CFR 50.91(a), an analysis of the issue of no significant hazards consideration is presented below:

1. Do the proposed changes involve a significant increase in the probability or consequences of an accident previously evaluated?

The proposed change allows a delay time for entering a supported system technical specification (TS) when the inoperability is due solely to an inoperable snubber if risk is assessed and managed. The postulated seismic event requiring snubbers is a low-probability occurrence and the overall TS system safety function would still be available for the vast majority of anticipated challenges. Therefore, the probability of an accident previously evaluated is not significantly increased, if at all. The consequences of an accident while relying on allowance provided by proposed LCO 3.0.8 are no different than the consequences of an accident while relying on the TS required actions in effect without the allowance provided by proposed LCO 3.0.8. Therefore, the consequences of an accident previously evaluated are not significantly affected by this change. The addition of a requirement to assess and manage the risk introduced by this change will further minimize possible concerns. Therefore, this change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. Do the proposed changes create the possibility of a new or different kind of accident from any previously evaluated?

The proposed change does not involve a physical alteration of the plant (no new or different type of equipment will be installed). Allowing delay times for entering supported system TS when inoperability is due solely to inoperable snubbers, if risk is assessed and managed, will not introduce new failure modes or effects and will not, in the absence of other unrelated failures, lead to an accident whose consequences exceed the consequences of accidents previously evaluated. The addition of a requirement to assess and manage the risk introduced by this change will further minimize possible concerns. Thus, this change does not create the possibility of a new or different kind of accident from an accident previously evaluated.

3. Do the proposed changes involve a significant reduction in a margin of safety?

The proposed change allows a delay time for entering a supported system TS when the inoperability is due solely to an inoperable snubber, if risk is assessed and managed. The postulated seismic event requiring snubbers is a low-probability occurrence and the overall TS system safety function would still be available for the vast majority of anticipated challenges. The risk impact of the proposed TS changes was assessed following the three-tiered approach recommended in RG 1.177. A bounding risk assessment was performed to justify the proposed TS changes. This application of LCO 3.0.8 is predicated upon the licensee's performance of a risk assessment and the management of plant risk. The net change to the margin of safety is insignificant. Therefore, this change does not involve a significant reduction in a margin of safety. Based upon the reasoning presented above and the previous discussion of the amendment request, the requested change does not involve a no-significant-hazards consideration.

The NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

*Attorneys for licensee:* M. Stanford Blanton, Esq., Balch and Bingham, Post Office Box 306, 1710 Sixth Avenue North, Birmingham, Alabama 35201; Mr. Ernest L. Blake, Jr., Esquire, Shaw, Pittman, Potts and Trowbridge, 2300 N Street, NW., Washington, DC 20037; Mr. Arthur H. Domby, Troutman Sanders, Nations Bank Plaza, Suite 5200, 600 Peachtree Street, NE., Atlanta, Georgia 30308–2216.

*NRC Branch Chief:* Evangelos C. Marinos.

*Southern Nuclear Operating Company, Inc., Docket Nos. 50–424 and 50–425, Vogtle Electric Generating Plant, Units 1 and 2, Burke County, Georgia*

*Date of amendment request:* March 29, 2006.

*Description of amendment request:* The amendment would revise the Technical Specifications (TS) to adopt Nuclear Regulatory Commission (NRC)-approved Revision 4 to Technical Specification Task Force (TSTF) Standard Technical Specification Change Traveler, TSTF–449, ''Steam Generator Tube Integrity.'' The proposed amendment includes changes to the TS definition of Leakage; TS 3.4.13, ''Reactor Coolant System, Operational Leakage''; TS 5.5.9, ''Steam Generator (SG) Tube Surveillance Program''; and TS 5.6.10, ''Steam Generator Tube Inspection Report''; and adds TS 3.4.17, ''Steam Generator (SG) Tube Integrity.'' The proposed changes are necessary in order to implement the guidance for the industry initiative on NEI (Nuclear Energy Institute) 97–06, ''Steam Generator Program Guidelines.''

The NRC staff published a notice of opportunity for comment in the **Federal Register** on March 2, 2005 (70 FR 10298), on possible amendments adopting TSTF–449, including a model safety evaluation and model no significant hazards consideration (NSHC) determination, using the consolidated line-item improvement process. The NRC staff subsequently issued a notice of availability of the models for referencing in license amendment applications in the **Federal Register** on May 6, 2005 (70 FR 24126). The licensee affirmed the applicability of the following NSHC determination in its application dated March 29, 2006.

*Basis for proposed no significant hazards consideration determination:* As required by 10 CFR 50.91(a), an analysis of the issue of no significant hazards consideration is presented below:

Criterion 1—The Proposed Change Does Not Involve a Significant Increase in the Probability or Consequences of an Accident Previously Evaluated.

The proposed change requires a SG Program that includes performance criteria that will provide reasonable assurance that the SG tubing will retain integrity over the full range of operating conditions (including startup, operation in the power range, hot standby, cooldown and all anticipated transients included in the design specification). The SG performance criteria are based on tube structural integrity, accident induced leakage, and operational LEAKAGE.

A Steam Generator Tube Rupture (SGTR) event is one of the design basis accidents that are analyzed as part of a plant's licensing basis. In the analysis of a SGTR event, a bounding primary to secondary LEAKAGE rate equal to the operational LEAKAGE rate limits in the licensing basis plus the LEAKAGE rate associated with a double-ended rupture of a single tube is assumed.

For other design basis accidents such as Main Steam Line Break (MSLB), rod ejection, and reactor coolant pump locked rotor the tubes are assumed to retain their structural integrity (*i.e.*, they are assumed not to rupture). These analyses typically assume that primary to secondary LEAKAGE for all SGs is 1 gallon per minute or increases to 1 gallon per minute as a result of accident induced stresses. The accident induced leakage criterion introduced by the proposed changes accounts for tubes that may leak during design basis accidents. The accident induced leakage criterion limits this leakage to no more than the value assumed in the accident analysis.

The SG performance criteria proposed change to the TSs identifies the standards against which tube integrity is to be measured. Meeting the performance criteria provides reasonable assurance that the SG tubing will remain capable of fulfilling its specific safety function of maintaining reactor coolant pressure boundary integrity throughout each operating cycle and in the unlikely event of a design-basis accident. The performance criteria are only a part of the SG Program required by the proposed change to the TSs. The program, defined by NEI 97–06, Steam Generator Program Guidelines, includes a framework that incorporates a balance of prevention, inspection, evaluation, repair, and leakage monitoring. The proposed changes do not, therefore, significantly increase the probability of an accident previously evaluated.

The consequences of design-basis accidents are, in part, functions of the DOSE EQUIVALENT I–131 in the primary coolant and the primary to secondary LEAKAGE

rates resulting from an accident. Therefore, limits are included in the plant technical specifications for operational leakage and for DOSE EQUIVALENT I–131 in primary coolant to ensure the plant is operated within its analyzed condition. The typical analysis of the limiting design basis accident assumes that primary to secondary leak rate after the accident is 1 gallon per minute with no more than 500 gallons per day in any one SG, and that the reactor coolant activity levels of DOSE EQUIVALENT I–131 are at the TS values before the accident.

The proposed change does not affect the design of the SGs, their method of operation, or primary coolant chemistry controls. The proposed approach updates the current TSs and enhances the requirements for SG inspections. The proposed change does not adversely impact any other previously evaluated design basis accident and is an improvement over the current TSs.

Therefore, the proposed change does not affect the consequences of a SGTR accident and the probability of such an accident is reduced. In addition, the proposed change does not affect the consequences of an MSLB, rod ejection, or a reactor coolant pump locked rotor event, or other previously evaluated accident.

Criteria 2—The Proposed Change Does Not Create the Possibility of a New or Different Kind of Accident From Any Previously Evaluated.

The proposed performance-based requirements are an improvement over the requirements imposed by the current technical specifications. Implementation of the proposed SG Program will not introduce any adverse changes to the plant design basis or postulated accidents resulting from potential tube degradation. The result of the implementation of the SG Program will be an enhancement of SG tube performance. Primary to secondary LEAKAGE that may be experienced during all plant conditions will be monitored to ensure it remains within current accident analysis assumptions.

The proposed change does not affect the design of the SGs, their method of operation, or primary or secondary coolant chemistry controls. In addition, the proposed change does not impact any other plant system or component. The change enhances SG inspection requirements.

Therefore, the proposed change does not create the possibility of a new or different type of accident from any accident previously evaluated.

Criterion 3—The Proposed Change Does Not Involve a Significant Reduction in the Margin of Safety.

The SG tubes in pressurized water reactors are an integral part of the reactor coolant pressure boundary and, as such, are relied upon to maintain the primary system's pressure and inventory. As part of the reactor coolant pressure boundary, the SG tubes are unique in that they are also relied upon as a heat transfer surface between the primary and secondary systems such that residual heat can be removed from the primary system. In addition, the SG tubes isolate the radioactive fission products in the primary coolant from the secondary system. In summary, the safety function of an SG is maintained by ensuring the integrity of its tubes.

Steam generator tube integrity is a function of the design, environment, and the physical condition of the tube. The proposed change does not affect tube design or operating environment. The proposed change is expected to result in an improvement in the tube integrity by implementing the SG Program to manage SG tube inspection, assessment, repair, and plugging. The requirements established by the SG Program are consistent with those in the applicable design codes and standards and are an improvement over the requirements in the current TSs.

For the above reasons, the margin of safety is not changed and overall plant safety will be enhanced by the proposed change to the TSs.

The NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

*Attorney for licensee:* Mr. Arthur H. Domby, Troutman Sanders, NationsBank Plaza, Suite 5200, 600 Peachtree Street, NE., Atlanta, Georgia 30308–2216.

*NRC Branch Chief:* Evangelos C. Marinos.

*Tennessee Valley Authority, Docket No. 50–259, Browns Ferry Nuclear Plant, Unit 1, Limestone County, Alabama*

*Date of amendment request:* January 6, 2006 (TS–443).

*Description of amendment request:* The proposed amendment involves the activation of thermal-hydraulic stability monitoring instrumentation and would allow for the operation of the Oscillating Power Range Monitor (OPRM) module in the ''armed'' mode when the unit returns to power operations. The OPRM module of the Power Range Neutron Monitoring System is designed to provide the licensee's solution regarding reactor stability.

*Basis for proposed no significant hazards consideration determination:* 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. Does the proposed amendment involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No

Operating in the region of the power-to-flow map where instabilities can occur may cause a slight, but not significant, increase in the possibility that an instability will occur. This slight increase is acceptable because the OPRM Upscale trip function automatically detects and suppresses design basis thermal-hydraulic power oscillations prior to challenging the fuel MCPR [Minimum Critical Power Ratio] Safety Limit. Thus, the proposed changes do not significantly increase the probability of an accident previously evaluated.

Since the OPRM Upscale trip function precludes challenges to the fuel MCPR Safety Limit, the proposed changes do not involve a significant increase in the consequences of an accident previously evaluated.

2. Does the proposed amendment create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No

The proposed changes do not modify the basic functional requirements of the affected equipment nor create any new system failure modes or sequence of events that could lead to an accident. The worst case failure of the affected equipment is failure to perform a mitigation action. Failure of this equipment to perform a mitigating action does not create the possibility of a new or different kind of accident.

No new external threats or release pathways are created. Therefore, the proposed changes do not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. Does the proposed amendment involve a significant reduction in a margin of safety?

Response: No

The proposed changes do not revise any safety margin requirements. The OPRM Upscale trip function is designed to meet all requirements of General Design Criteria (GDC) 10 and 12 by automatically detecting and suppressing design basis thermal-hydraulic power oscillations prior to challenging the fuel MCPR Safety Limit. Thus, the new equipment improves the ability of the equipment to automatically enforce compliance with margins of safety.

Therefore, the proposed changes do not involve a reduction in a 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.

*Attorney for licensee:* General Counsel, Tennessee Valley Authority, 400 West Summit Hill Drive, ET 11A, Knoxville, Tennessee 37902.

*NRC Branch Chief:* Michael L. Marshall, Jr.

*Tennessee Valley Authority, Docket No. 50–390, Watts Bar Nuclear Plant, Unit 1, Rhea County, Tennessee*

*Date of amendment request:* February 24, 2006 (TS–06–02).

*Description of amendment request:* The proposed amendment would revise the Updated Final Safety Analysis Report (UFSAR) Section 15.5 dose analysis inputs and results for the steam generator tube rupture (SGTR) accident. This analysis is being revised for both the current steam generators and the revised primary and secondary side

mass releases associated with the new replacement steam generators, which are scheduled to be installed during the Unit 1, Cycle 7 Refueling Outage in the Fall 2006. The analysis for the current steam generators was revised as a result of an error identified in the computer model used to calculate the dose consequences to the Main Control Room subsequent to an accident.

*Basis for proposed no significant hazards consideration determination:* 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. Does the proposed change involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

The postulated SGTR analysis was revised to determine the control room operator and offsite dose due to correction of computer model input errors and for primary and secondary side mass releases associated with the replacement steam generators. The COROD and Control Room Emergency Ventilating System (CREVS) computer model input errors are software issues which affect analysis results but do not affect operation of plant systems. Consequently, correction of these errors does not have an affect on the probability of occurrence of an accident. The change in the primary and secondary side mass releases associated with the replacement steam generators results in changes to the input to the current SGTR accident analysis. The revised analysis results in an increase the calculated Main Control Room (MCR) SGTR doses. However, the changes in primary and secondary side mass releases and associated release time sequence does not increase the probability of an accident previously evaluated.

The COROD and CREVS computer model input errors and revised primary and secondary side mass releases associated with the replacement steam generators will result in an increase in the calculated MCR pre-accident iodine spike thyroid dose; however the resulting calculated MCR dose does not exceed 10 CFR 50, Appendix A, General Design Criteria (GDC) 19, ''Control Room,'' dose limits as specified in NUREG–0800, ''Standard Review Plan.'' Other offsite and MCR doses (gamma, beta, and thyroid) associated with the SGTR accident for the current steam generators and the replacement steam generators either remain the same, decrease slightly or increase slightly. These changes are within the ten percent allowable increase criteria of NEI [Nuclear Energy Institute] 96–07, Revision 1. These doses remain within a small fraction of the 10 CFR 100, ''Reactor Site Criteria,'' and 10 CFR 50 Appendix A, GDC 19 as specified in NUREG–0800. Consequently, the changes do not involve a significant increase in the consequences of an accident previously evaluated.

Based on the above, the proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. Does the proposed change create the possibility of a new or different kind of accident from any accident previously evaluated?

Response: No.

The COROD and CREVS computer model input errors are software issues which affect analysis results but do not result in new accident initiators since operation of plant systems and equipment are not affected. Thus, these input changes do not create the possibility of new or different kind of accident from those previously evaluated. The change in the primary and secondary side mass releases associated with the replacement steam generators result in changes to the input to the current SGTR accident analysis. The revised analysis results in an increase in the calculated MCR doses. However, the changes in primary and secondary side mass releases and associated release time sequence do not create the possibility of a new or different kind of accident than previously evaluated.

Based on the above, the changes will not initiate an accident nor create any new failure mechanisms. The changes do not result in any event previously deemed incredible being made credible. In addition; the changes will not result in any increase in the challenges to safety systems. Therefore, the proposed changes do not create the possibility of a new or different kind of accident from any previously evaluated.

3. Does the proposed change involve a significant reduction in a margin of safety?

Response: No.

The proposed changes to the affected UFSAR tables revise the calculation input for offsite and MCR dose values for the SGTR accident. The MCR thyroid dose (21 μCi/gm case) for the current steam generators and the revised mass releases associated with the replacement steam generators exceeds the ten percent allowable increase criteria of NEI 96–07, Revision 1. Offsite doses for the current steam generators remain the same and then decrease slightly for the replacement steam generators. The MCR gamma and beta doses (21 μCi/gm case) increase slightly for the current steam generators and then decrease slightly for the replacement steam generators. The MCR gamma, beta and thyroid doses (0.265 μCi/gm case) increase slightly for the current steam generators and then decrease slightly for the revised mass releases associated with the replacement steam generators.

The above changes in SGTR accident doses are acceptable since the MCR doses do not exceed the requirements in 10 CFR 50, Appendix A, GDC 19 and the whole body and thyroid doses at the exclusion area and the lower population zone outer boundaries remain the same or decrease relative to the UFSAR values. Therefore, the proposed changes do not involve a significant reduction in a 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.

*Attorney for licensee:* General Counsel, Tennessee Valley Authority, 400 West Summit Hill Drive, ET 11A, Knoxville, Tennessee 37902

*NRC Branch Chief:* Michael L. Marshall, Jr.

**Notice of Issuance of Amendments To Facility Operating Licenses**

During the period since publication of the last biweekly notice, the Commission has issued the following amendments. The Commission has determined for each of these amendments that the application complies with the standards and requirements of the Atomic Energy Act of 1954, as amended (the Act), and the Commission's rules and regulations. The Commission has made appropriate findings as required by the Act and the Commission's rules and regulations in 10 CFR Chapter I, which are set forth in the license amendment.

Notice of Consideration of Issuance of Amendment to Facility Operating License, Proposed No Significant Hazards Consideration Determination, and Opportunity for A Hearing in connection with these actions was published in the **Federal Register** as indicated.

Unless otherwise indicated, the Commission has determined that these amendments satisfy the criteria for categorical exclusion in accordance with 10 CFR 51.22. Therefore, pursuant to 10 CFR 51.22(b), no environmental impact statement or environmental assessment need be prepared for these amendments. If the Commission has prepared an environmental assessment under the special circumstances provision in 10 CFR 51.12(b) and has made a determination based on that assessment, it is so indicated.

For further details with respect to the action see (1) The applications for amendment, (2) the amendment, and (3) the Commission's related letter, Safety Evaluation and/or Environmental Assessment as indicated. All of these items are available for public inspection at the Commission's Public Document Room (PDR), located at One White Flint North, Public File Area 01F21, 11555 Rockville Pike (first floor), Rockville, Maryland. Publicly available records will be accessible from the Agencywide Documents Access and Management Systems (ADAMS) Public Electronic Reading Room on the Internet at the NRC Web site, *http://www.nrc.gov/reading-rm/adams.html.* If you do not have access to ADAMS or if there are problems in accessing the documents

located in ADAMS, contact the PDR Reference staff at 1 (800) 397–4209, (301) 415–4737 or by e-mail to *pdr@nrc.gov.*

*Carolina Power & Light Company, Docket Nos. 50–325 and 50–324, Brunswick Steam Electric Plant, Units 1 and 2, Brunswick County, North Carolina*

*Date of application for amendments:* August 11, 2005, as supplemented by letters dated October 11, November 16, and December 12, 2005, and February 7, 2006.

*Brief Description of amendments:* The amendments revise Technical Specification (TS) Surveillance Requirement 3.6.1.3.9 with respect to the allowed leakage rate through each Main Steam Isolation Valve.

*Date of issuance:* March 2, 2006.

*Effective date:* March 2, 2006.

*Amendment Nos.:* 239 and 267.

*Facility Operating License Nos. DPR–71 and DPR–62:* Amendments change the TS.

*Date of initial notice in* ***Federal Register:*** September 13, 2005 (70 FR 54087). The letters dated October 11, November 16, and December 12, 2005, and February 7, 2006, provided clarifying information that was within the scope of the initial notice and did not change the initial proposed no significant hazards consideration determination.

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated March 2, 2006.

No significant hazards consideration comments received: No.

*Carolina Power & Light Company, et al., Docket No. 50–400, Shearon Harris Nuclear Power Plant, Unit 1, Wake and Chatham Counties, North Carolina*

*Date of application for amendment:* April 6, 2005, as supplemented by letters dated August 8, and December 9, 2005.

*Brief description of amendment:* This amendment revises Technical Specification (TS) 6.8.4.k, ''Containment Leakage Rate Testing Program'' and TS Surveillance Requirement 4.6.1.6.1, ''Containment Vessel Surfaces.'' Specifically, the amendment allows a one-time extension of Appendix J to Part 50 of Title 10 of the Code of Federal Regulation, Type A, Containment Integrated Leak Rate Test interval from once in 10 years to once in 15 years.

*Date of issuance:* March 30, 2006.

*Effective date:* March 30, 2006.

*Amendment No.:* 122.

*Facility Operating License No. NPF–63:* Amendment revises the TS.

*Date of initial notice in* ***Federal Register:*** October 11, 2005 (70 FR 59084). The supplemental letters provided clarifying information that was within the scope of the initial notice and did not change the initial proposed no significant hazards consideration determination.

The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated March 30, 2006.

No significant hazards consideration comments received: No.

*Dairyland Power Cooperative, Docket No. 50–409, La Crosse Boiling Water Reactor, Genoa, Wisconsin*

*Date of amendment request:* December 13, 2005.

*Brief description of amendment:* The amendment revises Technical Specifications to allow waste processing components or fixtures to be handled over the Fuel Element Storage Well (FESW), limiting the weight of such items to 50 tons (the weight of the heavy load drop found acceptable in the cask drop analyses performed for the La Crosse Boiling Water Reactor FESW).

*Date of issuance:* April 3, 2006.

*Effective date:* April 3, 2006.

*Amendment No.:* 70.

*Possession Only License No. DPR–45:* The amendment revises the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** February 14, 2006 (71 FR 7804).

The Commission's related evaluation of the amendment is contained in a Safety Evaluation Report, dated April 3, 2006.

No significant hazards consideration comments received: No.

*Entergy Nuclear Operations, Inc., Docket No. 50–293, Pilgrim Nuclear Power Station, Plymouth County, Massachusetts*

*Date of application for amendment:* May 24, 2005.

*Brief description of amendment:* The amendment revised the applicability requirements of Technical Specification 3.7.A.5.a. and 3.7.A.i. related to primary containment oxygen concentration and drywell-to-suppression chamber differential pressure limits.

*Date of issuance:* April 10, 2006.

*Effective date:* As of the date of issuance, and shall be implemented within 60 days.

*Amendment No.:* 218.

*Facility Operating License No. DPR–35:* The amendment revised the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** August 30, 2005 (70 FR 51380).

The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated April 10, 2006.

No significant hazards consideration comments received: No.

*Exelon Generation Company, LLC, Docket Nos. 50–237 and 50–249, Dresden Nuclear Power Station, Units 2 and 3, Grundy County, Illinois; Docket Nos. 50–254 and 50–265, Quad Cities Nuclear Power Station, Units 1 and 2, Rock Island County, Illinois*

*Date of application for amendments:* June 15, 2005, as supplemented by letters dated January 26, January 31, February 22, March 3, and March 23, 2006.

*Brief description of amendments:* The amendment allows a transition to Westinghouse SVEA–96 Optima2 fuel at Dresden Nuclear Power Station (DNPS) and Quad Cities Nuclear Power Station (QCNPS) beginning with the QCNPS, Unit 2 refueling outage in March 2006. Specifically, the amendment revised Technical Specifications (TSs) Section 3.1.4, ''Control Rod Scram Times,'' TS Section 4.2.1, ''Fuel Assemblies,'' and TS Section 5.6.5, ''Core Operating limits Report (COLR),'' to support this transition. Additionally, a new surveillance requirement was added to verify sodium pentaborate enrichment. The core reload analyses using the new Westinghouse analytical methods for the affected units may result in the need for additional TS changes to support the transition to Westinghouse SVEA–96 Optima2 fuel, such as a change to the safety limit minimum critical power ratio.

*Date of issuance:* April 4, 2006.

*Effective date:* As of the date of issuance and shall be implemented prior to unit startup with a reactor core containing Westinghouse SVEA–96 Optima2 fuel.

*Amendment Nos.:* 220/211, 231/227.

Facility Operating License Nos. DPR–19, DPR–25, DPR–29 and DPR–30. The amendments revised the Technical Specifications and Surveillance Requirements.

*Date of initial notice in* ***Federal Register:*** July 19, 2005 (70 FR 41445).

The January 26, January 31, February 22, March 3, and March 23, 2006, supplements, contained clarifying information and did not change the NRC staff's initial proposed finding of no significant hazards consideration.

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated April 4, 2006. No significant hazards consideration comments received: No.

*Exelon Generation Company, LLC, Docket No. 50–265, Quad Cities Nuclear Power Station, Unit 2, Rock Island County, Illinois*

*Date of application for amendments:* December 15, 2005, as supplemented by letters dated February 13 and March 3, 2006.

*Brief description of amendments:* The amendment revised the safety limit minimum critical power ratio values in Technical Specification (TS) Section 2.1.1, ''Reactor Core SLs.'' Specifically, the change required that for Quad Cities, Unit 2, the minimum critical power ratio (MCPR) for Global Nuclear Fuel fuel shall be ≥ 1.09 for two recirculation loop operation or ≥ 1.10 for single recirculation loop operation. Additionally, the change required that the MCPR for Westinghouse fuel shall be ≥ 1.11 for two recirculation loop operation or ≥ 1.13 for single loop operation.

*Date of issuance:* March 31, 2006.

*Effective date:* As of the date of issuance and shall be implemented prior to unit startup with a reactor core containing Westinghouse Optima2 fuel.

*Amendment No.:* 226.

*Facility Operating License No. DPR–30:* The amendment revised the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** January 17, 2006 (71 FR 2591).

The February 13, 2006, and March 3, 2006, supplements, contained clarifying information and did not change the NRC staff's initial proposed finding of no significant hazards consideration.

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated March 31, 2006.

No significant hazards consideration comments received: No.

*Florida Power and Light Company, et al., Docket No. 50–389, St. Lucie Plant, Unit No. 2, St. Lucie County, Florida*

*Date of application for amendment:* November 8, 2004, as supplemented March 31, 2005, and February 13, 2006.

*Brief description of amendment:* The amendment revises Technical Specification (TS) Section 4.4.5.4 to modify the definitions of steam generator tube ''Plugging Limit'' and ''Tube Inspection.'' The purpose of these modifications is to define the depth of the required tube inspections and to clarify the plugging criteria within the tubesheet region. The amendment also modifies TS Section 4.4.5.5, ''Reports,'' to require a Special Report of indications found in the tubesheet region following each inspection.

*Date of Issuance:* April 11, 2006.

*Effective Date:* As of the date of issuance and shall be implemented within 60 days of issuance.

*Amendment No.:* 143.

*Renewed Facility Operating License No. NPF–16:* Amendment revised the TS.

*Date of initial notice in* ***Federal Register:*** November 24, 2004 (69 FR 68404).

The March 31, 2005, and February 13, 2006, Supplements did not affect the original proposed no significant hazards determination, or expand the scope of the request as noticed in the **Federal Register**.

The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated April 11, 2006.

No significant hazards consideration comments received: No.

*Nebraska Public Power District, Docket No. 50–298, Cooper Nuclear Station, Nemaha County, Nebraska*

*Date of amendment request:* April 13, 2005, as supplemented by letter dated September 29, 2005.

*Brief description of amendment:* The amendment incorporated several Technical Specification Task Force (TSTF) changes to the licensee's Technical Specifications (TSs). The specific TSTF changes that were incorporated are:

1. TSTF–222–A, Revision 1, ''Control Rod Scram Time Testing''—This change modifies TS Section 3.1.4, ''Control Rod Scram Times,'' to clarify that control rod scram time testing is required only for core cells in which work on the control rod or drive has been performed or fuel has been moved or replaced.

2. TSTF–275–A, Revision 0, ''Clarify Requirement for EDG [emergency diesel generator] start signal on RPV [reactor pressure vessel] Level—Low, Low, Low during RPV cavity flood-up''—This change modifies the TS Section 3.3.5.1, ''ECCS [emergency core cooling system] Instrumentation,'' to clarify that the ECCS initiation instrumentation, identified as being required in modes 4 and 5, is required to be operable only when the associated ECCS subsystems are required to be operable as defined in limiting condition of operation (LCO) 3.5.2, ''ECCS—Shutdown.''

3. TSTF–300–A, Revision 0, ''Eliminate DG [diesel generator] LOCA [loss-of-coolant accident]-Start SRs [surveillance requirements] while in S/D [shutdown] when no ECCS is Required''—This change modifies the TS Section 3.8.2, ''AC [alternating current] Sources—Shutdown,'' to add an additional note to the surveillance that verifies automatic start of the emergency diesel generators and automatic load shedding from the emergency buses, is considered to be met without the ECCS initiation signals operable when ECCS initiation signals are not required to be operable per Table 3.3.5.1–1, ECCS Instrumentation.

4. TSTF–225, Revision 2, ''Fuel movement with inoperable refueling equipment interlocks''—This change modifies TS Section 3.9.1, ''Refueling Equipment Interlocks,'' to add required actions to allow insertion of a control rod withdrawal block and verification that all control rods are fully inserted as alternate actions to suspending in-vessel fuel movement in the event that one or more required refueling equipment interlocks are inoperable.

*Date of issuance:* March 30, 2006.

*Effective date:* As of the date of issuance and shall be implemented within 60 days of issuance.

*Amendment No.:* 218.

*Facility Operating License No. DPR–46:* Amendment revised the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** June 7, 2005 (70 FR 33216).

The supplement dated September 29, 2005, provided additional information that clarified the application, did not expand the scope of the application as originally noticed, and did not change the staff's original proposed no significant hazards consideration determination as published in the **Federal Register**.

The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated March 30, 2006.

No significant hazards consideration comments received: No.

*Omaha Public Power District, Docket No. 50–285, Fort Calhoun Station, Unit No. 1, Washington County, Nebraska*

*Date of amendment request:* November 8, 2005, as supplemented by letters dated March 17 and 27, 2006.

*Brief description of amendment:* The amendment adds limits and controls for the spent fuel cask loading and unloading operations in the spent fuel pool (SFP). The change modifies the technical specifications (TSs) by adding a new Limiting Condition for Operation (LCO) 2.8.3(6) that establishes (1) A boron concentration requirement during cask loading operations in the SFP, and (2) a spent fuel burnup-initial enrichment limit in the spent fuel cask to ensure subcritical conditions are maintained during spent fuel cask loading operations in the SFP. In addition, the change modifies TS Tables 3–4 and 3–5, and adds a new subsection 4.3.1.3 in Design Features 4.3.1 to describe the spent fuel cask design

features. In addition, editorial changes were made mostly to make the TSs consistent with the proposed changes and to conform pagination.

*Date of issuance:* April 10, 2006.

*Effective date:* The license amendment is effective as of its date of issuance.

*Amendment No.:* 239.

*Renewed Facility Operating License No. DPR–40:* The amendment revised the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** December 20, 2005 (70 FR 75494).

The March 17 and 27, 2006, supplemental letters provided information that clarified the application, did not expand the scope of the application as originally noticed, and did not change the staff's original proposed no significant hazards consideration determination. The Commission's related evaluation of the amendment is contained in a safety evaluation dated April 10, 2006.

No significant hazards consideration comments received: No.

*PPL Susquehanna, LLC, Docket No. 50–387 and 50–388, Susquehanna Steam Electric Station, Units 1 and 2 (SSES 1 and 2), Luzerne County, Pennsylvania*

*Date of application for amendments:* October 5, 2005.

*Brief description of amendments:* The amendments change the SSES 1 and 2 Technical Specifications (TSs) 3.4.10, ''RCS [Reactor Coolant System] Pressure and Temperature (P/T) Limits,'' by removing the valid P/T curve limit date and replacing it with the effective full-power years (EFPY) of radiation exposure on each of the P/T limit curves for SSES 1 and 2. The new P/T limit will be 35.7 EFPY for SSES 1 and 30.2 EFPY for SSES 2.

*Date of issuance:* March 30, 2006.

*Effective date:* As of the date of issuance and to be implemented within 30 days.

*Amendment Nos.:* 232 and 209.

*Facility Operating License Nos. NPF–14 and NPF–22:* The amendments revised the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** January 17, 2006 (71 FR 2595).

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated March 30, 2006.

No significant hazards consideration comments received: No.

*PPL Susquehanna, LLC, Docket Nos. 50–387 and 50–388, Susquehanna Steam Electric Station, Units 1 and 2, Luzerne County, Pennsylvania*

*Date of application for amendments:* October 5, 2005, as supplemented on March 31, 2006.

*Brief description of amendments:* These amendments revise the Technical Specifications by eliminating the requirements to submit monthly operating reports and occupational radiation exposure reports.

*Date of issuance:* April 6, 2006.

*Effective date:* April 6, 2006.

*Amendment Nos.:* 233 and 210.

*Facility Operating License Nos. NPF–14 and NPF–22:* The amendments revised the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** January 3, 2006 (71 FR 153).

The supplement dated March 31, 2006, provided additional information that clarified the application, did not expand the scope of the application as originally noticed, and did not change the staff's original proposed no significant hazards consideration determination.

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated April 6, 2006.

No significant hazards consideration comments received: No.

*PPL Susquehanna, LLC, Docket Nos. 50–387 and 50–388, Susquehanna Steam Electric Station, Units 1 and 2, Luzerne County, Pennsylvania*

*Date of application for amendments:* October 5, 2005, as supplemented on March 31, 2006.

*Brief description of amendments:* These amendments revise the Technical Specifications by eliminating the requirements associated with hydrogen recombiners, and hydrogen and oxygen monitors.

*Date of issuance:* April 6, 2006.

*Effective date:* As of the date of issuance and to be implemented within 60 days of the date of issuance.

*Amendment Nos.:* 234 and 211.

*Facility Operating License Nos. NPF–14 and NPF 22:* The amendments revised the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** January 3, 2006 (71 FR 152).

The supplement dated March 31, 2006, provided additional information that clarified the application, did not expand the scope of the application as originally noticed, and did not change the staff's original proposed no significant hazards consideration determination.

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated April 6, 2006.

No significant hazards consideration comments received: No.

*PSEG Nuclear LLC, Docket No. 50–354, Hope Creek Generating Station, Salem County, New Jersey*

*Date of application for amendment:* October 11, 2005.

*Brief description of amendment:* The amendment revises certain 18-month Technical Specification (TS) surveillance requirements to eliminate the condition that testing be conducted during shutdown conditions.

*Date of issuance:* April 4, 2006.

*Effective date:* As of the date of issuance, to be implemented within 60 days.

*Amendment No.:* 165.

*Facility Operating License No. NPF–57:* This amendment revised the TSs.

*Date of initial notice in* ***Federal Register:*** January 17, 2006 (71 FR 2593).

The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated April 4, 2006.

No significant hazards consideration comments received: No.

*PSEG Nuclear LLC, Docket No. 50–354, Hope Creek Generating Station, Salem County, New Jersey*

*Date of application for amendment:* October 11, 2005.

*Brief description of amendment:* The amendment removes the Technical Specification (TS) 3.1.5 requirement for the standby liquid control (SLC) system to be operable in Operational Condition 5 (refueling) with any control rod withdrawn. Corresponding changes are also made to the SLC initiation sections of TS Tables 3.3.2–1 and 4.3.2–1.

*Date of issuance:* April 7, 2006.

*Effective date:* As of the date of issuance, to be implemented within 60 days.

*Amendment No.:* 166.

*Facility Operating License No. NPF–57:* This amendment revised the TSs.

*Date of initial notice in* ***Federal Register:*** January 31, 2006 (71 FR 5083).

The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated April 7, 2006.

No significant hazards consideration comments received: No.

*PSEG Nuclear LLC, Docket No. 50–354, Hope Creek Generating Station, Salem County, New Jersey*

*Date of application for amendment:* October 11, 2005.

*Brief description of amendment:* The amendment changes the Technical Specifications (TSs) to relocate the component identification of the

overcurrent protective devices from TS 3/4.8.4.1 and TS 3/4.8.4.5 to the Updated Final Safety Analysis Report.

*Date of issuance:* April 10, 2006.

*Effective date:* As of the date of issuance, to be implemented within 60 days.

*Amendment No.:* 167.

*Facility Operating License No. NPF–57:* The amendment revised the TSs.

*Date of initial notice in* ***Federal Register:*** March 6, 2006 (71 FR 11233).

The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated April 10, 2006.

No significant hazards consideration comments received: No.

*Southern Nuclear Operating Company, Inc., Docket Nos. 50–348 and 50–364, Joseph M. Farley Nuclear Plant, Units 1 and 2, Houston County, Alabama*

*Date of amendments request:* September 27, 2005.

*Brief Description of amendments:* The amendments revise the Technical Specifications to eliminate the power range neutron high-flux negative rate reactor trip function.

*Date of issuance:* February 27, 2006.

*Effective date:* As of the date of issuance and shall be implemented prior to startup following refueling outage 21 for Unit 1 and prior to startup following refueling outage 18 for Unit 2.

*Amendment Nos.:* 171 and 164.

*Renewed Facility Operating License Nos. NPF–2 and NPF–8:* Amendments revise the Technical Specifications.

*Date of initial notice in* ***Federal Register:*** November 8, 2005 (70 FR 67750).

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated February 27, 2006.

No significant hazards consideration comments received: No.

*STP Nuclear Operating Company, Docket Nos. 50–498 and 50–499, South Texas Project, Units 1 and 2, Matagorda County, Texas*

*Date of amendment request:* August 30, 2005.

*Brief description of amendments:* The amendments revise Technical Specifications to reflect incorporation of the Westinghouse Electric Company Best Estimate Analyzer for Core Operations—Nuclear power distribution monitoring as described in Topical Report WCAP–124–P–A, ''BEACON—Core Monitoring and Operations Support System.''

*Date of issuance:* March 31, 2006.

*Effective date:* As of the date of issuance and shall be implemented within 90 days of issuance.

*Amendment Nos.:* Unit 1–175; Unit 2–163.

*Facility Operating License Nos. NPF–76 and NPF–80:* The amendments revised the Technical Specifications and Surveillance Requirements.

*Date of initial notice in* ***Federal Register:*** October 11, 2005 (70 FR 59088).

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated March 31, 2006.

No significant hazards consideration comments received: No.

*STP Nuclear Operating Company, Docket Nos. 50–498 and 50–499, South Texas Project, Units 1 and 2, Matagorda County, Texas*

*Date of amendment request:* August 30, 2005.

*Brief description of amendments:* The amendments revise Technical Specifications to reflect incorporation of the Westinghouse Electric Company Best Estimate Analyzer for Core Operations—Nuclear power distribution monitoring as described in Topical Report WCAP–124–P–A, ''BEACON—Core Monitoring and Operations Support System.''

*Date of issuance:* March 31, 2006.

*Effective date:* As of the date of issuance and shall be implemented within 90 days of issuance.

*Amendment Nos.:* Unit 1–175; Unit 2–163.

*Facility Operating License Nos. NPF–76 and NPF–80:* The amendments revised the Technical Specifications and Surveillance Requirements.

*Date of initial notice in* ***Federal Register:*** October 11, 2005 (70 FR 59088).

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated March 31, 2006.

No significant hazards consideration comments received: No.

*Tennessee Valley Authority, Docket Nos. 50–327 and 50–328, Sequoyah Nuclear Plant, Units 1 and 2, Hamilton County, Tennessee*

*Date of application for amendments:* September 1, 2005, as supplemented by letters dated March 16 and 30, 2006.

*Brief description of amendments:* The amendments temporarily revise the reactor protection system turbine trip allowable value for low trip system pressure from greater than or equal to 43 pounds per square inch gauge (psig) to 39.5 psig for Operating Cycle 15.

The amendments revise Technical Specification 2.2.1, Functional Unit 17.A allowable value in Table 2.2–1 ''Reactor Trip System Instrumentation Setpoints.''

*Date of issuance:* April 6, 2006.

*Effective date:* As of the date of issuance and shall be implemented within 45 days.

*Amendment Nos.* 307 and 296.

*Facility Operating License Nos. DPR–77 and DPR–79:* Amendments revised the technical specifications.

*Date of initial notice in* ***Federal Register:*** October 25, 2005 (70 FR 61662). The supplemental letters provided clarifying information that did not change the initial proposed no significant hazards consideration determination.

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated April 6, 2006.

No significant hazards consideration comments received: No.

*TXU Generation Company LP, Docket Nos. 50–445 and 50–446, Comanche Peak Steam Electric Station, Unit Nos. 1 and 2, Somervell County, Texas*

*Date of amendment request:* April 13, 2004, as supplemented by letters dated March 18 and August 31, 2005, and January 6, 2006.

*Description of amendment:* The amendments revise the Technical Specification (TS) 3.3.2, ''Engineered Safety Features Actuation System Instrumentation, '' Function 7.b, ''Refueling Water Storage Tank Level—Low Low'' trip setpoint, and revise the frequency of calibration of the level transmitters from every 9 months to every 18 months.

*Date of issuance:* March 30, 2006.

*Effective date:* As of the date of issuance and shall be implemented within 60 days from the date of issuance.

*Amendment Nos.:* 125 and 125.

*Facility Operating License Nos. NPF–87 and NPF–89:* The amendments revised the Technical Specifications and Surveillance Requirements.

*Date of initial notice in* ***Federal Register:*** May 11, 2004 (69 FR 26193). The March 18 and August 31, 2005, and January 6, 2006, supplemental letters provided additional information that clarified the application, did not expand the scope of the application as originally noticed, and did not change the staff's original proposed no significant hazards consideration determination as published in the **Federal Register**.

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated March 30, 2006.

No significant hazards consideration comments received: No.

**Notice of Issuance of Amendments to Facility Operating Licenses and Final Determination of No Significant Hazards Consideration and Opportunity for a Hearing (Exigent Public Announcement or Emergency Circumstances)**

During the period since publication of the last biweekly notice, the Commission has issued the following amendments. The Commission has determined for each of these amendments that the application for the amendment complies with the standards and requirements of the Atomic Energy Act of 1954, as amended (the Act), and the Commission's rules and regulations. The Commission has made appropriate findings as required by the Act and the Commission's rules and regulations in 10 CFR Chapter I, which are set forth in the license amendment.

Because of exigent or emergency circumstances associated with the date the amendment was needed, there was not time for the Commission to publish, for public comment before issuance, its usual Notice of Consideration of Issuance of Amendment, Proposed No Significant Hazards Consideration Determination, and Opportunity for a Hearing.

For exigent circumstances, the Commission has either issued a **Federal Register** notice providing opportunity for public comment or has used local media to provide notice to the public in the area surrounding a licensee's facility of the licensee's application and of the Commission's proposed determination of no significant hazards consideration. The Commission has provided a reasonable opportunity for the public to comment, using its best efforts to make available to the public means of communication for the public to respond quickly, and in the case of telephone comments, the comments have been recorded or transcribed as appropriate and the licensee has been informed of the public comments.

In circumstances where failure to act in a timely way would have resulted, for example, in derating or shutdown of a nuclear power plant or in prevention of either resumption of operation or of increase in power output up to the plant's licensed power level, the Commission may not have had an opportunity to provide for public comment on its no significant hazards consideration determination. In such case, the license amendment has been issued without opportunity for comment. If there has been some time for public comment but less than 30 days, the Commission may provide an opportunity for public comment. If comments have been requested, it is so stated. In either event, the State has been consulted by telephone whenever possible.

Under its regulations, the Commission may issue and make an amendment immediately effective, notwithstanding the pendency before it of a request for a hearing from any person, in advance of the holding and completion of any required hearing, where it has determined that no significant hazards consideration is involved.

The Commission has applied the standards of 10 CFR 50.92 and has made a final determination that the amendment involves no significant hazards consideration. The basis for this determination is contained in the documents related to this action. Accordingly, the amendments have been issued and made effective as indicated.

Unless otherwise indicated, the Commission has determined that these amendments satisfy the criteria for categorical exclusion in accordance with 10 CFR 51.22. Therefore, pursuant to 10 CFR 51.22(b), no environmental impact statement or environmental assessment need be prepared for these amendments. If the Commission has prepared an environmental assessment under the special circumstances provision in 10 CFR 51.12(b) and has made a determination based on that assessment, it is so indicated.

For further details with respect to the action see (1) The application for amendment, (2) the amendment to Facility Operating License, and (3) the Commission's related letter, Safety Evaluation and/or Environmental Assessment, as indicated. All of these items are available for public inspection at the Commission's Public Document Room (PDR), located at One White Flint North, Public File Area 01F21, 11555 Rockville Pike (first floor), Rockville, Maryland. Publicly available records will be accessible 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*. If you do not have access to ADAMS or if there are problems in accessing the documents located in ADAMS, contact the PDR Reference staff at 1 (800) 397–4209, (301) 415–4737 or by e-mail to *pdr@nrc.gov*.

The Commission is also offering an opportunity for a hearing with respect to the issuance of the amendment. Within 60 days after the date of publication of this notice, 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 2.309, which is available at the Commission's PDR, located at One White Flint North, Public File Area 01F21, 11555 Rockville Pike (first floor), Rockville, Maryland, and electronically on the Internet at the NRC Web site, *http://www.nrc.gov/reading-rm/doc-collections/cfr/*. If there are problems in accessing the document, contact the PDR Reference staff at 1 (800) 397–4209, (301) 415–4737, or by e-mail to *pdr@nrc.gov*. If a request for a hearing or petition for leave to intervene is filed by the above date, the Commission or a presiding officer designated by the Commission or by the Chief Administrative Judge of the Atomic Safety and Licensing Board Panel, will rule on the request and/or petition; and the Secretary or the Chief Administrative Judge of the Atomic Safety and Licensing Board will issue a notice of a hearing or an appropriate order.

As required by 10 CFR 2.309, 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 general requirements: (1) The name, address, and telephone number of the requestor or petitioner; (2) the nature of the requestor's/petitioner's right under the Act to be made a party to the proceeding; (3) the nature and extent of the requestor's/petitioner's property, financial, or other interest in the proceeding; and (4) the possible effect of any decision or order which may be entered in the proceeding on the requestor's/petitioner's interest. The petition must also identify the specific contentions which the petitioner/requestor seeks to have litigated at the proceeding.

Each contention must consist of a specific statement of the issue of law or fact to be raised or controverted. In addition, the petitioner/requestor shall provide a brief explanation of the bases for 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. The petition must include sufficient information to show that a genuine dispute exists with the applicant on a material issue of law or fact.[1] 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/requestor who fails to satisfy these requirements with respect to at least one contention will not be permitted to participate as a party.

Each contention shall be given a separate numeric or alpha designation within one of the following groups:

1. Technical—primarily concerns/issues relating to technical and/or health and safety matters discussed or referenced in the applications.

2. Environmental—primarily concerns/issues relating to matters discussed or referenced in the environmental analysis for the applications.

3. Miscellaneous—does not fall into one of the categories outlined above.

As specified in 10 CFR 2.309, if two or more petitioners/requestors seek to co-sponsor a contention, the petitioners/requestors shall jointly designate a representative who shall have the authority to act for the petitioners/requestors with respect to that contention. If a petitioner/requestor seeks to adopt the contention of another sponsoring petitioner/requestor, the petitioner/requestor who seeks to adopt the contention must either agree that the sponsoring petitioner/requestor shall act as the representative with respect to that contention, or jointly designate with the sponsoring petitioner/requestor a representative who shall have the authority to act for the petitioners/requestors with respect to that contention.

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. Since the Commission has made a final determination that the amendment involves no significant hazards consideration, if a hearing is requested, it will not stay the effectiveness of the amendment. Any hearing held would take place while the amendment is in effect.

A request for a hearing or a petition for leave to intervene must be filed by: (1) First class mail addressed to the Office of the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, Attention: Rulemaking and Adjudications Staff; (2) courier, express mail, and expedited delivery services: Office of the Secretary, Sixteenth Floor, One White Flint North, 11555 Rockville Pike, Rockville, Maryland, 20852, Attention: Rulemaking and Adjudications Staff; (3) e-mail addressed to the Office of the Secretary, U.S. Nuclear Regulatory Commission, *HearingDocket@nrc.gov*; or (4) facsimile transmission addressed to the Office of the Secretary, U.S. Nuclear Regulatory Commission, Washington, DC, Attention: Rulemakings and Adjudications Staff at (301) 415–1101, verification number is (301) 415–1966. 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 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 the attorney for the licensee.

Nontimely requests and/or petitions and contentions will not be entertained absent a determination by the Commission or the presiding officer or the Atomic Safety and Licensing Board that the petition, request and/or the contentions should be granted based on a balancing of the factors specified in 10 CFR 2.309(a)(1)(i)–(viii).

*AmerGen Energy Company, Docket No. 50–289, Three Mile Island, Unit 1, Dauphin County, Pennsylvania*

*Date of amendment request:* April 6, 2006.

*Description of amendment request:* The amendment revised Technical Specification (TS) 3.7.2.c, ''Unit Electric Power System,'' to increase the TS allowed outage time with one inoperable emergency diesel generator EDG–Y–1A from 7 days to 10 days, on a one-time basis.

*Date of issuance:* April 8, 2006.

*Effective date:* As of the date of issuance and is applicable until the emergency diesel generator EG–Y–1A is returned to operable status or until April 12, 2006, at 21:00 hours, whichever occurs first.

*Amendment No.:* 258.

*Facility Operating License No. DPR–50:* The amendment revised the TSs.

*Public comments requested as to proposed no significant hazards consideration (NSHC):* No. The Commission's related evaluation of the amendment, finding of emergency circumstances, State consultation, and final NSHC determination are contained in a safety evaluation dated April 8, 2006.

*Attorney for licensee:* Assistant General Counsel, AmerGen Energy Company, LLC 200 Exelon Way, Kennett Square, PA 19348.

*NRC Branch Chief:* Darrell J. Roberts.

*Arizona Public Service Company, et al., Docket No. STN 50–528, Palo Verde Nuclear Generating Station, Unit No. 1, Maricopa County, Arizona*

*Date of application for amendment:* March 31, 2006, as supplemented by letters dated March 31 and April 4, 2006.

*Brief description of amendment:* The amendment to the Updated Final Safety Analysis Report allows the use of an operator action as a compensatory measure to prevent exceeding the Train A shutdown cooling (SDC) system design basis vibration limit if a Loop 2 reactor coolant pump (RCP) should trip or have a sheared shaft during four-RCP operation. This compensatory measure would only be used during a one-time 12-hour period for root cause data collection in Mode 3. After the root cause data collection is completed, a modification will be implemented to reduce the SDC system vibration.

*Date of issuance:* April 6, 2006.

*Effective date:* April 6, 2006, and shall be implemented within 5 days of the date of issuance.

*Amendment No.:* Unit 1–159.

*Facility Operating License No. NPF–41:* The amendment revises the Updated Final Safety Analysis Report as set forth in the application for amendment by licensee letter dated March 31, 2006, as supplemented.

*Public comments requested as to proposed no significant hazards consideration (NSHC):* Yes. A public notice was published in the April 3 and 4, 2006, editions of the Arizona Republic. The notice provided an opportunity to submit comments on the Commission's proposed NSHC determination. No comments have been received. The Commission's related evaluation of the amendment, finding of exigent circumstances, state consultation, and final NSHC

[1] To the extent that the applications contain attachments and supporting documents that are not publicly available because they are asserted to contain safeguards or proprietary information, petitioners desiring access to this information should contact the applicant or applicant's counsel and discuss the need for a protective order.

determination are contained in a safety evaluation dated April 6, 2006. The March 31 and April 4, 2006, supplemental letters provided additional clarifying information, did not expand the scope of the application as originally noticed, and did not change the NRC staff's original proposed no significant hazards consideration determination.

*Attorney for licensee:* Kenneth C. Manne, Senior Attorney, Arizona Public Service Company, P.O. Box 52034, Mail Station 7636, Phoenix, Arizona 85072–2034.

*NRC Branch Chief:* David Terao.

*Florida Power and Light, et al., Docket No. 50–389, St. Lucie Nuclear Plant, Unit 2, St. Lucie County, Florida*

*Date of amendment request:* February 21, 2006.

*Description of amendment request:* The amendment revises the Technical Specifications (TSs) for the Containment Ventilation System to allow additional corrective actions for inoperable containment purge supply and exhaust valves. These corrective actions are consistent with the Standard TSs for Combustion Engineering plants.

*Date of issuance:* March 17, 2006.

*Effective date:* March 17, 2006.

*Amendment No.:* 142.

*Facility Operating License No. NPF–16:* Amendment revises the TSs.

*Public comments requested as to proposed no significant hazards consideration (NSHC):* Yes. 71 FR 10566 dated March 1, 2006. The notice provided an opportunity to submit comments on the Commission's proposed NSHC determination. No comments have been received. The notice also provided an opportunity to request a hearing by May 1, 2006, but indicated that if the Commission makes a final NSHC determination, any such hearing would take place after issuance of the amendment.

The Commission's related evaluation of the amendment, finding of exigent circumstances, state consultation, and final NSHC determination are contained in a safety evaluation dated March 17, 2006.

*Attorney for licensee:* M.S. Ross, Managing Attorney, Florida Power & Light Company, P.O. Box 14000, Juno Beach, FL 33408–0420.

*NRC Branch Chief:* Michael L. Marshall, Jr.

*Southern Nuclear Operating Company, Inc., Docket No. 50–425, Vogtle Electric Generating Plant, Unit 2, Burke County, Georgia*

*Date of amendment request:* March 29, 2006.

*Description of amendment request:* The amendment revised TS 3.7.6, ''Condensate Storage Tank (CST),'' to require two CSTs to be OPERABLE and to increase the combined safety-related minimum volume. The amendment also revised Surveillance Requirement 3.7.6 to reflect the additional limit for CST volume. This amendment is needed to resume power operation at the Vogtle Electric Generating Plant, Unit 2.

*Date of issuance:* March 31, 2006.

*Effective date:* As of the date of issuance, and shall be implemented within 30 days.

*Amendment No.:* 120.

*Facility Operating License No. NPF–81:* Amendment revises the technical specifications.

*Public comments requested as to proposed no significant hazards consideration (NSHC):* No. The Commission's related evaluation of the amendment, finding of emergency circumstances, State consultation, and final NSHC determination are contained in a safety evaluation dated March 31, 2006.

*Attorney for licensee:* Mr. Arthur H. Domby, Troutman Sanders, NationsBank Plaza, Suite 5200, 600 Peachtree Street, NE., Atlanta, Georgia 30308–2216.

*NRC Branch Chief:* Evangelos C. Marinos.

Dated at Rockville, Maryland, this 17th day of April 2006.

For the Nuclear Regulatory Commission.

**Catherine Haney,**

*Director, Division of Operating Reactor Licensing, Office of Nuclear Reactor Regulation.*

[FR Doc. 06–3901 Filed 4–24–06; 8:45 am]

**BILLING CODE 7590–01–P**

## POSTAL SERVICE

### Board of Governors; Sunshine Act Meeting

**TIMES AND DATES:** 10:30 a.m., Tuesday, May 2, 2006; 8:30 a.m. and 10 a.m., Wednesday, May 3, 2006.

**PLACE:** Washington, DC, at U.S. Postal Service Headquarters, 475 L'Enfant Plaza, SW., in the Benjamin Franklin Room.

**STATUS:** May 2, 10:30 a.m. (Closed); May 3, 8:30 a.m. (Open); May 3, 10 a.m. (Closed).

**MATTERS TO BE CONSIDERED:**

**Tuesday, May 2, at 10:30 a.m. (Closed)**

1. Strategic Planning.
2. Financial Update.
3. Rate Case Planning.
4. Labor Negotiations Planning.
5. Personnel Matters and Compensation Issues.

**Wednesday, May 3, at 8:30 a.m. (Open)**

1. Minutes of the Previous Meetings, February 7–8; and March 22–23, 2006.
2. Remarks of the Postmaster General and CEO Jack Potter.
3. Committee Reports and Committee Charters.
4. Capital Investments.
   a. Automated Flat Sorting Machine 100—Auto Induction Phase 2.
   b. Additional Delivery Barcode Sorter Equipment.
   c. Oklahoma City, Oklahoma, Regional Distribution Center.
5. Quarterly Report on Service Performance.
6. Quarterly Report on Financial Performance.
7. 2006 Privacy Trust Study of the U.S. Government.
8. Tentative Agenda for the June 6–7, 2006 meeting in Indianapolis, Indiana.

**Wednesday, May 3 at 10 a.m. (Closed)—(If Needed)**

1. Continuation of Tuesday's closed session agenda.

**FOR FURTHER INFORMATION CONTACT:** Wendy A. Hocking, Secretary of the Board, U.S. Postal Service, 475 L'Enfant Plaza, SW., Washington, DC 20260–1000. Telephone (202) 268–4800.

**Wendy A. Hocking,**

*Secretary.*

[FR Doc. 06–3950 Filed 4–21–06; 3:32 pm]

**BILLING CODE 7710–12–M**

## RAILROAD RETIREMENT BOARD

### Actuarial Advisory Committee With Respect to the Railroad Retirement Account; Notice of Public Meeting

Notice is hereby given in accordance with Public Law 92–463 that the Actuarial Advisory Committee will hold a meeting on May 24, 2006, at 10 a.m. at the office of the Chief Actuary of the U.S. Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois, on the conduct of the 23rd Actuarial Valuation of the Railroad Retirement System. The agenda for this meeting will include a discussion of the results and presentation of the 23rd Actuarial Valuation. The text and tables which constitute the Valuation will have prepared in draft form for review by the Committee. It is expected that this will be the last meeting of the Committee before publication of the Valuation.

The meeting will be open to the public. Persons wishing to submit written statements or make oral

presentations should address their communications or notices to the RRB Actuarial Advisory Committee, c/o Chief Actuary, U.S. Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611–2092.

Dated: April 18, 2006.

**Beatrice Ezerski,**

*Secretary of the Board.*

[FR Doc. 06–3893 Filed 4–24–06; 8:45 am]

**BILLING CODE 7905–01–M**

## SECURITIES AND EXCHANGE COMMISSION

**[Release No. 34–53677; File No. PCAOB–2006–01]**

## Public Company Accounting Oversight Board; Order Approving Proposed Ethics and Independence Rules Concerning Independence, Tax Services, and Contingent Fees and Notice of Filing and Order Granting Accelerated Approval of the Amendment Delaying Implementation of Certain of These Rules

April 19, 2006.

### I. Introduction

On July 26, 2005,[1] the Public Company Accounting Oversight Board (the ''Board'' or the ''PCAOB'') adopted proposed Ethics and Independence Rules Concerning Independence, Tax Services and Contingent Fees,[2] (herein, ''the proposed rules'') pursuant to the Sarbanes-Oxley Act of 2002 (the ''Act'') [3] and Section 19(b) of the Securities Exchange Act of 1934 (the ''Exchange Act'').[4] The proposed rules include general rules with respect to ethics and independence, restrict certain types of tax services a registered public accounting firm may provide to its audit clients, and prohibit contingent fee arrangements for any services a registered public accounting firm provides to its audit clients, in order to maintain its independence. On November 22, 2005, the Board adopted certain technical amendments to Rule 3502, including its title, and Rule 3522.[5]

Notice of the proposed rules, including the November 22, 2005 technical amendments, was published in the **Federal Register** on March 7, 2006,[6] and the Securities and Exchange Commission (''Commission'') received eight comment letters. For the reasons discussed below, the Commission is granting approval of the proposed rules.

On March 28, 2006, the PCAOB adopted an additional statement, delaying the implementation schedule for Rules 3523 and 3524 of the proposed rules,[7] and submitted that amendment to the filing to the Commission. The Commission finds there is good cause to approve this amendment prior to the thirtieth day after publication in the **Federal Register** and, for the reasons discussed below, the Commission is approving the amendment.

### II. Description

The Act established the PCAOB to oversee the audits of public companies and related matters, to protect investors, and to further the public interest in the preparation of informative, accurate and independent audit reports.[8] Section 103(a) of the Act directs the PCAOB to establish auditing and related attestation standards, quality control standards, and ethics standards to be used by registered public accounting firms in the preparation and issuance of audit reports as required by the Act or the rules of the Commission.

*Overall Framework (Rules 3501 and 3502)*

Proposed Rules 3501 and 3502 will create an overall framework within the PCAOB's ethics rules. Proposed Rule 3501 sets forth the requirement for the accounting firm to be independent of its audit client throughout the audit and professional engagement period as a fundamental ethical obligation of the auditor. This requirement for the auditor to be independent encompasses the obligation to satisfy the independence criteria set out in the rules and the standards of the PCAOB, but also an obligation to satisfy all other independence criteria applicable to the engagement, including the independence criteria set out in the rules and regulations of the Commission.

Proposed Rule 3502 establishes a standard of ethical conduct for persons associated with registered public accounting firms, indicating that these persons shall not take or omit to take an action knowing, or recklessly not knowing, that the act or omission would directly and substantially contribute to a violation by the accounting firm of the Act, the rules of the Board, or provisions of the securities laws. These two proposed rules would be effective 10 days after the date of this order.

*Contingent Fees (Rule 3521)*

Proposed Rule 3521 would treat registered public accounting firms as not independent if they enter into contingent fee arrangements, directly or indirectly, with audit clients.[9] While the PCAOB's definition of contingent fees was adapted from the Commission's definition, there are two distinct differences. The principal difference is the elimination of the exception in Rule 2–01(c)(5) of Regulation S–X for fees ''in tax matters, if determined based on the results of judicial proceedings or the findings of government agencies.'' The PCAOB found this provision had been misinterpreted and could permit fees that jeopardized the independence of auditors. In addition, the proposed rule would expressly indicate that the contingent fees cannot be received ''directly or indirectly'' from the audit client. We do not object to the language that has been included in the PCAOB's proposed rule. The proposed rule would not be applied to contingent fee arrangements that were paid in their entirety, converted to fixed fee arrangements, or otherwise unwound before 60 days after the date of this order.

*Tax Transactions (Rule 3522)*

Proposed Rule 3522 would prohibit auditors from providing any non-audit services to its audit clients related to the marketing, planning or opining in favor of the tax treatment of transactions that are confidential transactions under the Internal Revenue Service's regulations or transactions that would be considered aggressive tax position transactions.[10] As such, this proposed rule adds to the list of services an audit firm is prohibited from providing its audit clients in order to maintain its independence. While the Board considered a wide-range of tax services, they ultimately determined that these particular types of tax services

[1] On August 2, 2005, the PCAOB submitted its proposed rules to the Commission for approval.

[2] PCAOB Release No. 2005–014.

[3] 15 U.S.C. 7202 *et seq.*

[4] 15 U.S.C. 78s(b).

[5] PCAOB Release No. 2005–020. On November 23, 2005, the PCAOB submitted the technical amendments to the Commission for approval.

[6] Release No. 34–53427; File No. PCAOB–2006–01.

[7] PCAOB Release No. 2006–001.

[8] Section 101(a) of the Act.

[9] The proposed definition of ''contingent fee'' includes any fee established for the sale of a product or the performance of any service pursuant to an arrangement in which no fee will be charged unless a specified finding or result is attained, or in which the amount of the fee is otherwise dependent upon the finding or result of such product or service. However, a fee is not a contingent fee if the amount is fixed by courts or other public authorities and not dependent upon a finding or result.

[10] The PCAOB has defined aggressive tax positions as those that are initially recommended, directly or indirectly, by the auditor and a significant purpose of which is tax avoidance, unless the proposed tax treatment is at least more likely than not to be allowable under applicable tax laws.

(confidential transactions or aggressive tax transactions) represented a class of tax-motivated transactions that presented an unacceptable risk of impairing an auditor's independence. The proposed rule would not be applied to tax services that were completed by the accounting firm by 60 days after the Commission approves the rules.

*Tax Services for Persons in a Financial Reporting Oversight Role (Rule 3523)*

Proposed Rule 3523 adds to the list of services an audit firm is prohibited from providing its audit clients in order to maintain its independence by prohibiting audit firms from providing any tax service to any person who fills a financial reporting oversight role at an audit client,[11] or an immediate family member of such individual, unless such person is in that role solely because he or she is a member of the board of directors or similar management governing body. The proposed rule includes those individuals who are in a financial reporting oversight role at an affiliate of the entity being audited unless that affiliate is either not material to the consolidated entity or the affiliate's financial statements are audited by another auditor. Based on the March 28, 2006 amendment, this proposed rule would not be applied to tax services being provided pursuant to an engagement in process at the time the Commission approves the rules, provided that such services are completed on or before October 31, 2006.[12]

*Auditor's Responsibility in Connection With Audit Committee Pre-Approval of Tax Services (Rule 3524)*

Proposed Rule 3524 would require the auditor seeking pre-approval to perform tax services to provide the audit committee written documentation of the scope of the proposed tax service and the fee structure for the engagement, discuss with the audit committee the potential effects on the firm's independence of performance of the services, and document the firm's discussion with the audit committee.

The Board amended the proposed effective date for this rule as part of its March 28, 2006 statement. As amended, the proposed rule would not be applied to any tax service pre-approval occurring before 60 days after the Commission approves the rules. Additionally, due to considerations of potentially existing audit committee procedures and schedules for pre-approving all audit and non-audit services, in cases where the registrant pre-approves non-audit services via policies and procedures, the rule will not apply to any tax service that has started within one year after the Commission approves the rules. The Board provided this longer transition so that most tax services considered within an annual audit committee review process that occurred prior to Commission approval could proceed without the need for additional pre-approval.

**III. Discussion**

The Commission's comment period on the proposed rules ended on April 3, 2006, and the Commission received eight comment letters. The majority of comment letters came from accounting firms,[13] although one professional organization,[14] one registrant [15] and one individual also responded. In general, the respondents expressed support for the proposed rules, though a number of the commenters requested either revisions or additional clarifying guidance from either the Commission or the PCAOB, as discussed in more detail below.

*Response to Specific Request for Comment on Proposed Rule 3522*

In its public release of the proposed rules for comment, the Commission asked respondents to comment on proposed Rule 3522, specifically as to whether it was clear from the Board's discussion that a subsequent listing of a transaction, while not in and of itself impairing the auditor's independence prior to the listing of the transaction, may impact independence from the date of listing forward. Further, the Commission questioned whether additional guidance was necessary regarding the consideration of an auditor's independence when a transaction planned or opined on by the auditor subsequently becomes listed.

The accounting firms and the AICPA responded to this question. Some commenters [16] indicated that if the audit committee and the firm, in good faith, reached a conclusion that the proposed transaction was allowable at the time the tax services were provided, the subsequent listing of the transaction should not impair the auditor's independence, as long as the firm is not in a position of defending its original advice. The PCAOB received similar comments during its exposure of the rule and responded by stating that it agreed with commenters that a *per se* rule that a subsequent listing of a transaction impaired an auditor's independence in either the period of the transaction or subsequent to the listing was not appropriate. The PCAOB stated that firms should be cautious in participating in transactions that could become listed, and that subsequent to the listing the firm and the audit committee should consider the potential impact of defending the transaction on the auditor's independence.

Commenters [17] on the Commission's Notice requested guidance on the subsequent consideration of independence upon the listing of the transaction and made a number of suggestions. Suggestions on this included: Clarifying that a subsequent listing of a transaction has no retroactive impact on independence and does not *per se* impair independence going forward, clarifying that the subsequent determination as to the impact on auditor independence should rest primarily with the audit committee, and clarifying that an audit committee's good faith determination in determining if the subsequent listing impairs independence should be considered conclusive. We agree that listing of a transaction does not result in a *per se* violation of an auditor's independence in either the period in which the transaction occurred or in subsequent periods. Based on the large percentage of commenters who felt that additional guidance is necessary regarding the subsequent determination of independence upon the listing of a transaction, we encourage the PCAOB to provide such guidance within a reasonable period of time after the approval of the proposed rules.

*Rule 3523*

A number of commenters raised concerns in relation to the PCAOB's application of the principle of ''individuals in a financial reporting oversight role'' to its proposed Rule 3523. The PCAOB has proposed a definition of the term ''financial reporting oversight role'' that matches the way in which the Commission has defined the term in our independence rules. However, while the defined term is identical to the Commission's

[11] The PCAOB's definition of a ''financial reporting oversight role'' matches the Commission's definition of the same term.

[12] The proposed rule also provides a transition period for those individuals that are hired or promoted into a financial reporting oversight role; this transition period allows for the tax services in process to be completed within 180 days after the hiring or promotion.

[13] Deloitte & Touche LLP, Ernst & Young LLP, KPMG, McGladrey & Pullen, and PricewaterhouseCoopers.

[14] American Institute of Certified Public Accountants.

[15] Capital Group Companies.

[16] KPMG, E&Y, AICPA, PWC.

[17] D&T, PWC, McGladrey.

definition, the proposed application of that term differs from the Commission's application. In the Commission's independence rules pertaining to employment relationships, there are restrictions on the time frame in which a former professional employee of an audit firm can fill a ''financial reporting oversight role'' at an *issuer-client, or significant subsidiary of that issuer,* without negatively impacting the independence of the audit firm. In contrast, the PCAOB's proposed rule prohibits the audit firm from providing tax services to a person in a financial reporting oversight role at the *audit client or material affiliate of the audit client,* with some exceptions (*i.e.*, individuals who serve as directors are not included).

Commenters [18] expressed concerns that the PCAOB's proposed rule extends the definition of ''financial reporting oversight role'' to a broader group of individuals than the Commission's independence rule, and that application of the rule to such a broad group will make monitoring compliance burdensome. This issue was not raised in the PCAOB's comment period because the reference to individuals at material affiliates was added by the PCAOB in response to comments seeking clarification regarding whether the rule applied to immaterial subsidiaries. The PCAOB added language to the rule to make clear that it did not apply to immaterial subsidiaries. However, based on commenters' requests for further clarification, we encourage the PCAOB to issue additional guidance.

*Additional Comments*

The AICPA and one accounting firm commented how the standard for liability in the rule compares to the standard for liability under Section 21C of the Exchange Act. The AICPA also questions whether the PCAOB's standard setting authority encompassed the adoption of rules related to the responsibility of associated persons not to knowingly or recklessly contribute to an accounting firm's violation of rules or applicable law. We believe that the rule is within the scope of the PCAOB's authority, particularly its authority to establish ethical standards.

A number of commenters made requests for additional implementation guidance from the PCAOB upon the approval of the rules. Commenters raised questions regarding certain language in proposed Rule 3522 pertaining to the confidentiality restrictions in the rule and the use of the term ''planning'' in the rule text. Based on these comments, we recommend the PCAOB provide additional implementation guidance on these topics.

[18] AICPA, D&T, E&Y, KPMG, PWC.

**IV. Accelerated Approval of Amendment No. 1; Solicitation of Comments**

The Board's March 28, 2006 amendment to the implementation schedule for certain of the proposed rules (the ''March 28, 2006 amendment'') would delay the effective date for Rules 3523 and 3524.

Rule 3523 originally had an effective date of the later of June 30, 2006 or 10 days after the date that the Commission approved the rules. The PCAOB acknowledged in its adoption of the rule that the proposed rule would lead to some registered firms terminating recurring engagements to provide tax services and may require certain members of public companies' senior management to find other tax preparers. In order to allow for as smooth a transition as possible, the PCAOB decided to amend the effective date such that Rule 3523 would not apply to tax services that are being provided pursuant to an engagement in process at the time the Commission approves the rules, provided that such services are completed on or before the later of October 31, 2006 or 10 days after the date of this order.

Rule 3524 requires certain disclosure, discussion, and documentation when a registered firm seeks audit committee pre-approval to provide a public company audit client tax services that are not otherwise prohibited by Commission or PCAOB rules. Acknowledging that some companies choose to use pre-approval policies and procedures to approve certain tax services, the original proposed rules provided two different effective dates: 60 days after the date that the Commission approves the rules or, in the case of an issuer that pre-approves non-audit services by policies and procedures, the rule would not apply to any tax service provided by March 31, 2006. Considering the time period since the rules' adoption, the PCAOB decided to amend the effective date with respect to tax services provided to audit clients whose audit committees pre-approve tax services pursuant to policies and procedures. As a result, under the proposed amendment, Rule 3524 would not apply to any such tax service that is begun within one year after the date of this order. This transition period should allow most tax services considered in an annual audit committee review process that occurred prior to Commission approval to proceed without the need for a firm to seek new pre-approval.

We find good cause to approve the March 28, 2006 amendment prior to the thirtieth day after the date of publication of notice of filing the March 28, 2006 amendment in the **Federal Register**. The original proposed rules, as noted above, were published in the **Federal Register**. We believe that the March 28, 2006 amendment, by delaying the effective date for certain of the proposed rules, addresses some of the concerns raised by commenters regarding the time period in which auditors would have to comply with the new rules. The March 28, 2006 amendment does not modify the scope and purpose of the rules as originally proposed but simply extends compliance dates commensurate with the original filing date. Finally, we also find that it is in the public interest to approve the rules as soon as possible to assist accounting firms in making arrangements to efficiently implement the proposed rules.

Accordingly, we believe good cause exists, consistent with Sections 107 and 109 of the Act, and Section 19(b) of the Exchange Act, to approve the March 28, 2006 amendment to the proposed rules on an accelerated basis.

Interested persons are invited to submit written data, views, and arguments concerning the March 28, 2006 amendment, including whether the amendment is consistent with the Act and the securities laws or is necessary or appropriate in the public interest or for the protection of investors. Comments may be submitted by any of the following methods:

*Electronic Comments*

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/pcaob.shtml*); or
- Send an e-mail to *rule-comments@sec.gov.* Please include File Number PCAOB–2006–01 on the subject line.

*Paper Comments*

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File No. PCAOB–2006–01. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov*).

Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule that are filed with the Commission, and all written communications relating to the proposed rule 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 Section, 100 F Street, NE., Washington, DC 20549. Copies of such filing also will be available for inspection and copying at the principal office of PCAOB. All comments received will be posted without change; we do not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should be submitted on or before May 25, 2006.

**V. Conclusion**

On the basis of the foregoing, the Commission finds that proposed rules, including the March 28, 2006 amendment, are consistent with the requirements of the Act and the securities laws and are necessary and appropriate in the public interest and for the protection of investors. However, to facilitate implementation of the proposed rules, the Commission expects the PCAOB will issue additional implementation guidance as requested by a number of the commenters.

*It is therefore ordered,* pursuant to Section 107 of the Act and Section 19(b)(2) of the Exchange Act, that the Proposed Ethics and Independence Rules Concerning Independence, Tax Services, and Contingent Fees (File No. PCAOB–2006–01), as amended, be and hereby are approved.

By the Commission.

**Nancy M. Morris,**

*Secretary.*

[FR Doc. E6–6125 Filed 4–24–06; 8:45 am]

**BILLING CODE 8010–01–P**

## SECURITIES AND EXCHANGE COMMISSION

**[Release No. 34–53678; File No. SR–Amex–2006–36]**

## Self-Regulatory Organizations; American Stock Exchange LLC; Notice of Filing and Immediate Effectiveness of Proposed Rule Change Relating to the Adoption of a Licensing Fee for Options on the First Trust IPOX–100 Index Fund Shares

April 19, 2006.

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 April 12, 2006, the American Stock Exchange LLC (''Amex'' or ''Exchange'') submitted to the Securities and Exchange Commission (''Commission'') the proposed rule change as described in Items I, II, and III below, which Items have been prepared by Amex. Amex has designated this proposal as one establishing or changing a due, fee, or other charge imposed by the self-regulatory organization under Section 19(b)(3)(A)(ii) of the Act[3] and Rule 19b–4(f)(2) thereunder,[4] which renders it effective upon filing with the Commission. 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 Exchange proposes to modify its Options Fee Schedule by adopting a per contract license fee for the orders of specialists, registered options traders (''ROTs''), firms, non-member market makers, and broker-dealers in connection with options transactions on the shares of the First Trust IPOX–100 Index Fund (symbol: FPX).

The text of the proposed rule change is available on the Amex's Web site at *http://www.amex.com,* at the principal office of the Amex, and at the Commission's Public Reference Room.

**II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change**

In its filing with the Commission, Amex included statements concerning the purpose of, and basis for, the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. Amex has prepared summaries, set forth in Sections A, B, and C below, of the most significant aspects of such statements.

*A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change*

1. Purpose

Amex proposes to adopt a per contract licensing fee for options on FPX. This fee change will be assessed on members commencing April 13, 2006.

The Exchange has entered into numerous agreements with various index providers for the purpose of trading options on certain exchange traded funds (''ETFs''), such as FPX. This requirement to pay an index license fee to a third party is a condition to the listing and trading of these ETF options. In many cases, the Exchange is required to pay a significant licensing fee to the index provider that may not be reimbursed. In an effort to recoup the costs associated with certain index licenses, the Exchange has established a per contract licensing fee for the orders of specialists, ROTs, firms, non-member market makers and broker-dealers, which is collected on every option transaction in designated products in which such market participant is a party.[5]

The purpose of this proposal is to charge an options licensing fee in connection with options on FPX. Specifically, Amex seeks to charge an options licensing fee of $0.10 per contract side for FPX options for specialist, ROT, firm, non-member market maker and broker-dealer orders executed on the Exchange. In all cases, the fees will be charged only to the Exchange members through whom the orders are placed.

The proposed options licensing fee will allow the Exchange to recoup its costs in connection with the index license fee for the trading of the FPX options. The fees will be collected on every order of a specialist, ROT, firm, non-member market maker, and broker-dealer executed on the Exchange. The Exchange believes that the proposal to require payment of a per contract licensing fee in connection with the FPX options by those market participants that are the beneficiaries of Exchange index license agreements is

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 15 U.S.C. 78s(b)(3)(A)(ii).

[4] 17 CFR 240.19b–4(f)(2).

[5] *See, e.g.*, Securities Exchange Act Release No. 52493 (September 22, 2005), 70 FR 56941 (September 29, 2005).

justified and consistent with the rules of the Exchange.

The Exchange notes that the Amex, in recent years, has revised a number of fees to better align Exchange fees with the actual cost of delivering services and reduce Exchange subsidies of such services. Amex believes that the implementation of this proposal is consistent with the reduction and/or elimination of these subsidies. Amex also believes that these fees will help to allocate to those market participants engaging in transactions in FPX options, a fair share of the related costs of offering such options.

The Exchange asserts that the proposal is equitable as required by Section 6(b)(4) of the Act.[6] In connection with the adoption of an options licensing fee for FPX options, the Exchange believes that charging an options licensing fee, where applicable, to all market participant orders except for customer orders is reasonable, given the competitive pressures in the industry. Accordingly, the Exchange seeks, through this proposal, to better align its transaction charges with the cost of providing products.

2. Statutory Basis

Amex believes that the proposed fee change is consistent with Section 6(b)(4) of the Act[7] regarding the equitable allocation of reasonable dues, fees and other charges among exchange members and other persons using exchange facilities.

*B. Self-Regulatory Organization's Statement on Burden on Competition*

Amex believes that the proposed rule change does not impose any burden on competition that is 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*

No written comments were solicited or received with respect to the proposed rule change.

**III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action**

The foregoing rule change has become effective pursuant to Section 19(b)(3)(A)(ii) of the Act[8] and Rule 19b–4(f)(2) thereunder,[9] because it establishes or changes a due, fee, or other charge imposed by the self-regulatory organization.

At any time within 60 days of the filing of such proposed rule change, the Commission may summarily abrogate such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

**IV. Solicitation of Comments**

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

*Electronic Comments*

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov.* Please include File Number SR–Amex–2006–36 on the subject line.

*Paper Comments*

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–Amex–2006–36. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). 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 also will be available for inspection and copying at the principal office of the Amex. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–Amex–2006–36 and should be submitted on or before May 16, 2006.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[10]

**Nancy M. Morris,**

*Secretary.*

[FR Doc. E6–6146 Filed 4–24–06; 8:45 am]

**BILLING CODE 8010–01–P**

[6] Section 6(b)(4) states that the rules of a national securities exchange provide for the equitable allocation of reasonable dues, fees, and other charges among its members and issuers and other persons using its facilities.

[7] 15 U.S.C. 78f(b)(4).

[8] 15 U.S.C. 78s(b)(3)(A)(ii).

[9] 17 CFR 240.19b–4(f)(2).

[10] 17 CFR 200.30–3(a)(12).

## SECURITIES AND EXCHANGE COMMISSION

**[Release No. 34–53675; File No. SR–NASD–2006–049]**

## Self-Regulatory Organizations; National Association of Securities Dealers, Inc.; Notice of Filing and Immediate Effectiveness of Proposed Rule Change Regarding Brut's Routing Order Process

April 18, 2006.

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 April 13, 2006, the National Association of Securities Dealers, Inc., through its subsidiary, The Nasdaq Stock Market, Inc. (''Nasdaq''), filed with the Securities and Exchange Commission (''SEC'' or the ''Commission'') the proposed rule change as described in Items I, II and III below, which items have been prepared by Nasdaq. Nasdaq has designated the proposed rule change as a ''non-controversial'' rule change pursuant to Rule 19b–4(f)(6) under the Act,[3] which renders the proposal effective upon filing with the Commission. 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 text of the proposed rule change is below. Proposed new language is in *italics*; proposed deletions are in [brackets].

* * * * *

**4714. Routing—Nasdaq-Listed Securities**

(a)–(b)—No Change

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 17 CFR 240.19b–4(f)(6).

(c) In the event an order becomes non-marketable while it is in the execution queue, or the order is not marketable upon return to Nasdaq, the order shall be included in the Nasdaq Market Center book (if consistent with the order's time in force condition) in accordance with the time priority established by the time-stamp assigned to the order when it was initially submitted to the Nasdaq Market Center. Once an order is placed in the Nasdaq Market Center book it shall not be routed outside the Nasdaq Market Center *unless otherwise instructed.*

(d)–(f) No Change

* * * * *

**4905. Order Processing**

(a) Brut Book Order Process—No Change

(b) Brut Order Routing Process

(1) No Change

(2) With the exception of Thru Brut and Directed Cross Orders that specifically direct *to* which market center an order is to be routed, [orders routed out of the Brut System to other market centers for potential execution are generally delivered to other market centers in price/size priority. If the routed order is smaller in size than the total combined displayed share amounts of accessible market centers at the best price level, the Brut System delivers the routed order to the available market centers in price/size priority. If the routed order is larger than the total combined displayed share amounts of accessible market centers at the best price level, the Brut System delivers over-sized orders to each displayed market center's quote in proportion to the individual market's center share of that total displayed share amount.] *if an order for a security is not executed in its entirety in the Brut System and such order is designated for routing, the order (or the unfilled portion thereof—referred to hereinafter as an ''order'') shall be processed as follows:*

*(A) The order shall be routed to other markets accessible through the Brut System router at a price better than the Orders available in the Brut System as a limit order. Routed orders shall be executed pursuant to the rules and regulations of the destination market.*

*(B) In the event an order routed from the Brut System to another market is not executed in its entirety, the remaining portion of the order shall be returned to the Brut System and shall be eligible for execution, or re-routing, if marketable. A market order that is converted to a limit order for routing will become a market order again upon return to the Brut System.*

*(C) In the event an order becomes non-marketable while it is in the execution queue, or the order is not marketable upon return to the Brut System, the order shall be included in the Brut System book (if consistent with the order's time in force condition) in accordance with the time priority established by the time-stamp assigned to the order when it is returned to the Brut System. Once an order is placed in the Brut System book it shall not be routed outside the Brut System unless otherwise instructed.*

*(D) An order that has been routed to another market shall have no time standing in the Brut System execution queue relative to other orders in the Brut System. A request from a Brut Participant to cancel an order while it is outside the Brut System shall be processed subject to the applicable rules of the market to which the order has been routed.*

[(3) In the event an order routed to another market center is not executed in its entirety, the remaining portion of the order shall be returned to the System and, if upon return the order is marketable against a System order then priced at the NBBO, it will be subjected to Brut Book Process prior to any further routing.

(4) An order that has been routed to another market shall have no time standing in the System execution queue relative to other orders in the System. A request from a Participant to cancel an order while it is outside the System shall be processed subject to the applicable rules of the market center to which the order has been routed.]

* * * * *

## II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, Nasdaq included statements concerning the purpose of, and basis for, the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. Nasdaq has prepared summaries, set forth in Sections A, B, and C below, of the most significant aspects of such statements.

### *A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change*

1. Purpose

Nasdaq represents that the purpose of the proposed rule change is to modify the rule language pertaining to routing to external venues through the Brut service to conform more closely with the rule language pertaining to routing to external venues through the Nasdaq Market Center.[4] The one corresponding change to Nasdaq's routing language is necessary for clarification purposes so as to more accurately reflect the current routing process and does not indicate an actual system change.[5] Currently, Brut's rules describe the algorithm used for determining to which routing destination and for how many shares Brut will send orders. Nasdaq believes that this limits Brut's ability to adjust its routing algorithm to achieve optimal routing results.

By adopting language more consistent with Nasdaq's routing rules, Nasdaq represents that Brut will have more flexibility to adjust its routing algorithm based on a number of factors, including: speed, certainty of execution, potential of reserve shares, and cost. As such, Nasdaq believes that the proposed rule change would promote uniformity between Nasdaq-operated trading systems and provide the capacity to adopt the same routing logic in anticipation of the eventual integration of these systems into a single trading platform.

The rule differs slightly from Nasdaq's routing rules, however, in that the Brut system uses the timestamp of an order when it is returned to the Brut system for ranking the order on the book, whereas the Nasdaq Market Center uses the order's original timestamp. Nasdaq believes that this difference is not significant and that it would be too costly to conform this feature in the Brut system in light of the imminent integration of the systems.

2. Statutory Basis

Nasdaq believes that the proposed rule change is consistent with the provisions of Section 15A of the Act,[6] in general and with Section 15A(b)(6) of the Act,[7] in particular, in that it is designed to foster coordination and cooperation with persons engaged in regulating, clearing, settling, processing information with respect to, and facilitating transactions in securities. Nasdaq believes the proposal is consistent with this obligation because it is designed to improve the routing process by making it more efficient and offering subscribers more routing options.

[4] *See* NASD Rule 4714.

[5] *See* NASD Rule 4706.

[6] 15 U.S.C. 78o–3.

[7] 15 U.S.C. 78o–3(6).

*B. Self-Regulatory Organization's Statement on Burden on Competition*

Nasdaq does not believe that the proposed rule change will result in any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act, as amended.

*C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received from Members, Participants, or Others*

Written comments were neither solicited nor received.

**III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action**

Nasdaq has designated the foregoing rule change as a ''non-controversial'' rule change pursuant to Section 19(b)(3)(A) of the Act [8] and Rule 19b–4(f)(6) thereunder [9] because the rule change does not: (i) Significantly affect the protection of investors or the public interest; (ii) impose any significant burden on competition; or (iii) become operative for 30 days from the day on which it was filed, or such shorter time as the Commission may designate if consistent with the protection of investors and the public interest.

At any time within 60 days of the filing of the proposed rule change, the Commission may summarily abrogate such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

**IV. Solicitation of Comments**

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

*Electronic Comments*

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov*. Please include File Number SR–NASD–2006–049 on the subject line.

*Paper Comments*

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–NASD–2006–049. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). 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 also will be available for inspection and copying at the principal office of NASD. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–NASD–2006–049 and should be submitted on or before May 16, 2006.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[10]

**Nancy M. Morris,**

*Secretary.*

[FR Doc. E6–6126 Filed 4–24–06; 8:45 am]

**BILLING CODE 8010–01–P**

[8] 15 U.S.C. 78s(b)(3)(A).

[9] 17 CFR 240.19b–4(f)(6).

[10] 17 CFR 200.30–3(a)(12).

## SECURITIES AND EXCHANGE COMMISSION

**[Release No. 34–53673; File No. SR–Phlx–2005–80]**

## Self-Regulatory Organizations; Philadelphia Stock Exchange, Inc.; Order Granting Accelerated Approval to a Proposed Rule Change and Amendment No. 1 Thereto Relating to the Automated Delivery and Handling of Stop and Stop-Limit Orders

April 18, 2006.

**I. Introduction**

On December 15, 2005, the Philadelphia Stock Exchange, Inc. (''Phlx'' 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] the proposed rule change relating to the automated delivery and handling of stop and stop-limit orders. On March 6, 2006, Phlx filed Amendment No. 1 to the proposed rule change with the Commission.[3] The proposed rule change, as amended, was published for comment in the **Federal Register** on March 27, 2006.[4] The Commission received no comments on the proposal. This order approves the proposed rule change, as amended, on an accelerated basis.

**II. Description of the Proposal**

The Phlx proposed to amend Phlx Rules 1066(c)(1) and 1080(b)(i)(A) and (C), and to delete Options Floor Procedure Advices (''OFPAs'') A–5 and A–6, to permit customer and off-floor broker-dealer stop [5] and stop-limit [6] orders in options to be delivered via the Exchange's Automated Options Market (''AUTOM'') System [7] and to be handled electronically. The Exchange also proposed to amend Phlx Rule 1080(b)(i)(A) to include the definition of ''agency order'' in the rule and to delete certain provisions in the Exchange's rules that were either redundant or no longer practical.

**III. Discussion**

The Commission has reviewed the proposed rule change, as amended, and finds that it is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange.[8] In particular, the Commission finds the

[1] 15 U.S.C. 78s(b)(l).

[2] 17 CFR 240.19b–4.

[3] Amendment No. 1, which replaced the original filing in its entirety, added clarifying language to the description of the proposed rule change and adopted a definition of ''agency order'' in Phlx Rule 1080(b)(i)(A).

[4] *See* Securities Exchange Act Release No. 53514 (March 17, 2006), 71 FR 15240 (March 27, 2006).

[5] A stop order is a contingency order to buy or sell when the market for a particular option contract reaches a specified price. A stop order to buy becomes a market order when the option contract trades or is bid at or above the stop price. A stop order to sell becomes a market order when the option contract trades or is offered at or below the stop price. *See* Phlx Rule 1066(c)(1).

[6] A stop-limit order is a contingency order to buy or sell at a limited price when the market for a particular option contract reaches a specified price. A stop limit order to buy becomes a limit order executable at the limit price or better when the option contract trades or is bid at or above the stop-limit price. A stop limit order to sell becomes a limit order executable at the limit price or better when the option contract trades or is offered at or below the stop limit price. *See id.*

[7] *See* Phlx Rule 1080.

[8] In approving this proposed rule change, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. *See* 15 U.S.C. 78c(f).

proposed rule change, as amended, is consistent with section 6(b)(5) of the Act[9] which, among other things, requires that the rules of a national securities exchange be designed to promote just and equitable principles of trade, to foster cooperation and coordination with persons engaged in regulating securities transactions, to remove impediments 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.

The proposal is intended to increase the number of orders handled electronically and establish rules that permit the electronic delivery and handling of stop and stop-limit orders via the Exchange's AUTOM System. The Commission notes that increasing the number of orders handled electronically should increase the efficiency and accuracy of the handling of such orders. In addition, the proposal is substantially similar to a rule currently in effect on the International Securities Exchange, Inc.[10]

The Exchange requests accelerated approval of the proposal to permit implementation of the functionality for stop and stop-limit orders in AUTOM as soon as possible. Therefore, the Exchange requests that the Commission find good cause for approving the proposal, as amended, prior to the thirtieth day after the date of publication of notice of filing thereof in the **Federal Register**.

The Commission notes that the proposal and Amendment No. 1 were noticed for the full 21-day comment period, and the Commission received no comments regarding the proposal, as amended. As discussed more fully above, the Commission believes that the proposed rule change should permit the Exchange to handle stop orders and stop limit orders more efficiently. Accordingly, the Commission finds good cause pursuant to section 19(b)(2) of the Act[11] to approve the proposed rule change, as amended, prior to the thirtieth day after the date of publication of notice of filing thereof in the **Federal Register**.

## IV. Conclusion

*It is therefore ordered*, pursuant to section 19(b)(2) of the Act,[12] that the proposed rule change (File No. SR–Phlx–2005–80), as amended, be and hereby is, approved on an accelerated basis.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[13]

**Nancy M. Morris,**

*Secretary.*

[FR Doc. E6–6147 Filed 4–24–06; 8:45 am]

**BILLING CODE 8010–01–P**

[9] 15 U.S.C. 78f(b)(5).

[10] *See* Securities Exchange Act Release No. 48811 (November 20, 2003), 68 FR 66909 (November 28, 2003).

[11] 15 U.S.C. 78s(b)(2).

[12] 15 U.S.C. 78s(b)(2).

[13] 17 CFR 200.30–3(a)(12).

## SMALL BUSINESS ADMINISTRATION

**[Disaster Declaration # 10453]**

### Kansas Disaster # KS–00012

**AGENCY:** U.S. Small Business Administration.

**ACTION:** Notice.

**SUMMARY:** This is a Notice of the Presidential declaration of a major disaster for Public Assistance Only for the State of Kansas (FEMA–1638–DR), dated 4/13/2006.

*Incident:* Severe Storms, Tornadoes, and Straight Line Winds.

*Incident Period:* 3/12/2006 through 3/13/2006.

*Effective Date:* 4/13/2006.

*Physical Loan Application Deadline Date:* 6/12/2006.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, National Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that as a result of the President's major disaster declaration on 04/13/2006, applications for Private Non-Profit organizations that provide essential services of a governmental nature may file disaster loan applications at the address listed above or other locally announced locations.

The following areas have been determined to be adversely affected by the disaster:

*Primary Counties:*

Douglas, Wyandotte.

The Interest Rates are:

| | Percent |
|---|---|
| *Other (Including Non-Profit Organizations) With Credit Available Elsewhere:* | 5.000 |
| *Businesses And Non-Profit Organizations Without Credit Available Elsewhere:* | 4.000 |

The number assigned to this disaster for physical damage is 10453.

(Catalog of Federal Domestic Assistance Number 59008)

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. E6–6192 Filed 4–24–06; 8:45 am]

**BILLING CODE 8025–01–P**

## SMALL BUSINESS ADMINISTRATION

**[Disaster Declaration # 10442 and # 10443]**

### Missouri Disaster Number MO–00003

**AGENCY:** U.S. Small Business Administration.

**ACTION:** Amendment 1.

**SUMMARY:** This is an amendment of the Presidential declaration of a major disaster for the State of Missouri (FEMA–1635–DR ), dated 4/5/2006.

*Incident:* Severe Storms, Tornadoes, and Flooding

*Incident Period:* 3/30/2006 through 4/3/2006.

*Effective Date:* 4/17/2006.

*Physical Loan Application Deadline Date:* 6/5/2006.

*EIDL Loan Application Deadline Date:* 1/5/2007.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, National Processing And Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** The notice of the Presidential disaster declaration for the State of Missouri, dated 4/5/2006 is hereby amended to include the following areas as adversely affected by the disaster:

*Primary Counties:* Andrew, Butler, Dunklin, Pettis, St. Francois, Stoddard.

*Contiguous Counties:*

Missouri:

Benton, Bollinger, Buchanan, Cape Girardeau, Carter, Cooper, Dekalb , Gentry, Henry, Holt, Iron, Jefferson, Johnson, Lafayette, Madison, Morgan, Nodaway, Perry, Ripley, Saline, Scott, Ste. Genevieve, Washington, Wayne.

Arkansas:

Clay, Craighead, Greene.

Kansas:

Doniphan.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. E6–6191 Filed 4–24–06; 8:45 am]

**BILLING CODE 8025–01–P**

## SMALL BUSINESS ADMINISTRATION

**[Disaster Declaration # 10440 and # 10441]**

### Tennessee Disaster Number TN–00008

**AGENCY:** U.S. Small Business Administration.

**ACTION:** Amendment 2.

**SUMMARY:** This is an amendment of the Presidential declaration of a major disaster for the State of Tennessee (FEMA–1634–DR), dated 04/05/2006.

*Incident:* Tornadoes and Severe Storms.

*Incident Period:* 04/02/2006 through 04/08/2006.

*Effective Date:* 04/17/2006.

*Physical Loan Application Deadline Date:* 06/05/2006.

EIDL Loan Application Deadline Date: 01/05/2007.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, National Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416

**SUPPLEMENTARY INFORMATION:** The notice of the Presidential disaster declaration for the State of Tennessee , dated 04/05/2006 is hereby amended to include the following areas as adversely affected by the disaster:

*Primary Counties:*

Benton, Cannon, Carroll, Cheatham, Cumberland, Davidson, Dickson, Fayette, Haywood, Maury, Sumner, Warren, Weakley.

*Contiguous Counties:*

Tennessee:

Bledsoe, Coffee, Decatur, Dekalb, Fentress, Giles, Grundy, Hardeman, Henderson, Henry, Hickman, Houston, Humphreys, Lawrence, Lewis, Macon, Marshall, Montgomery, Morgan, Perry, Putnam, Rhea, Roane, Robertson, Rutherford, Sequatchie, Shelby, Stewart, Tipton, Trousdale, Van Buren, White, Williamson, Wilson.

Kentucky:

Allen, Graves, Hickman, Simpson.

Mississippi:

Benton, Marshall.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008).

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. E6–6193 Filed 4–24–06; 8:45 am]

**BILLING CODE 8025–01–P**

## U.S. SMALL BUSINESS ADMINISTRATION

**[Disaster Declaration # 10322 and # 10323]**

### Texas Disaster Number TX–00097

**AGENCY:** U.S. Small Business Administration.

**ACTION:** Amendment 5.

**SUMMARY:** This is an amendment of the Presidential declaration of a major disaster for the State of Texas (FEMA–1624–DR), dated 1/11/2006.

*Incident:* Extreme Wildfire Threat.

*Incident Period:* 12/1/2005 and continuing.

*Effective Date:* 4/17/2006.

*Physical Loan Application Deadline Date:* 4/30/2006.

*EIDL Loan Application Deadline Date:* 10/11/2006.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, National Processing and Disbursement Center, 14925 Kingsport Road Fort, Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** The notice of the Presidential disaster declaration for the State of Texas, dated 1/11/2006 is hereby amended to include the following areas as adversely affected by the disaster:

Primary Counties:

Potter.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. E6–6190 Filed 4–24–06; 8:45 am]

**BILLING CODE 8025–01–P**

## SMALL BUSINESS ADMINISTRATION

**[Disaster Declaration # 10322 and # 10323]**

### Texas Disaster Number TX–00097

**AGENCY:** Small Business Administration (SBA).

**ACTION:** Amendment 4.

**SUMMARY:** This is an amendment of the Presidential declaration of a major disaster for the State of Texas (FEMA–1624–DR), dated 01/11/2006.

*Incident:* Extreme Wildfire Threat.

*Incident Period:* 12/01/2005 and continuing.

**DATES:** *Effective Date:* 04/12/2006.

*Physical Loan Application Deadline Date:* 04/30/2006.

*EIDL Loan Application Deadline Date:* 10/11/2006.

**ADDRESSES:** Submit completed loan applications to: U.S. Small Business Administration, National Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

**FOR FURTHER INFORMATION CONTACT:** A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

**SUPPLEMENTARY INFORMATION:** The notice of the President's major disaster declaration for the State of Texas, dated 01/11/2006, is hereby amended to extend the deadline for filing applications for physical damages as a result of this disaster to 04/30/2006.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008.)

**Herbert L. Mitchell,**

*Associate Administrator for Disaster Assistance.*

[FR Doc. E6–6194 Filed 4–24–06; 8:45 am]

**BILLING CODE 8025–01–P**

## DEPARTMENT OF STATE

### Bureau of Diplomatic Security

**[Public Notice 5382]**

### Customs Clearance Requirements of Foreign Missions and Freight Forwarders

**AGENCY:** Department of State.

**ACTION:** Notice.

**SUMMARY:** The Department of State has determined, under the Foreign Missions Act, that any shipment sent from abroad to any foreign diplomatic or consular mission, or its personnel must be cleared by U.S. Customs and Border

Protection solely through the Department of State's diplomatic customs clearance procedure and form. This decision makes it unlawful for any person or entity (*i.e.* freight forwarders) to assist foreign missions in clearing shipments through customs by any other means. It clearly states that private entities as well as foreign missions are required to comply with the Department of State's diplomatic customs clearance procedure and it is the intended effect of this rule to increase such compliance.

**DATES:** *Effective Date:* April 25, 2006.

**FOR FURTHER INFORMATION CONTACT:**

*Technical information:* Cliff Seagroves, 202–895–3541, *seagrovescc@state.gov.*

*Legal information:* Susan Benda, 202–647–0308, *bendas@state.gov.*

**SUPPLEMENTARY INFORMATION:** The Foreign Missions Act defines a foreign mission's acquisition of ''services relating to customs'' as a ''benefit''. 22 U.S.C. 4302(a)(1)(B). By virtue of Delegation of Authority 214, the Director of the Department of State's Office of Foreign Mission has the authority to make a determination limiting they way in which a foreign mission may obtain a ''benefit''. Such a determination may also make it ''unlawful for any person to make available any benefits to a foreign mission'' except in accordance with OFM requirements. 22 U.S.C. 4311(a).

Dated: April 18, 2006.

**Richard J. Griffin,**

*Director, Office of Foreign Missions, Department of State.*

[FR Doc. E6–6184 Filed 4–24–06; 8:45 am]

**BILLING CODE 4710–43–P**

## DEPARTMENT OF STATE

**[Public Notice 5381]**

### Bureau of Educational and Cultural Affairs (ECA); Request for Grant Proposals: Exchange Program for School Principals From Bolivia, Ecuador and Venezuela

*Announcement Type:* Cooperative Agreement.

*Funding Opportunity Number:* ECA/A/S/X–06–10.

*Catalog of Federal Domestic Assistance Number:* 00.000.

*Key Dates:* Application Deadline: June 1, 2006.

*Executive Summary:* The Fulbright Teacher Exchange Branch in the Office of Global Educational Programs of the Bureau of Educational and Cultural Affairs (ECA) announces an open competition for an assistance award program to support an exchange program for school principals from Bolivia, Ecuador and Venezuela. Applications may be submitted by U.S. organizations meeting the provisions described in Internal Revenue Code section 26 U.S.C. 501(c)(3). The program will provide an intensive three-week U.S. professional development program for 6–7 qualified secondary school principals from each of the respective countries. The participants will not have visited the U.S. previously and will not speak English; therefore translation should be provided throughout the program.

**I. Funding Opportunity Description**

*I.1. Authority*

Overall grant making authority for this program is contained in the Mutual Educational and Cultural Exchange Act of 1961, Public Law 87–256, as amended, also known as the Fulbright-Hays Act. The purpose of the Act is ''to enable the Government of the United States to increase mutual understanding between the people of the United States and the people of other countries * * *; to strengthen the ties which unite us with other nations by demonstrating the educational and cultural interests, developments, and achievements of the people of the United States and other nations * * * and thus to assist in the development of friendly, sympathetic and peaceful relations between the United States and the other countries of the world.'' The funding authority for the program above is provided through legislation.

*I.2. Purpose*

The purpose of the program is to support professional development and regional interaction among principals from Bolivia, Ecuador, and Venezuela so as to strengthen the education systems in their respective countries. Through close collaboration with U.S. educators on topics of leadership, school administration and civic engagement, the principals will gain a deeper understanding of the United States so that they can share their experiences of a diverse democratic society with teachers and students in their home communities. By providing an opportunity for partnerships with U.S. principals, this program will form a basis for productive and lasting relationships and mutual understanding between South American and U.S. educators.

*I.3. Program Goals*

The proposals should reflect five overall goals: (1) To produce a highly focused regional program that exposes secondary school principals from Bolivia, Ecuador and Venezuela to best practices in leadership and school administration in the United States; (2) to provide a variety of learning formats for them to share, discuss and compare issues of diversity, professional development for teachers, effective use of educational resources, community involvement and civic education in the three South American countries and U.S. secondary schools; (3) to provide opportunities for secondary school principals to gain computer skills; (4) to support collaboration between South American and U.S. principals by arranging ten-day visits to U.S. secondary schools to reinforce academic learning under the previous goals; and (5) to provide participants with opportunities to interact with Americans to gain an awareness and understanding of U.S. culture and society. The overall program content should focus on leadership and administrative strategies that are culturally appropriate and can be implemented in schools with limited resources in South America.

The Bureau of Educational and Cultural Affairs seeks proposals that demonstrate a deep understanding of the local educational systems in Bolivia, Ecuador and Venezuela and of the issues surrounding secondary school management and administration. Proposals should outline practical and feasible follow-on activities that build on the achievements of the program while promoting the continued exchanges of ideas between the participants, their U.S. partners and the U.S. cooperating institution.

*I.4. Planning*

The cooperating institution should coordinate closely with The Fulbright Teacher Exchange Branch (ECA/A/S/X), the Public Affairs Sections of Embassies Caracas, La Paz and Quito as well as the Fulbright Commission in Quito regarding activities and responsibilities for this program. During the planning phase, the cooperating institution should make one trip to the three countries to conduct a needs assessment in consultation with representatives from the Public Affairs Sections of the U.S. Embassies in La Paz, Quito and Caracas and the Fulbright Commission in Ecuador as well as Ministries of Education and educators in La Paz and Quito. Based on the assessment, the cooperating institution should submit a detailed schedule and program plan for the U.S. based program to the Fulbright Teacher Exchange Branch for approval. For further detailed information, see the Program Objectives, Goals and

Implementation (POGI), which is part of this solicitation document.

*I.5. In-Country Recruitment and Orientation*

The Public Affairs Sections (PAS) of the U.S. Embassies in La Paz and Quito and the Fulbright Commission in Ecuador will recruit and select participants in collaboration with the Ministries of Education. In Venezuela, the Public Affairs Section of the U.S. Embassy may request assistance with the recruitment, selection, and orientation of Venezuelan participants from an on-the-ground non-governmental organization (NGO). The cooperating institution should budget approximately $5,000 for costs associated with sub-contracting with an NGO in Venezuela—to be coordinated with ECA/A/S/X and PAS Caracas. The cooperating institution should develop an application form and publicity materials for use in all three countries.

The Public Affairs Sections and Commission representatives in La Paz and Quito and the designated non-governmental organization in Caracas will conduct a one-day pre-departure orientation for the participants. The cooperating institution should provide background information to these partners in the field about cultural and other practical issues concerning the principals' stay in the U.S., the goals of the school administrator exchange program, the program schedule, packets of materials for the in-country pre-departure orientation workshops and information on comparative school administration and educational models.

The cooperating institution should make certain that participants create an ''action plan'' for the exchange before they depart from their home countries, outlining individual goals and objectives. ''Action planning'' should be integrated into both the pre-departure orientation and the U.S. professional development and school visits so that participants may assess their progress toward meeting their goals and objectives when they return home.

*I.6. U.S.-Based Professional Development*

The three-week program should have three components, all of which should include simultaneous or consecutive Spanish language interpretation: (1) A one-week intensive overview of U.S. public school administration, leadership development seminars and an introduction to the use of the internet to support research and outreach; (2) a ten-day work shadowing portion in which the participants will partner with U.S. secondary school principals. School placements should be made with U.S. administrators who speak fluent Spanish or consecutive translation should be made available; and (3) a two to three day educational and cultural program in Washington, DC.

The program should meet the needs of the Bolivian, Ecuadorian and Venezuelan participants through activities designed by U.S. education specialists with appropriate expertise in public school administration. Time should be allotted for professional activities including ''action planning,'' school visits, presentations to students, consultations with educational and community organizations, and school board and parent teacher association meetings. The three-week program should also include cultural activities and home hospitality to facilitate interaction among participants and the local community to promote mutual understanding between the people of the United States and the people of Bolivia, Ecuador and Venezuela.

The final site visit to Washington, DC should complement and reinforce the academic and work shadow programs. This visit will include a de-briefing at the Bureau of Educational and Cultural Affairs and the Bureau of Western Hemispheric Affairs at the Department of State, meetings at professional and educational organizations, and visits to educational and cultural sites. Simultaneous or consecutive translation must be provided.

Administration and management of all phases of the program will be the responsibility of the U.S. cooperating institution. The U.S. institution is responsible for domestic and international travel arrangements and simultaneous or consecutive translation in Spanish during the program. The U.S. cooperating institution is also responsible for funding lodging, food, and allowances for participants while in the U.S.

*I.7. Follow-On Projects*

The final stage of this program will consist of follow-on projects between participants and their U.S. partner school administrators that will build upon the school management practices they learned in the U.S. The U.S. cooperating institution will be responsible for developing follow-on projects in close collaboration with the Fulbright Teacher Exchange Branch of the Department of State and Public Affairs Sections of U.S. Embassies in La Paz, Caracas, and Quito and the Fulbright Commission in Ecuador. The cooperating institution will assist program participants and U.S. principals to plan and organize projects to ensure long-term partner school collaboration.

*I.8. Budget Guidelines*

Applicants must submit a comprehensive budget for the entire program. There must be a summary budget as well as breakdowns reflecting both administrative and program budgets. Applicants may submit separate sub-budgets for each program component, phase, location, or activity to provide clarification. The cost to the Bureau for the program, including the work shadow portion and the in-country follow-on activities, may not exceed $250,000. One grant will be awarded to conduct the school administrator development activities, work shadow portion and follow on for the three countries.

In a cooperative agreement, ECA/A/S/X will be substantially involved in the program activities mentioned above and beyond routine grant monitoring. ECA/A/S/X activities and responsibilities for this program are as follows:

- Formulation of program policy;
- Clearing texts and program guidelines for publication;
- Oversight of the content for the pre-departure orientation and U.S.-based program including the review and approval of school program schedules and Washington, DC de-briefing.

**II. Award Information**

*Type of Award:* Cooperative Agreement.

*Fiscal Year Funds:* 2006.

*Approximate Total Funding:* $250,000.

*Approximate Number of Awards:* One.

*Approximate Average Award:* $250,000.

*Anticipated Award Date:* September 1, 2006.

*Anticipated Project Completion Date:* September 2008.

*Additional Information*

Pending successful implementation of this program and the availability of funds in subsequent fiscal years, it is ECA's intent to renew this grant for two additional fiscal years, before openly competing it again.

*III.1. Eligible Applicants*

Applications may be submitted by public and private non-profit organizations meeting the provisions described in Internal Revenue Code section 26 U.S.C. 501(c)(3).

*III.2. Cost Sharing or Matching Funds*

There is no minimum or maximum percentage required for this

competition. However, the Bureau encourages applicants to provide maximum levels of cost sharing and funding in support of its programs.

When cost sharing is offered, it is understood and agreed that the applicant must provide the amount of cost sharing as stipulated in its proposal and later included in an approved grant agreement. Cost sharing may be for allowable direct or indirect costs. For accountability, you must maintain written records to support all costs that are claimed as your contribution, as well as costs to be paid by the Federal Government. Such records are subject to audit. The basis for determining the value of cash and in-kind contributions must be in accordance with OMB Circular A–110, (Revised), Subpart C.23—Cost Sharing and Matching. In the event you do not provide the minimum amount of cost sharing as stipulated in the approved budget, ECA's contribution will be reduced in like proportion.

*III.2. Other Eligibility Requirements*

Bureau grant guidelines require that organizations with less than four years experience in conducting international exchanges be limited to $60,000 in Bureau funding. ECA anticipates awarding one grant, in an amount of $250,000, to support program and administrative costs required to implement this exchange program. Therefore, organizations with less than four years experience in conducting international exchanges are ineligible to apply under this competition. The Bureau encourages applicants to provide maximum levels of cost sharing and funding in support of its programs.

**IV. Application and Submission Information**

**Note:** Please read the complete announcement before sending inquiries or submitting proposals. Once the RFGP deadline has passed, Bureau staff may not discuss this competition with applicants until the proposal review process has been completed.

*IV.1. Contact Information To Request an Application Package*

Please contact the Fulbright Teacher Exchange Branch, ECA/A/S/X, Room 349, U.S. Department of State, SA–44, 301 4th Street, SW., Washington, DC 20547, (Tel.) 202–453–8877, (Fax) 202–453–8890, and e-mail, *saritime@state.gov* to request a Solicitation Package. Please refer to the Funding Opportunity Number ECA/A/S/X–06–10 at the top of this announcement when making your request. Alternatively, an electronic application package may be obtained from grants.gov. Please see section IV.3f. for further information.

The Solicitation Package contains the Proposal Submission Instruction (PSI) document, which consists of required application forms, and standard guidelines for proposal preparation.

Please specify Mary Ellen Sariti and refer to the Funding Opportunity Number ECA/A/S/X–06–10 at the top of this announcement on all other inquiries and correspondence.

*IV.2. To Download a Solicitation Package Via Internet*

The entire Solicitation Package may be downloaded from the Bureau's Web site at *http://exchanges.state.gov/education/rfgps/menu.htm* or from the *grants.gov* Web site at *http://www.grants.gov.* Please read all information before downloading.

*IV.3. Content and Form of Submission*

Applicants must follow all instructions in the Solicitation Package. The original and eight copies of the application should be sent per the instructions under IV.3f. ''Application Deadline and Methods of Submission'' section below.

IV.3a. You are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the U.S. Government. This number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access *http://www.dunandbradstreet.com* or call 1–866–705–5711.

Please ensure that your DUNS number is included in the appropriate box of the SF–424 which are part of the formal application package.

IV.3b. All proposals must contain an executive summary, proposal narrative and budget.

Please refer to the Solicitation Package. It contains the mandatory Proposal Submission Instructions (PSI) document for additional formatting and technical requirements.

IV.3c. You must have nonprofit status with the IRS at the time of application. If your organization is a private nonprofit which has not received a grant or cooperative agreement from ECA in the past three years, or if your organization received nonprofit status from the IRS within the past four years, you must submit the necessary documentation to verify nonprofit status as directed in the PSI document. Failure to do so will cause your proposal to be declared technically ineligible.

IV.3d. Please take into consideration the following information when preparing your proposal narrative:

IV.3d.1. *Adherence to All Regulations Governing the J Visa.* The Bureau of Educational and Cultural Affairs is placing renewed emphasis on the secure and proper administration of Exchange Visitor (J visa) Programs and adherence by grantees and sponsors to all regulations governing the J visa. Therefore, proposals should demonstrate the applicant's capacity to meet all requirements governing the administration of the Exchange Visitor Programs as set forth in 22 CFR part 62, including the oversight of Responsible Officers and Alternate Responsible Officers, screening and selection of program participants, provision of pre-arrival information and orientation to participants, monitoring of participants, proper maintenance and security of forms, recordkeeping, reporting and other requirements.

The U.S. cooperating institution will be responsible for issuing DS–2019 forms to participants in this program.

A copy of the complete regulations governing the administration of Exchange Visitor (J) programs is available at *http://exchanges.state.gov* or from: United States Department of State, Office of Exchange Coordination and Designation, ECA/EC/ECD—SA–44, Room 734, 301 4th Street, SW., Washington, DC 20547. Telephone: (202) 401–9810. Fax: (202) 401–9809.

Please refer to Solicitation Package for further information.

IV.3d.2. *Diversity, Freedom and Democracy Guidelines.* Pursuant to the Bureau's authorizing legislation, programs must maintain a non-political character and should be balanced and representative of the diversity of American political, social, and cultural life. ''Diversity'' should be interpreted in the broadest sense and encompass differences including, but not limited to ethnicity, race, gender, religion, geographic location, socio-economic status, and disabilities. Applicants are strongly encouraged to adhere to the advancement of this principle both in program administration and in program content. Please refer to the review criteria under the 'Support for Diversity' section for specific suggestions on incorporating diversity into your proposal. Public Law 104–319 provides that ''in carrying out programs of educational and cultural exchange in countries whose people do not fully enjoy freedom and democracy,'' the Bureau ''shall take appropriate steps to provide opportunities for participation

in such programs to human rights and democracy leaders of such countries.'' Public Law 106–113 requires that the governments of the countries described above do not have inappropriate influence in the selection process. Proposals should reflect advancement of these goals in their program contents, to the full extent deemed feasible.

IV.3d.3. *Program Monitoring and Evaluation.* Proposals must include a plan to monitor and evaluate the project's success, both as the activities unfold and at the end of the program. The Bureau recommends that your proposal include a draft survey questionnaire or other technique plus a description of a methodology to use to link outcomes to original project objectives. The Bureau expects that the grantee will track participants or partners and be able to respond to key evaluation questions, including satisfaction with the program, learning as a result of the program, changes in behavior as a result of the program, and effects of the program on institutions (institutions in which participants work or partner institutions). The evaluation plan should include indicators that measure gains in mutual understanding as well as substantive knowledge.

Successful monitoring and evaluation depend heavily on setting clear goals and outcomes at the outset of a program. Your evaluation plan should include a description of your project's objectives, your anticipated project outcomes, and how and when you intend to measure these outcomes (performance indicators). The more that outcomes are ''smart'' (specific, measurable, attainable, results-oriented, and placed in a reasonable time frame), the easier it will be to conduct the evaluation. You should also show how your project objectives link to the goals of the program described in this RFGP.

Your monitoring and evaluation plan should clearly distinguish between program *outputs* and *outcomes. Outputs* are products and services delivered, often stated as an amount. Output information is important to show the scope or size of project activities, but it cannot substitute for information about progress towards outcomes or the results achieved. Examples of outputs include the number of people trained or the number of seminars conducted. *Outcomes*, in contrast, represent specific results a project is intended to achieve and is usually measured as an extent of change. Findings on outputs and outcomes should both be reported, but the focus should be on outcomes.

We encourage you to assess the following four levels of outcomes, as they relate to the program goals set out in the RFGP (listed here in increasing order of importance):

1. *Participant satisfaction* with the program and exchange experience.

2. *Participant learning*, such as increased knowledge, aptitude, skills, and changed understanding and attitude. Learning includes both substantive (subject-specific) learning and mutual understanding.

3. *Participant behavior*, concrete actions to apply knowledge in work or community; greater participation and responsibility in civic organizations; interpretation and explanation of experiences and new knowledge gained; continued contacts between participants, community members, and others.

4. *Institutional changes*, such as increased collaboration and partnerships, policy reforms, new programming, and organizational improvements.

**Please note:** Consideration should be given to the appropriate timing of data collection for each level of outcome. For example, satisfaction is usually captured as a short-term outcome, whereas behavior and institutional changes are normally considered longer-term outcomes.

Overall, the quality of your monitoring and evaluation plan will be judged on how well it (1) specifies intended outcomes; (2) gives clear descriptions of how each outcome will be measured; (3) identifies when particular outcomes will be measured; and (4) provides a clear description of the data collection strategies for each outcome (*i.e.*, surveys, interviews, or focus groups). (Please note that evaluation plans that deal only with the first level of outcomes [satisfaction] will be deemed less competitive under the present evaluation criteria.)

The U.S. cooperating institution will be required to provide reports analyzing their evaluation findings to the Bureau in their regular program reports. All data collected, including survey responses and contact information, must be maintained for a minimum of three years and provided to the Bureau upon request.

Describe your plans for: *i.e.,* sustainability, overall program management, staffing, coordination with ECA and PAS or any other requirements etc.

IV.3e. Please take the following information into consideration when preparing your budget:

IV.3e.1. Applicants must submit a comprehensive budget for the entire program. The grant awarded will not exceed $250,000. There must be a summary budget as well as breakdowns reflecting both administrative and program budgets.

Applicants may provide separate sub-budgets for each program component, phase, location, or activity to provide clarification.

IV.3e.2. Allowable costs for the program include the following:

(1) International and domestic travel.

(2) U.S. ground transportation.

(3) Participant maintenance (3 weeks).

(4) Professional development seminars (instruction, materials, logistics).

(5) Stipends for U.S. host principals.

(6) Cultural activities.

(7) Book allowance/shipping.

(8) Cooperating institution administrative costs.

(9) Follow-on programming.

Please refer to the Solicitation Package for complete budget guidelines and formatting instructions.

IV.3f. Application Deadline and Methods of Submission:

*Application Deadline Date:* June 1, 2006.

*Reference Number:* ECA/A/S–06–10.

*Methods of Submission:*

*Applications may be submitted in one of two ways:*

1. In hard-copy, via a nationally recognized overnight delivery service (*i.e.*, DHL, Federal Express, UPS, Airborne Express, or U.S. Postal Service Express Overnight Mail, etc.), or

2. Electronically through *http://www.grants.gov.* Along with the Project Title, all applicants must enter the above Reference Number in Box 11 on the SF–424 contained in the mandatory Proposal Submission Instructions (PSI) of the solicitation document.

IV.3f.2. *Submitting Printed Applications.* Applications must be shipped no later than the above deadline. Delivery services used by applicants must have in-place, centralized shipping identification and tracking systems that may be accessed via the Internet and delivery people who are identifiable by commonly recognized uniforms and delivery vehicles. Proposals shipped on or before the above deadline but received at ECA more than seven days after the deadline will be ineligible for further consideration under this competition. Proposals shipped after the established deadlines are ineligible for consideration under this competition. ECA will *not* notify you upon receipt of application. It is each applicant's responsibility to ensure that each package is marked with a legible tracking number and to monitor/confirm delivery to ECA via the Internet. Delivery of proposal packages *may not* be made via local courier service or in

person for this competition. Faxed documents will not be accepted at any time. Only proposals submitted as stated above will be considered.

**Important note:** When preparing your submission please make sure to include one extra copy of the completed SF–424 form and place it in an envelope addressed to ''ECA/EX/PM''.

The original and eight copies of the application should be sent to: U.S. Department of State, SA–44, Bureau of Educational and Cultural Affairs, Ref.: ECA/A/S/X–06–10, Program Management, ECA/EX/PM, Room 534, 301 4th Street, SW., Washington, DC 20547.

Applicants submitting hard-copy applications must also submit the ''Executive Summary'' and ''Proposal Narrative'' sections of the proposal in text (.txt) format on a PC-formatted disk. The Bureau will provide these files electronically to the appropriate Public Affairs Sections at the U.S. embassies for their review.

IV.3f.2. *Submitting Electronic Applications.* Applicants have the option of submitting proposals electronically through Grants.gov (*http://www.grants.gov*). Complete solicitation packages are available at Grants.gov in the ''Find'' portion of the system. Please follow the instructions available in the 'Get Started' portion of the site (*http://www.grants.gov/GetStarted*).

Applicants have until midnight (12 a.m.) of the closing date to ensure that their entire application has been uploaded to the *grants.gov* site. Applications uploaded to the site after midnight of the application deadline date will be automatically rejected by the grants.gov system, and will be technically ineligible.

Applicants will receive a confirmation e-mail from grants.gov upon successful submission of an application. ECA will not notify you upon receipt of electronic applications.

IV.3g. *Intergovernmental Review of Applications.* Executive Order 12372 does not apply to this program.

## V. Application Review Information

### *V.1. Review Process*

The Bureau will review all proposals for technical eligibility. Proposals will be deemed ineligible if they do not fully adhere to the guidelines stated herein and in the Solicitation Package. The program office, as well as the Public Diplomacy sections overseas, where appropriate will review all eligible proposals. Eligible proposals will be subject to compliance with Federal and Bureau regulations and guidelines and forwarded to Bureau grant panels for advisory review. Proposals may also be reviewed by the Office of the Legal Adviser or by other Department elements. Final funding decisions are at the discretion of the Department of State's Assistant Secretary for Educational and Cultural Affairs. Final technical authority for assistance awards grants resides with the Bureau's Grants Officer.

*Review Criteria*

Technically eligible applications will be competitively reviewed according to the criteria stated below. These criteria are not rank ordered and all carry equal weight in the proposal evaluation:

1. *Quality of the Program Idea and Program Planning:* Proposals should exhibit originality, substance, precision, and relevance to the Bureau's mission. Proposals should demonstrate substantive expertise in professional development for secondary school administrators. Proposals should also illustrate effective use of community and regional resources to enhance the educational and cultural experiences of participants. Proposals should focus on leadership and administrative strategies appropriate for implementation in schools in Bolivia, Ecuador and Venezuela. Proposals should provide a detailed calendar and relevant work plan and demonstrate how the institution will meet the program's objectives during the U.S. based training.

2. *Ability To Achieve Program Objectives:* Objectives should be reasonable, feasible, and flexible. Proposals should clearly demonstrate how the cooperating institution will meet the program's objectives and plan.

3. *Multiplier Effect/Impact:* Proposed programs should strengthen long-term mutual understanding, including maximum sharing of information and establishment of long-term linkages between U.S. and South American schools.

4. *Support of Diversity:* Proposals should demonstrate substantive support of the Bureau's policy on diversity. Achievable and relevant features should be cited in both program administration (selection of participants, program venue and program evaluation) and program content (orientation and wrap-up sessions, program meetings, resource materials and follow-up activities).

5. *Institutional Capacity:* Proposed personnel and institutional resources should be adequate and appropriate to achieve the program or project's goals.

6. *Institution's Record/Ability:* Proposals should demonstrate an institutional record of successful exchange programs, including responsible fiscal management and full compliance with all reporting requirements for past Bureau grants as determined by Bureau Grants Staff. The Bureau will consider the past performance of prior recipients and the demonstrated potential of new applicants.

7. *Follow-on Activities:* Proposals should provide a plan for continued follow-on activity ensuring that Bureau supported programs are not isolated events.

8. *Project Evaluation:* Proposals should include a plan to evaluate the activity's success, both as the activities unfold and at the end of the program. A draft survey questionnaire or other technique plus description of a methodology to use to link outcomes to original project objectives are recommended.

9. *Cost-Effectiveness and Cost-Sharing:* The overhead and administrative components of the proposal, including salaries and honoraria, should be kept as low as possible. All other items should be necessary and appropriate. Proposals should maximize cost sharing through other private sector support as well as institutional direct funding contributions.

## VI. Award Administration Information

### *VI.1. Award Notices*

Final awards cannot be made until funds have been appropriated by Congress, allocated and committed through internal Bureau procedures. Successful applicants will receive an Assistance Award Document (AAD) from the Bureau's Grants Office. The AAD and the original grant proposal with subsequent modifications (if applicable) shall be the only binding authorizing document between the recipient and the U.S. Government. The AAD will be signed by an authorized Grants Officer, and mailed to the recipient's responsible officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review from the ECA program office coordinating this competition.

### *VI.2. Administrative and National Policy Requirements*

Terms and Conditions for the Administration of ECA agreements include the following:

Office of Management and Budget Circular A–122, ''Cost Principles for Nonprofit Organizations.''

Office of Management and Budget Circular A–21, ''Cost Principles for Educational Institutions.''
OMB Circular A–87, ''Cost Principles for State, Local and Indian Governments.''
OMB Circular No. A–110 (Revised), Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and other Nonprofit Organizations.
OMB Circular No. A–102, Uniform Administrative Requirements for Grants-in-Aid to State and Local Governments.
OMB Circular No. A–133, Audits of States, Local Government, and Non-profit Organizations.

Please reference the following Web sites for additional information:

*http://www.whitehouse.gov/omb/grants*
*http://exchanges.state.gov/education/grantsdiv/terms.htm#articleI.*

*VI.3. Reporting Requirements*

You must provide ECA with a hard copy original plus two copies of the final program and financial report no more than 90 days after the expiration of the award.

U.S. cooperating institutions will be required to provide reports analyzing their evaluation findings to the Bureau in their regular program reports. [Please refer to IV. Application and Submission Instructions (IV.3.d.3)] above for Program Monitoring and Evaluation information.

All data collected, including survey responses and contact information, must be maintained for a minimum of three years and provided to the Bureau upon request.

All reports must be sent to the ECA Grants Officer and ECA Program Officer listed in the final assistance award document.

*VI.4. Optional Program Data Requirements*

Organizations awarded grants will be required to maintain specific data on program participants and activities in an electronically accessible database format that can be shared with the Bureau as required. As a minimum, the data must include the following:

(1) Name, address, contact information and biographic sketch of all persons who travel internationally on funds provided by the grant or who benefit from the grant funding but do not travel.

(2) Itineraries of international and domestic travel, providing dates of travel and cities in which any exchange experiences take place. The ECA Program Officer and partners abroad must receive final schedules for in country and U.S. activities at least seven workdays prior to the official opening of the activity.

**VII. Agency Contacts**

For questions about this announcement, contact: Mary Ellen Sariti, Fulbright Teacher Exchange Branch, Office of Global Educational Programs, ECA/A/S/X, Room 349, ECA/A/S/X–06–10, U.S. Department of State, SA–44, 301 4th Street, SW., Washington, DC 20547, (Tel.) 202–453–8877 (Fax.) 202–453–8890, *saritime@state.gov.*

All correspondence with the Bureau concerning this RFGP should reference the above title and number ECA/A/S/X–06–10.

Please read the complete announcement before sending inquiries or submitting proposals. Once the RFGP deadline has passed, Bureau staff may not discuss this competition with applicants until the proposal review process has been completed.

**VIII. Other Information**

*Notice*

The terms and conditions published in this RFGP are binding and may not be modified by any Bureau representative. Explanatory information provided by the Bureau that contradicts published language will not be binding. Issuance of the RFGP does not constitute an award commitment on the part of the Government. The Bureau reserves the right to reduce, revise, or increase proposal budgets in accordance with the needs of the program and the availability of funds. Awards made will be subject to periodic reporting and evaluation requirements per section VI.3 above.

Dated: April 19, 2006.

**C. Miller Crouch,**

*Principal Deputy Assistant Secretary for Educational and Cultural Affairs, Department of State.*

[FR Doc. E6–6183 Filed 4–24–06; 8:45 am]

**BILLING CODE 4710–05–P**

## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

### Notice of Intent To Rule on Request To Release Airport Property at Searcy County Municipal Airport, Marshall, Arkansas

**AGENCY:** Federal Aviation Administration (FAA), DOT.

**ACTION:** Notice of request to release airport property.

**SUMMARY:** The FAA proposes to rule and invites public comment on the release of land at the Searcy County Municipal Airport under the provisions of Title 49 United States Code, Section 47153.

**DATES:** Comments must be received on or before May 25, 2006.

**ADDRESSES:** Comments on this application may be mailed or delivered to the FAA at the following address: Mr. Edward Agnew, Manager, Federal Aviation Administration, Southwest Region, Airports Division, Arkansas/Oklahoma Airports Development Office, ASW–630, Fort Worth, Texas 76193–0630.

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to Judge Johnny Hinchey, County of Searcy, Arkansas, at the following address: County of Searcy, P.O. Box 1370, Searcy, AR 72650.

**FOR FURTHER INFORMATION CONTACT:** Mr. Don Harris, Senior Program Manager, Federal Aviation Administration, Southwest Region, Airports Division, Arkansas/Oklahoma Airports Development Office, ASW–631, Fort Worth, Texas 76193–0630.

The request to release property may be reviewed in person at this same location.

**SUPPLEMENTARY INFORMATION:** The FAA invites public comment on the request to release property at Searcy County Municipal Airport under the provisions of the Act.

On April 4, 2006, FAA determined that the request to release property at Searcy County Municipal Airport submitted by the County of Searcy met the procedural requirements of the Federal Aviation Regulations, Part 155. The FAA may approve the request, in whole or in part, no later than May 31, 2006.

The following is a brief overview of the request: The County of Searcy requests the release of approximately 2 acres of airport property. The land is encumbered by Federal grant assurances pursuant to the receipt of Federal Airport Improvement Program funds. The release of property will allow the city of Marshall to accept a United States Department of Agriculture Rural Development grant for the construction and operation of a fire station at the airport.

The appraised value of the subject property is $22,000.00. The city has committed toward providing in-kind services of fire protection and emergency medical services for the

public airport at an estimated value of $2,400.00 annually.

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 application, notice and other documents germane to the application in person at the Searcy County Municipal Airport.

Issued in Fort Worth, Texas, on April 6, 2006.

**Kelvin L. Solco,**

*Manager, Airports Division.*

[FR Doc. 06–3756 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–13–M**

## DEPARTMENT OF TRANSPORTATION

### Federal Highway Administration

### Environmental Impact Statement: Pellissippi Parkway Extension (State Route 162), Blount County, TN

**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 highway project in Blount County, Tennessee.

**FOR FURTHER INFORMATION CONTACT:** Ms. Karen M. Brunelle, Planning and Program Management Team Leader, Federal Highway Administration—Tennessee Division Office, 640 Grassmere Park Road, Suite 112, Nashville, TN 37211, 615–781–5772.

**SUPPLEMENTARY INFORMATION:** The proposed project would construct an extension of Pellissippi Parkway (State Route 162) from State Route 33 to U.S. 321 (State Route 73) in Blount County, Tennessee, a distance of approximately 4.4 miles. The extension of Pellissippi Parkway is considered necessary to improve regional and local accessibility for the general public as well as emergency vehicles, to improve traffic capacity on the existing roadway system, to provide system linkage, and to improve safety conditions on U.S. 129 (State Route 115) and U.S. 321.

Alternatives under consideration include: (1) No-Build; (2) Transportation System Management (TSM) activities; (3) upgrade existing roadways; (4) Mass Transit; and (5) one or more alternatives that would construct a new roadway on a new location.

Two public scoping meetings will be held in the project corridor. As part of the scoping process, Federal, state, and local agencies and officials; private organizations; citizens; and interest groups will have an opportunity to provide input into the development of the Environmental Impact Statement and identify issues of concern. A Public Involvement Plan has been developed to include the public in the project development process. This plan proposes utilizing the following outreach efforts to provide information and solicit input: newsletters, the Internet, e-mail and direct mail, informal meetings and briefings, public information meetings, public hearings and other efforts as necessary and appropriate. A public hearing will be held upon completion of the Draft Environmental Impact Statement and public notice will be given of the time and place of the hearing. The Draft EIS will be available for public and agency review and comment prior to the public hearings.

To ensure that the full range of issues related to this proposed action are identified and taken into account, comments and suggestions are invited from all interested parties. Comments and questions concerning the proposed action should be directed to the FHWA contact person identified above at the address provided above.

(Catalog of Federal Domestic Assistance Program Number 20.205, Highway Planning and Construction. The regulations implementing Executive Order 12372 regarding intergovernmental consultation on Federal programs and activities apply to this proposed program.).

Issued on: April 19, 2006.

**Karen M. Brunelle,**

*Planning and Program Mgmt. Team Leader, Nashville, TN.*

[FR Doc. E6–6141 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–22–P**

## DEPARTMENT OF TRANSPORTATION

### National Highway Traffic Safety Administration

**[Docket No. NHTSA–2004–17672; Notice 2]**

### Decision That Nonconforming 2003 Audi RS6 and RS6 Avant Passenger Cars Are Eligible for Importation

**AGENCY:** National Highway Traffic Safety Administration, DOT.

**ACTION:** Notice of decision by the National Highway Traffic Safety Administration that nonconforming 2003 Audi RS6 and RS6 Avant passenger cars are eligible for importation.

**SUMMARY:** This document announces a decision by the National Highway Traffic Safety Administration (NHTSA) that certain 2003 Audi RS6 and RS6 Avant passenger cars that were not originally manufactured to comply with all applicable Federal motor vehicle safety standards (FMVSS) are eligible for importation into the United States because they are substantially similar to vehicles originally manufactured for importation into and sale in the United States and that were certified by their manufacturer as complying with the safety standards (the U.S. certified version of the 2003 Audi RS6 and RS6 Avant passenger cars), and they are capable of being readily altered to conform to the standards.

**DATES:** This decision was effective July 9, 2004. The agency notified the petitioner at that time that the subject vehicles are eligible for importation. This document provides public notice of the eligibility decision.

**FOR FURTHER INFORMATION CONTACT:** Coleman Sachs, Office of Vehicle Safety Compliance, NHTSA (202–366–3151).

**SUPPLEMENTARY INFORMATION:**

#### Background

Under 49 U.S.C. 30141(a)(1)(A), a motor vehicle that was not originally manufactured to conform to all applicable FMVSS shall be refused admission into the United States unless NHTSA has decided that the motor vehicle is substantially similar to a motor vehicle originally manufactured for importation into and sale in the United States, certified as required under 49 U.S.C. 30115, and of the same model year as the model of the motor vehicle to be compared, and is capable of being readily altered to conform to all applicable FMVSS.

Petitions for eligibility decisions may be submitted by either manufacturers or importers who have registered with NHTSA pursuant to 49 CFR part 592. As specified in 49 CFR 593.7, NHTSA publishes notice in the **Federal Register** of each petition that it receives, and affords interested persons an opportunity to comment on the petition. At the close of the comment period, NHTSA decides, on the basis of the petition and any comments that it has received, whether the vehicle is eligible for importation. The agency then publishes this decision in the **Federal Register**.

Webautoworld (Web) of Pompano Beach, Florida (Registered Importer 02–295), petitioned NHTSA to decide whether 2003 Audi RS6 and RS6 Avant passenger cars are eligible for importation into the United States. NHTSA published a notice of the petition on May 6, 2004 (69 FR 25460)

to afford an opportunity for public comment. The reader is referred to that notice for a thorough description of the petition.

One comment was received in response to the notice of petition, from Volkswagen of America, Inc. (VW), the U.S. representative of the vehicle's original manufacturer. VW's comment addressed issues it believed Web had overlooked in describing alterations necessary to conform 2003 Audi RS6 and RS6 Avant models to numerous FMVSS as well as to the Bumper Standard and the Theft Prevention Standard. The agency accorded Web an opportunity to respond to the issues raised by VW. VW's comments, Web's responses, and NHTSA's analysis are set forth below for each of the issues that VW raised.

(1) 49 CFR part 541, *Theft Prevention Standard:* The petition stated that the A6 carline was not on the high theft list. VW stated that the A6 carline is a high theft carline, but had been exempted from the parts marking requirements because the vehicles are equipped with an anti-theft device. VW further stated that non-conforming vehicles must be inspected for the presence of equivalent anti-theft systems. Web responded that it will ensure that anti-theft systems, equivalent to those installed in U.S.-model vehicles, are installed in the vehicles.

*NHTSA's Analysis:* The agency notes that Theft Prevention Standard compliance issues are not directly relevant to an import eligibility decision, as such a decision is to be based on the capability of a non-U.S. certified vehicle to be altered to conform to the FMVSS, and the Theft Standard is not an FMVSS. However, because a vehicle that is not originally manufactured to comply with the Theft Prevention Standard must be modified to comply with the standard before it can be imported into the United States, conformance with the Theft Prevention Standard must be shown in the conformity package submitted to NHTSA to allow release of the DOT conformance bond furnished at the time of importation.

(2) 49 CFR part 581, *Bumper Standard:* The petition stated that the bumpers and bumper support structures in the non-U.S. certified model are the same as those in the U.S. certified model. VW stated that non-U.S. certified vehicles have bumper systems that do not comply with the Bumper Standard. Web responded that it will install U.S.-model bumper systems on the non-U.S. certified vehicles.

*NHTSA's Analysis:* The agency notes that Bumper Standard compliance issues are not directly relevant to an import eligibility decision, as such a decision is to be based on the capability of a non-U.S. certified vehicle to be altered to conform to the FMVSS, and the Bumper Standard is not an FMVSS. However, because a vehicle that is not originally manufactured to comply with the Bumper Standard must be modified to comply with the standard before it can be admitted permanently into the United States, conformance with the Bumper Standard must be shown in the conformity package submitted to NHTSA to allow release of the DOT conformance bond furnished at the time of importation.

(3) FMVSS No. 118 *Power-Operated Window Partition, and Roof Panel Systems:* The petition stated that the systems in the non-U.S. certified model are identical to those in the U.S. certified model. VW stated that the remote controlled window closing feature on the non-U.S. certified model had not been certified to paragraphs S4 and S5 of FMVSS No. 118. Web responded that the remote controlled window closing feature will be modified or replaced to assure compliance with the standard.

*NHTSA's Analysis:* The modifications needed to comply with this standard would not preclude the vehicle from being deemed eligible for importation. Conformity packages submitted for vehicles imported under the decision must demonstrate that the vehicle is equipped with a power-operated window partition and roof panel system that conforms to the standard.

(4) FMVSS No. 225 *Child Restraint Anchorage Systems:* The petition stated that the systems in the non-U.S. certified model are identical to those in the U.S. model. VW stated that non-U.S. certified model vehicles do not comply with the standard as originally manufactured because they do not have top tether anchorages and the locations of the lower anchorages are not marked. Web responded that top tether anchorages, similar to those installed in the U.S. certified version, will be installed to meet the requirements of paragraph S6 of the standard. Web also stated that conforming lower anchorages will be installed in vehicles not already so equipped, and that lower anchorage location markings will be installed to conform to the requirements of paragraph S9 of the standard.

*NHTSA's Analysis:* The modifications Web identified as needed to comply with the standard would not preclude the vehicle from being deemed eligible for importation. Conformity packages submitted for vehicles imported under the decision must demonstrate that the vehicle is equipped with a child restraint anchorage system that conforms to the standard.

(5) FMVSS No. 201 *Occupant Protection in Interior Impact:* The petition stated that the systems in the non-U.S. certified model are identical to those in the U.S. certified model. VW stated that non-U.S. certified vehicles do not comply with the standard as originally manufactured because they do not include all of the interior trim components required for certification to the impact requirements of the standard. Web responded that U.S. certified model A-pillar, upper window frame, and support covers above the passenger's heads will be installed in the vehicles to meet the requirements of the standard.

*NHTSA's Analysis:* The modifications Web identified as needed to comply with the standard would not preclude the vehicle from being deemed eligible for importation. Conformity packages submitted for vehicles imported under the decision must demonstrate that the vehicle is equipped with components that conform to the standard.

(6) FMVSS No. 207 *Seating Systems:* The petition stated that the systems in the non-U.S. certified model are identical to those in the U.S. certified model. VW stated that front seats in non-U.S. certified model vehicles had not been certified to FMVSS No. 207. Web responded that front seats will be replaced with U.S.-model components on vehicles that are not already so equipped to meet the requirements of the standard.

*NHTSA's Analysis:* The modifications Web identified as needed to comply with the standard would not preclude the vehicle from being deemed eligible for importation. Conformity packages submitted for vehicles imported under the decision must demonstrate that the vehicle is equipped with a seating system that conforms to the standard.

(7) FMVSS No. 208 *Occupant Crash Protection:* VW stated that in addition to the modifications identified in the petition, non-U.S. certified models are not equipped with knee bolsters, and that the air bag control modules in those vehicles are different. Web responded that U.S.-model knee bolsters will be installed. Web also stated that the air bag control module will be reprogrammed or replaced as required to assure functionality based on the requirements of the standard.

*NHTSA's Analysis:* The modifications Web identified as needed to comply with the standard would not preclude the vehicle from being deemed eligible for importation. Conformity packages submitted for vehicles imported under

the decision must demonstrate that the vehicle is equipped with an occupant crash protection system that conforms to the standard.

(8) FMVSS No. 209 *Seat Belt Assemblies:* The petition stated that the seat belt assemblies in the non-U.S. certified model are identical to those in the U.S. certified model. VW stated that the rear seat belt load limiters in the non-U.S. certified model vehicles had not been certified to the requirements of FMVSS No. 209. Web responded that rear seat belts and load limiters that conform to the requirements of the standard will be installed in the vehicles.

*NHTSA's Analysis:* The modifications Web identified as needed to comply with the standard would not prelude the vehicle from being deemed eligible for importation. Conformity packages submitted for vehicles imported under the decision must demonstrate that the vehicle is equipped with seat belts that conform to the standard.

**Conclusion**

In view of the above considerations, NHTSA decided to grant the petition.

**Vehicle Eligibility Number for Subject Vehicles**

The importer of a vehicle admissible under any final decision must indicate on the form HS–7 accompanying entry the appropriate vehicle eligibility number indicating that the vehicle is eligible for entry. VSP–443 is the vehicle eligibility number assigned to vehicles admissible under this notice of final decision.

**Final Decision**

Accordingly, on the basis of the foregoing, NHTSA decided that 2003 Audi RS6 and RS6 Avant passenger cars that were not originally manufactured to comply with all applicable FMVSS, are substantially similar to 2003 Audi RS6 and RS6 Avant passenger cars originally manufactured for importation into and sale in the United States and certified under 49 U.S.C. 30115, and are capable of being readily altered to conform to all applicable FMVSS.

**Authority:** 49 U.S.C. 30141(a)(1)(A) and (b)(1); 49 CFR 593.8; delegations of authority at 49 CFR 1.50 and 501.8.

**Claude H. Harris,**

*Director, Office of Vehicle, Safety Compliance.*

[FR Doc. E6–6135 Filed 4–24–06; 8:45 am]

**BILLING CODE 4910–59–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Proposed Collection; Comment Request for Revenue Procedure 97–29

**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 Revenue Procedure 97–29, Model Amendments and Prototype Program for SIMPLE IRAs.

**DATES:** Written comments should be received on or before June 26, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn Kirkland, Internal Revenue Service, room 6516, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the regulations should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3179, or through the Internet at *Larnice.Mack@irs.gov*.

**SUPPLEMENTARY INFORMATION:**

*Title:* Model Amendments and Prototype Program for SIMPLE IRAs.

*OMB Number:* 1545–1543.

*Revenue Procedure Number:* Revenue Procedure 97–29.

*Abstract:* Revenue Procedure 97–29 provides guidance to drafters of prototype SIMPLE IRAs on obtaining opinion letters and provides permissive amendments to sponsors of nonSIMPLE IRAs.

*Current Actions:* There are no changes being made to the revenue procedure at this time.

*Type of Review:* Extension of a currently approved collection.

*Affected Public:* Business or other for-profit organizations, and not-for-profit institutions.

*Estimated Number of Respondents:* 3,205.

*Estimated Time Per Respondent:* 8 hours, 4 minutes.

*Estimated Total Annual Reporting Burden hours:* 25,870.

The following paragraph applies to all 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: April 17, 2006.

**Glenn Kirkland,**

*IRS Reports Clearance Officer.*

[FR Doc. E6–6127 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Proposed Collection; Comment Request for Revenue Procedure 2003–37

**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 Revenue Procedure 2003–37, Documentation Provisions for Certain Taxpayers Using the Fair Market Value Method of Interest Expense Apportionment.

**DATES:** Written comments should be received on or before June 26, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn Kirkland, Internal Revenue Service, room 6516, 1111 Constitution Avenue NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the regulations should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3179, or through the Internet at *Larnice.Mack@irs.gov*.

**SUPPLEMENTARY INFORMATION:**

*Title:* Documentation Provisions for Certain Taxpayers Using the Fair Market Value Method of Internal Expense Apportionment.

*OMB Number:* 1545–1833.

*Revenue Procedure Number:* Revenue Procedure 2003–37.

*Abstract:* Revenue Procedure 2003–37 describes documentation and information a taxpayer that uses the fair market value method of apportionment of interest expense may prepare and make available to the Service upon request in order to establish the fair market value of the taxpayer's assets to the satisfaction of the Commissioner as required by § 1.861–9T(g)(1)(iii). It also sets forth the procedures to be followed in the case of elections to use the fair market value method.

*Current Actions:* There are no changes being made to the revenue procedure at this time.

*Type of Review:* Extension of a currently approved collection.

*Affected Public:* Business or other for-profit organizations.

*Estimated Number of Respondents/ and or Recordkeeper:* 125.

*Estimated Average Time Per Respondent/Recordkeeper:* 5 hours.

*Estimated Total Annual Reporting Burden and/or Recordkeeping Burden:* 625.

The following paragraph applies to all 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: April 17, 2006.

**Glenn Kirkland,**

*IRS Reports Clearance Officer.*

[FR Doc. E6–6128 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Proposed Collection; Comment Request for Revenue Procedure 2003–39

**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 Revenue Procedure 2003–39, section 1031 LKE (Like-Kind Exchanges) Auto Leasing Programs.

**DATES:** Written comments should be received on or before June 26, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn Kirkland, Internal Revenue Service, room 6516, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the regulations should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3179, or through the Internet at *Larnice.Mack@irs.gov*.

**SUPPLEMENTARY INFORMATION:**

*Title:* Section 1031 LKE (Like-Kind Exchanges) Auto Leasing Programs.

*OMB Number:* 1545–1834.

*Revenue Procedure Number:* Revenue Procedure 2003–39.

*Abstract:* Revenue Procedure 2003–39 provides safe harbors for certain aspects of the qualification under § 1031 of certain exchanges of property pursuant to LKE Programs for federal income tax purposes.

*Current Actions:* There are no changes being made to the revenue procedure at this time.

*Type of Review:* Extension of a currently approved collection.

*Affected Public:* Business or other for-profit organizations.

*Estimated Number of Respondents:* 8,600.

*Estimated Average Time Per Respondent:* 1 hour.

*Estimated Total Annual Reporting Burden:* 8,600.

The following paragraph applies to all 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: April 17, 2006.

**Glenn Kirkland,**

*IRS Reports Clearance Officer.*

[FR Doc. E6–6129 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Proposed Collection; Comment Request for Form 8824

**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 8824, Like-Kind Exchanges.

**DATES:** Written comments should be received on or before June 26, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn Kirkland Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3179, or through the Internet at *Larnice.Mack@irs.gov*.

**SUPPLEMENTARY INFORMATION:**

*Title:* Like-Kind Exchanges.

*OMB Number:* 1545–1190.

*Form Number:* 8824.

*Abstract:* Form 8824 is used by individuals, corporations, partnerships, and other entities to report the exchange of business or investment property, and the deferral of gains from such transactions under Internal Revenue Code section 1031. It is also used to report the deferral of gain under Code section 1043 from conflict-of-interest sales by certain members of the executive branch of the Federal government.

*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:* Individuals or households and business or other for-profit organizations.

*Estimated Number of Respondents:* 200,000.

*Estimated Number of Respondent:* 4 hours, 10 minutes.

*Estimated Total Annual Burden Hours:* 834,979.

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: April 13, 2006.

**Allan Hopkins,**

*IRS Reports Clearance Office.*

[FR Doc. E6–6130 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Proposed Collection; Comment Request for Form 1041–T

**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 1041–T Allocation of Estimated Tax Payments to Beneficiaries.

**DATES:** Written comments should be received on or before June 26, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn Kirkland Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3179, or through the Internet at *Larnice.Mack@irs.gov*.

**SUPPLEMENTARY INFORMATION:**

*Title:* Allocation of Estimated Tax Payments to Beneficiaries.

*OMB Number:* 1545–1020.

*Form Number:* 1041–T.

*Abstract:* This form allows a trustee of a trust or an executor of an estimate to make an election under Internal Revenue Code section 643(g) to allocate any payment of estimated tax to a beneficiary(ies). The IRS uses the information on the form to determine the correct amounts that are to be transferred from the fidiciary's account to the individual's account.

*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 Responses:* 1,000.

*Estimated Number of Respondents:* 59 minutes.

*Estimated Total Annual Burden Hours:* 990.

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: April 13, 2006.

**Allan Hopkins,**

*IRS Reports Clearance Office.*

[FR Doc. E6–6131 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Proposed Collection; Comment Request for Form 14411

**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 14411, Systemic Advocacy Issue Submission Form.

**DATES:** Written comments should be received on or before June 26, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn Kirkland, Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3179, or through the Internet at *Larnice.Mack@irs.gov*.

**SUPPLEMENTARY INFORMATION:**

*Title:* Systemic Advocacy Issue Submission Form.

*OMB Number:* 1545–1832.

*Form Number:* 1041–T.

*Abstract:* Form 14411, Systemic Advocacy Issue Submission Form, is an optional use form for taxpayers (individual and business), tax professionals, trade and business associations, etc. to submit systemic problems. These problems may pertain to experiences with the Internal Revenue Service's processes, procedures, or make legislative recommendations.

*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, individuals, not-for-profit institutions, farms, Federal, State, Local or Tribal governments.

*Estimated Number of Respondents:* 420.

*Estimated Number of Response:* 48 minutes.

*Estimated Total Annual Burden Hours:* 336.

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: April 13, 2006.

**Allan Hopkins,**

*IRS Reports Clearance Office.*

[FR Doc. E6–6132 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Proposed Collection; Comment Request for Form 8876

**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 8876, Excise Tax on Structured Settlement Factoring Transactions.

**DATES:** Written comments should be received on or before June 26, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn Kirkland, Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3179, or through the Internet at *Larnice.Mack@irs.gov*.

**SUPPLEMENTARY INFORMATION:**

*Title:* Excise Tax on Structured Settlement Factoring Transactions.

*OMB Number:* 1545–1826.

*Form Number:* 8876.

*Abstract:* Form 8876 is used to report structured settlement transactions and pay the applicable excise tax.

*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.

*Estimated Number of Respondents:* 100.

*Estimated Number of Respondent:* 5 hours, 36 minutes.

*Estimated Total Annual Burden Hours:* 560.

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: April 13, 2006.

**Allan Hopkins,**

*IRS Reports Clearance Office.*

[FR Doc. E6–6133 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

**[EE–175–86; REG–108639–99]**

### Proposed Collection; Comment Request for Regulation Project

**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 an existing final regulation, EE–175–86, (TD 8357), Certain Cash or Deferred Arrangements and Employee and Matching Contributions Under Employee Plans: REG–108639–99 (NPRM) Retirement Plans; Cash or Deferred Arrangements.

**DATES:** Written comments should be received on or before June 26, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn P. Kirkland, Internal Revenue Service, room 6516, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the regulation should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3179, or through the Internet at *Larnice.Mack@irs.gov*.

**SUPPLEMENTARY INFORMATION:**

*Title:* Certain Cash or Deferred Arrangements and Employee and Matching Contributions under Employee Plans: Retirement Plans; Cash or Deferred Arrangements.

*OMB Number:* 1545–1069.

*Regulation Project Number:* EE–175–86; Reg-108639–99.

*Abstract:* This regulation provides the public with the guidance needed to comply with sections 40(k), 401(m), and 4979 of the Internal Revenue Code. The regulation affects sponsors of plans that contain cash or deferred arrangements of employee or matching contributions, and employees who are entitled to make elections under these plans.

*Current Actions:* There are no changes to these existing regulations.

*Type of Review:* Extension of a currently approved collection.

*Affected Public:* Business or other for-profit organizations, not-for-profit institutions, farms, and state, local, or tribal governments.

*Estimated Number of Respondents:* 355,500.

*Estimated Time Per Respondent:* 3 hours.

*Estimated Total Annual Burden Hours:* 1,060,000.

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: April 17, 2006.

**Glenn P. Kirkland,**

*IRS Reports Clearance Officer.*

[FR Doc. E6–6134 Filed 4–24–06; 8:45 am]

**BILLING CODE 4830–01–P**

## DEPARTMENT OF THE TREASURY

### United States Mint

### Notification of Citizens Coinage Advisory Committee May 2006 Public Meeting

**SUMMARY:** Pursuant to United States Code, Title 31, section 5135 (b)(8)(C), the United States Mint announces the

Citizens Coinage Advisory Committee (CCAC) public meeting scheduled for May 23, 2006.

*Date:* May 23, 2006.

*Time:* 10 a.m. to 2 p.m.

*Location:* The United States Mint; 801 Ninth Street, NW., Washington, DC; Second floor.

*Subject:* Review of designs for the 2007 First Spouse Bullion Coin Program and other business.

*Interested persons should call 202–354–7502 for the latest update on meeting time and room location.*

The CCAC was established to:

• Advise the Secretary of the Treasury on any theme or design proposals relating to circulating coinage, bullion coinage, Congressional Gold Medals, and national and other medals.

• Advise the Secretary of the Treasury with regard to the events, persons, or places to be commemorated by the issuance of commemorative coins in each of the five calendar years succeeding the year in which a commemorative coin designation is made.

• Make recommendations with respect to the mintage level for any commemorative coin recommended.

**FOR FURTHER INFORMATION CONTACT:** Cliff Northup, United States Mint Liaison to the CCAC; 801 Ninth Street, NW., Washington, DC 20220; or call 202–354–7200.

Any member of the public interested in submitting matters for the CCAC's consideration or addressing the CCAC at the Public Forum is invited to submit request and/or materials by fax to the following number: 202–756–6830.

**Authority:** 31 U.S.C. 5135(b)(8)(C).

Dated: April 19, 2006.

**David A. Lebryk,**

*Deputy Director, United States Mint.*

[FR Doc. E6–6138 Filed 4–24–06; 8:45 am]

BILLING CODE 4810–37–P

Federal Register

Tuesday,
April 25, 2006

Book 2 of 2 Books
Pages 23995–24550

# Part II

# Department of Health and Human Services

## Centers for Medicare & Medicaid Services

**42 CFR Parts 409, 410 et al.**

**Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates; Proposed Rule**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**42 CFR Parts 409, 410, 412, 413, 424, 485, and 489**

**[CMS–1488–P]**

**RIN 0938–AO12**

# Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates

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

**ACTION:** Proposed rule.

**SUMMARY:** We are proposing to revise the Medicare hospital inpatient prospective payment systems (IPPS) for operating and capital-related costs to implement changes arising from our continuing experience with these systems, and to implement a number of changes made by the Deficit Reduction Act of 2005 (Pub. L. 109–171). In addition, in the Addendum to this proposed rule, we describe the proposed changes to the amounts and factors used to determine the rates for Medicare hospital inpatient services for operating costs and capital-related costs. We also are setting forth proposed rate-of-increase limits as well as proposed policy changes for hospitals and hospital units excluded from the IPPS that are paid in full or in part on a reasonable cost basis subject to these limits. These proposed changes would be applicable to discharges occurring on or after October 1, 2006.

In this proposed rule, we discuss our proposals to refine the diagnosis-related group (DRG) system under the IPPS to better recognize severity of illness among patients—for FY 2007, we are proposing to use a hospital-specific relative value cost center weighting methodology to adjust DRG relative weights and in FY 2008 (if not earlier), to implement consolidated severity-adjusted DRGs or alternative severity adjustment methods.

Among the other policy changes that we are proposing to make are changes related to: limited revisions of the reclassification of cases to DRGs; the long-term care (LTC)–DRGs and relative weights; the wage data, including the occupational mix data, used to compute the wage index; applications for new technologies and medical services add-on payments; payments to hospitals for the direct and indirect costs of graduate medical education; submission of hospital quality data; payments to sole community hospitals and Medicare-dependent, small rural hospitals; and provisions governing emergency services under the Emergency Medical Treatment and Labor Act of 1986 (EMTALA).

We are also inviting comments on a number of issues including performance-based hospital payments for services and health information technology, as well as how to improve data transparency for consumers.

**DATES:** To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on June 12, 2006.

**ADDRESSES:** In commenting, please refer to file code CMS–1488–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of three ways (no duplicates, please):

1. *Electronically.* You may submit electronic comments on specific issues in this regulation to *http://www.cms.hhs.gov/eRulemaking.* Click on the link ''Submit electronic comments on CMS regulations with an open comment period''. (Attachments should be in Microsoft Word, WordPerfect, or Excel; however, we prefer Microsoft Word.)

2. *By regular mail.* You may 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–1488–P, P.O. Box 8011, Baltimore, MD 21244–1850.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send 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–1488–P, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to one of the following addresses. If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–7195 in advance to schedule your arrival with one of our staff members. Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or 7500 Security Boulevard, Baltimore, MD 21244–1850.

(Because access to the interior of the Hubert H. Humphrey 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 persons wishing 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 received after the comment period.

*Submission of comments on paperwork requirements.* You may submit comments on this document's paperwork requirements by mailing your comments to the addresses provided at the end of the ''Collection of Information Requirements'' section in this document.

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

**FOR FURTHER INFORMATION CONTACT:**

Marc Hartstein, (410) 786–4548, Operating Prospective Payment, Diagnosis-Related Groups (DRGs), Wage Index, New Medical Services and Technology Add-On Payments, Hospital Geographic Reclassifications, Sole Community Hospital, Disproportionate Share Hospital, and Medicare-Dependent, Small Rural Hospital Issues.

Tzvi Hefter, (410) 786–4487, Capital Prospective Payment, Excluded Hospitals, Graduate Medical Education, Critical Access Hospitals, and Long-Term Care (LTC)–DRG Issues.

Siddhartha Mazumdar, (410) 786–6673, Rural Community Hospital Demonstration Issues.

Sheila Blackstock, (410) 786–3502, Quality Data for Annual Payment Update Issues.

Thomas Valuck, (410) 786–7479, Hospital Value-Based Purchasing Issues.

Frederick Grabau, (410) 786–0206, Services in Foreign Hospitals Issues.

Brian Reitz, (410) 786–5001, Obsolete Paper Claims Forms Issues.

**SUPPLEMENTARY INFORMATION:**

*Submitting Comments:* We welcome comments from the public on all issues set forth in this rule to assist us in fully considering issues and developing policies. You can assist us by referencing the file code CMS–1488–P and the specific ''issue identifier'' that precedes the section on which you choose to comment.

*Inspection of Public Comments:* All comments received before the close of

the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: *http://www.cms.hhs.gov/eRulemaking.* Click on the link ''Electronic Comments on CMS Regulations'' on that Web site to view public comments.

Comments received timely will also 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 1–800–743–3951.

**Electronic Access**

This **Federal Register** document is also available from the **Federal Register** online database through GPO Access, a service of the U.S. Government Printing Office. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents' home page address is *http://www.gpoaccess.gov/,* by using local WAIS client software, or by telnet to swais.access.gpo.gov, then login as guest (no password required). Dial-in users should use communications software and modem to call (202) 512–1661; type swais, then login as guest (no password required).

**Acronyms**

AHA American Hospital Association
AHIMA American Health Information Management Association
AHRO Agency for Health Care Research and Quality
AMI Acute myocardial infarction
AOA American Osteopathic Association
APR DRG All Patient Refined Diagnosis Related Group System
ASC Ambulatory surgical center
ASP Average sales price
AWP Average wholesale price
BBA Balanced Budget Act of 1997, Public Law 105–33
BBRA Medicare, Medicaid, and SCHIP [State Children's Health Insurance Program] Balanced Budget Refinement Act of 1999, Public Law 106–113
BIPA Medicare, Medicaid, and SCHIP [State Children's Health Insurance Program] Benefits Improvement and Protection Act of 2000, Public Law 106–554
BLS Bureau of Labor Statistics
CAH Critical access hospital
CART CMS Abstraction & Reporting Tool
CBSAs Core-based statistical areas
CC Complication or comorbidity
CDAC Clinical Data Abstraction Center
CIPI Capital input price index
CPI Consumer price index
CMI Case-mix index
CMS Centers for Medicare & Medicaid Services
CMSA Consolidated Metropolitan Statistical Area
COBRA Consolidated Omnibus Reconciliation Act of 1985, Public Law 99–272
CPI Consumer price index
CRNA Certified registered nurse anesthetist
CY Calendar year
DRA Deficit Reduction Act of 2005, Public Law 109–171
DRG Diagnosis-related group
DSH Disproportionate share hospital
ECI Employment cost index
EMR Electronic medical record
EMTALA Emergency Medical Treatment and Labor Act of 1986, Public Law 99–272
FDA Food and Drug Administration
FFY Federal fiscal year
FIPS Federal information processing standards
FQHC Federally qualified health center
FTE Full-time equivalent
FY Fiscal year
GAAP Generally Accepted Accounting Principles
GAF Geographic Adjustment Factor
GME Graduate medical education
HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems
HCFA Health Care Financing Administration
HCRIS Hospital Cost Report Information System
HHA Home health agency
HHS Department of Health and Human Services
HIC Health insurance card
HIPAA Health Insurance Portability and Accountability Act of 1996, Public Law 104–191
HIPC Health Information Policy Council
HIS Health information system
HIT Health information technology
HMO Health maintenance organization
HSA Health savings account
HSCRC Maryland Health Services Cost Review Commission
HSRV Hospital-specific relative value
HSRVcc Hospital-specific relative value cost center
HQA Hospital Quality Alliance
HQI Hospital Quality Initiative
HwH Hospital-within-a-hospital
ICD–9–CM International Classification of Diseases, Ninth Revision, Clinical Modification
ICD–10–PCS International Classification of Diseases, Tenth Edition, Procedure Coding System
ICU Intensive care unit
IHS Indian Health Service
IME Indirect medical education
IOM Institute of Medicine
IPF Inpatient psychiatric facility
IPPS Acute care hospital inpatient prospective payment system
IRF Inpatient rehabilitation facility
JCAHO Joint Commission on Accreditation of Healthcare Organizations
LAMCs Large area metropolitan counties
LTC–DRG Long-term care diagnosis-related group
LTCH Long-term care hospital
MCE Medicare Code Editor
MCO Managed care organization
MCV Major cardiovascular condition
MDC Major diagnostic category
MDH Medicare-dependent, small rural hospital
MedPAC Medicare Payment Advisory Commission
MedPAR Medicare Provider Analysis and Review File
MEI Medicare Economic Index
MGCRB Medicare Geographic Classification Review Board
MMA Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108–173
MRHFP Medicare Rural Hospital Flexibility Program
MSA Metropolitan Statistical Area
NAICS North American Industrial Classification System
NCD National coverage determination
NCHS National Center for Health Statistics
NCQA National Committee for Quality Assurance
NCVHS National Committee on Vital and Health Statistics
NECMA New England County Metropolitan Areas
NICU Neonatal intensive care unit
NQF National Quality Forum
NTIS National Technical Information Service
NVHRI National Voluntary Hospital Reporting Initiative
OES Occupational employment statistics
OIG Office of the Inspector General
OMB Executive Office of Management and Budget
O.R. Operating room

OSCAR Online Survey Certification and Reporting (System)
PRM Provider Reimbursement Manual
PPI Producer price index
PMSAs Primary metropolitan statistical areas
PPS Prospective payment system
PRA Per resident amount
ProPAC Prospective Payment Assessment Commission
PRRB Provider Reimbursement Review Board
PS&R Provider Statistical and Reimbursement (System)
QIG Quality Improvement Group, CMS
QIO Quality Improvement Organization
RHC Rural health clinic
RHQDAPU Reporting hospital quality data for annual payment update
RNHCI Religious Nonmedical Health care Institution
RRC Rural referral center
RUCAs Rural-urban commuting area codes
RY Rate year
SAF Standard Analytic File
SCH Sole community hospital
SFY State fiscal year
SIC Standard Industrial Classification
SNF Skilled nursing facility
SOCs Standard occupational classifications
SOM State Operations Manual
SSA Social Security Administration
SSI Supplemental Security Income
TAG Technical Advisory Group
TEFRA Tax Equity and Fiscal Responsibility Act of 1982, Pub. L. 97–248
UHDDS Uniform hospital discharge data set

**Table of Contents**

I. Background
A. Summary
1. Acute Care Hospital Inpatient Prospective Payment System (IPPS)
2. Hospitals and Hospital Units Excluded From the IPPS
a. Inpatient Rehabilitation Facilities (IRFs)
b. Long-Term Care Hospitals (LTCHs)
c. Inpatient Psychiatric Facilities (IPFs)
3. Critical Access Hospitals (CAHs)
4. Payments for Graduate Medical Education (GME)
B. Provisions of the Deficit Reduction Act of 2005 (DRA)
C. Major Contents of this Proposed Rule
1. Proposed DRG Reclassifications and Recalibrations of Relative Weights
2. Proposed Changes to the Hospital Wage Index
3. Other Decisions and Proposed Changes to the IPPS for Operating Costs and GME Costs
4. Proposed Changes to the PPS for Capital-Related Costs
5. Proposed Changes for Hospitals and Hospital Units Excluded From the IPPS
6. Payment for Services Furnished Outside the United States
7. Payment for Blood Clotting Factor Administered to Inpatients With Hemophilia
8. Limitation on Payments to Skilled Nursing Facilities for Bad Debt
9. Determining Proposed Prospective Payment Operating and Capital Rates and Rate-of-Increase Limits
10. Impact Analysis
11. Recommendation of Update Factors for Operating Cost Rates of Payment for Inpatient Hospital Services
12. Discussion of Medicare Payment Advisory Commission Recommendations
13. Appendix C—Combinations of Consolidated Severity-Adjusted DRGs and Appendix D—Crosswalk of Consolidated Severity-Adjusted DRGs to Respective APR DRGs
II. Proposed Changes to DRG Classifications and Relative Weights
A. Background
B. DRG Reclassifications
1. General
2. Yearly Review for Making DRG Changes
3. Refinement of DRGs Based on Severity of Illness
C. Proposals for Revisions to the DRG System Used Under the IPPS
1. MedPAC Recommendations
2. Refinement of the Relative Weight Calculation
3. Refinement of DRGs Based on Severity of Illness
a. Comparison of the CMS DRG System and the APR DRG System
b. Consolidated Severity-Adjusted DRGs for Use in the IPPS
c. Changes to Case-Mix Index (CMI) From a New DRG System
4. Effect of Consolidated Severity-Adjusted DRGs on the Outlier Threshold
5. Impact of Refinement of DRG System on Payments
6. Conclusions
D. Proposed Changes to Specific DRG Classifications
1. Pre-MDCs: Pancreas Transplants
2. MDC 1 (Diseases and Disorders of the Nervous System)
a. Implantation of Intracranial Neurostimulator System for Deep Brain Stimulation (DBS)
b. Carotid Artery Stents
3. MDC 5 (Diseases and Disorders of the Circulatory System)
a. Insertion of Epicardial Leads for Defibrillator Devices
b. Application of Major Cardiovascular Diagnoses (MCVs) List to Defibrillator DRGs
4. MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue)
a. Hip and Knee Replacements
b. Spinal Fusion
c. Charite™ Spinal Disc Replacement Device
5. MDC 18 (Infectious and Parasitic Diseases (Systemic or Unspecified Sites)): Severe Sepsis
6. Medicare Code Editor (MCE) Changes
a. Newborn Diagnoses Edit
b. Diagnoses Allowed for Females Only Edit
c. Diagnoses Allowed for Males Only Edit
d. Manifestations Not Allowed as Principal Diagnosis Edit
e. Nonspecific Principal Diagnosis Edit
f. Unacceptable Principal Diagnosis Edit
g. Nonspecific O.R. Procedures Edit
h. Noncovered Procedures Edit
i. Bilateral Procedure Edit
7. Surgical Hierarchies
8. Refinement of Complications and Comorbidities (CC) List
a. Background
b. Comprehensive Review of the CC List
c. CC Exclusions List Proposed for FY 2007
9. Review of Procedure Codes in DRGs 468, 476, and 477
a. Moving Procedure Codes From DRG 468 or DRG 477 to MDCs
b. Reassignment of Procedures Among DRGs 468, 476, and 477
c. Adding Diagnosis or Procedure Codes to MDCs
10. Changes to the ICD–9–CM Coding System
E. Proposed Recalibration of DRG Weights
F. Proposed LTC–DRG Reclassifications and Relative Weights for LTCHs for FY 2007
1. Background
2. Proposed Changes in the LTC–DRG Classifications
a. Background
b. Patient Classifications into DRGs
3. Development of the Proposed FY 2007 LTC–DRG Relative Weights
a. General Overview of Development of the LTC–DRG Relative Weights
b. Data
c. Hospital-Specific Relative Value Methodology
d. Proposed Low-Volume LTC–DRGs
4. Steps for Determining the Proposed FY 2007 LTC–DRG Relative Weights
G. Proposed Add-On Payments for New Services and Technologies
1. Background
2. Public Input Before Publication of This Notice of Proposed Rulemaking on Add-On Payments
3. FY 2007 Status of Technologies Approved for FY 2006 Add-On Payments
a. Kinetra® Implantable Neurostimulator for Deep Brain Stimulation
b. Endovascular Graft Repair of the Thoracic Aorta
c. Restore® Rechargeable Implantable Neurostimulator
4. FY 2007 Applicants for New Technology Add-On Payments
a. C-Port® Distal Anastomosis System
b. NovoSeven® for Intracerebral Hemorrhage
c. X STOP Interspinous Process Decompression System
III. Proposed Changes to the Hospital Wage Index
A. Background
B. Core-Based Statistical Areas for the Proposed Hospital Wage Index
C. Proposed Occupational Mix Adjustment to the Proposed FY 2007 Index
1. Development of Data for the Proposed Occupational Mix Adjustment
2. Calculation of the Proposed FY 2007 Occupational Mix Adjustment Factor and the Proposed FY 2007 Occupational Mix Adjusted Wage Index

D. Worksheet S–3 Wage Data for the Proposed FY 2007 Wage Index Update
E. Verification of Worksheet S–3 Wage Data
F. Computation of the Proposed FY 2007 Unadjusted Wage Index
G. Computation of the Proposed FY 2007 Blended Wage Index
H. Proposed Revisions to the Wage Index Based on Hospital Redesignations
1. General
2. Effects of Reclassification
3. FY 2007 MGCRB Reclassifications
4. Proposed FY 2007 Redesignations Under Section 1886(d)(8)(B) of the Act
5. Reclassifications Under Section 508 of Pub. L. 108–173
6. Proposed Wage Indices for Reclassified Hospitals and Proposed Reclassification Budget Neutrality Factor
I. Proposed FY 2007 Wage Index Adjustment Based on Commuting Patterns of Hospital Employees
J. Process for Requests for Wage Index Data Corrections
K. Labor-Related Share for the Wage Index for FY 2007
L. Proxy for the Hospital Market Basket
IV. Other Decisions and Proposed Changes to the IPPS for Operating Costs and GME Costs
A. Reporting of Hospital Quality Data for Annual Hospital Payment Update
1. Background
2. New Procedures for Hospital Reporting of Quality Data
3. Electronic Medical Records
B. Value-Based Purchasing
1. Introduction
2. Premier Hospital Quality Incentive Demonstration
3. RHQDAPU Program
a. Section 501(b) of Pub. L. 108–173 (MMA)
b. Section 5001(a) of Pub. L. 109–171 (DRA)
4. Plan for Implementing Hospital Value-Based Purchasing Beginning With FY 2009
a. Measure Development and Refinement
b. Data Infrastructure
c. Incentive Methodology
d. Public Reporting
5. Considerations Related to Certain Conditions, Including Hospital-Acquired Infections
6. Promoting Effective Use of Health Information Technology
C. Sole Community Hospitals (SCHs) and Medicare-Dependent, Small Rural Hospitals (MDHs)
1. Background
2. Volume Decrease Adjustment for SCHs and MDHs
a. HAS/Monitrend Data
b. HAS/Monitrend Data Book Replacement Alternative
3. Mandatory Reporting Requirements for Any Changes in the Circumstances Under Which a Hospital Was Designated as an SCH or MDH
4. Proposed Payment Changes for MDHs Under the DRA of 2005
a. Background
b. Proposed Regulation Changes
5. Proposed Technical Change
D. Rural Referral Centers
1. Case-Mix Index
2. Discharges
E. Indirect Medical Education (IME) Adjustment
1. Background
2. IME Adjustment Factor for FY 2007
3. Technical Change to Revise Cross-Reference
F. Payment Adjustment for Disproportionate Share Hospitals (DSHs)
1. Background
2. Technical Corrections
3. Proposed Reinstatement of Inadvertently Deleted Provisions on DSH Payment Adjustment Factors
4. Enhanced DSH Adjustment for MDHs
G. Geographic Reclassifications
1. Background
2. Reclassifications under Section 508 of Pub. L. 108–173
3. Multicampus Hospitals
4. Urban Group Hospital Reclassifications
5. Effect of Change of Ownership on Urban County Group Reclassifications
6. Requested Reclassification for Hospitals Located in a Single Hospital MSA Surrounded by Rural Counties
H. Payment for Direct Graduate Medical Education
1. Background
2. Determination of Weighted Average Per Resident Amounts (PRAs) for Merged Teaching Hospitals
3. Determination of Per Resident Amounts (PRAs) for New Teaching Hospitals
4. Requirements for Counting and Appropriate Documentation of FTE Residents: Clarification
5. Resident Time Spent in Nonpatient Care Activities as Part of Approved Residency Programs
6. Medicare GME Affiliated Groups: Technical Changes to Regulations
I. Payment for the Costs of Nursing and Allied Health Education Activities: Clarification
J. Hospital Emergency Services Under EMTALA
1. Background
2. Role of the EMTALA Technical Advisory Group (TAG)
3. Definition of ''Labor''
4. Application of EMTALA Requirements to Hospitals Without Dedicated Emergency Departments
5. Clarification of Reference to ''Referral Centers''
K. Other Proposed Technical Changes
1. Proposed Cross-Reference Correction in Regulations on Limitations on Beneficiary Charges
2. Proposed Cross-Reference Corrections in Regulations on Payment Denials Based on Admissions and Quality Reviews
3. Proposed Cross-Reference Correction in Regulations on Outlier Payments
4. Removing References to Two Paper Claims Forms
L. Rural Community Hospital Demonstration Program
M. Health Care Information Transparency Initiative
V. Proposed Changes to the PPS for Capital-Related Costs
A. Background
B. Treatment of Certain Urban Hospitals Reclassified as Rural Hospitals Under § 412.103
C. Other Technical Corrections Relating to the Capital PPS Geographic Adjustment Factors
VI. Proposed Changes for Hospitals and Hospital Units Excluded From the IPPS
A. Payments to Existing Hospitals and Hospital Units
1. Payments to Existing Excluded Hospitals and Hospital Units
2. Separate PPS for IRFs
3. Separate PPS for LTCHs
4. Separate PPS for IPFs
5. Grandfathering of Hospitals-Within-Hospitals (HwHs) and Satellite Facilities
6. Proposed Changes to the Methodology for Determining LTCH Cost-to-Charge Ratios (CCRs) and the Reconciliation of High-Cost and Short-Stay Outlier Payments Under the LTCH PPS
a. Background
b. High-Cost Outliers
c. Short-Stay Outliers
7. Technical Corrections Relating to LTCHs
8. Proposed Cross-Reference Correction in Authority Citations for 42 CFR 412 and 413
B. Critical Access Hospitals (CAHs)
1. Background
2. Sunset of Designation of CAHs as Necessary Providers: Technical Correction
VII. Payment for Services Furnished Outside the United States
A. Background
B. Proposed Clarification of Regulations
VIII. Payment for Blood Clotting Factor Administered to Inpatients With Hemophilia
IX. Limitation on Payments to Skilled Nursing Facilities for Bad Debt
A. Background
B. Changes Made by Section 5004 of the DRA
C. Proposed Regulation Changes
X. MedPAC Recommendations
XI. Other Required Information
A. Requests for Data From the Public
B. Collection of Information Requirements
C. Public Comments
XII. Regulation Text
Addendum—Proposed Schedule of Standardized Amounts Effective With Discharges Occurring On or After October 1, 2006 and Update Factors and Rate-of-Increase Percentages Effective With Cost Reporting Periods Beginning on or After October 1, 2006
I. Summary and Background
II. Proposed Changes to Prospective Payment Rates for Hospital Inpatient Operating Costs for FY 2007
A. Calculation of the Adjusted Standardized Amount
1. Standardization of Base-Year Costs or Target Amounts
2. Computing the Average Standardized Amount
3. Updating the Average Standardized Amount
4. Other Adjustments to the Average Standardized Amount
a. Recalibration of DRG Weights and Updated Wage Index—Budget Neutrality Adjustment

b. Reclassified Hospitals—Budget Neutrality Adjustment
c. Outliers
d. Rural Community Hospital Demonstration Program Adjustment (Section 410A of Pub. L. 108–173)
5. Proposed FY 2007 Standardized Amount
B. Adjustments for Area Wage Levels and Cost-of-Living
1. Adjustment for Area Wage Levels
2. Adjustment for Cost-of-Living in Alaska and Hawaii
C. DRG Relative Weights
D. Calculation of the Proposed Prospective Payment Rates for FY 2007
1. Federal Rate
2. Hospital-Specific Rate (Applicable Only to SCHs and MDHs)
a. Calculation of Hospital-Specific Rate
b. Updating the FY 1982, FY 1987, FY 1996, and FY 2002 Hospital-Specific Rates for FY 2007
3. General Formula for Calculation of Proposed Prospective Payment Rates for Hospitals Located in Puerto Rico Beginning On or After October 1, 2006 and Before October 1, 2007
a. Puerto Rico Rate
b. National Rate

III. Proposed Changes to Payment Rates for Acute Care Hospital Inpatient Capital-Related Costs for FY 2007
A. Determination of Proposed Federal Hospital Inpatient Capital-Related Prospective Payment Rate Update
1. Projected Capital Standard Federal Rate Update
a. Description of the Update Framework
b. Comparison of CMS and MedPAC Update Recommendation
2. Proposed Outlier Payment Adjustment Factor
3. Proposed Budget Neutrality Adjustment Factor for Changes in DRG Classifications and Weights and the GAF
4. Proposed Exceptions Payment Adjustment Factor
5. Proposed Capital Standard Federal Rate for FY 2007
6. Proposed Special Capital Rate for Puerto Rico Hospitals
B. Calculation of the Proposed Inpatient Capital-Related Prospective Payments for FY 2007
C. Capital Input Price Index
1. Background
2. Forecast of the CIPI for FY 2007

IV. Payment Rates for Excluded Hospitals and Hospital Units: Proposed Rate-of-Increase Percentages
A. Payments to Existing Excluded Hospitals and Units
B. New Excluded Hospitals and Units

V. Proposed Payment for Blood Clotting Factor Administered to Inpatients With Hemophilia

Tables
Table 1A—National Adjusted Operating Standardized Amounts, Labor/Nonlabor (69.7 Percent Labor Share/30.3 Percent Nonlabor Share If Wage Index Is Greater Than 1)
Table 1B—National Adjusted Operating Standardized Amounts, Labor/Nonlabor (62 Percent Labor Share/38 Percent Nonlabor Share If Wage Index Is Less Than or Equal to 1)
Table 1C—Adjusted Operating Standardized Amounts for Puerto Rico, Labor/Nonlabor
Table 1D—Capital Standard Federal Payment Rate
Table 2—Hospital Case-Mix Indexes for Discharges Occurring in Federal Fiscal Year 2005; Hospital Wage Indexes for Federal Fiscal Year 2007; Hospital Average Hourly Wage for Federal Fiscal Years 2005 (2001 Wage Data), 2006 (2002 Wage Data), and 2007 (2003 Wage Data); Wage Indexes and 3-Year Average of Hospital Average Hourly Wages
Table 3A—FY 2007 and 3-Year Average Hourly Wage for Urban Areas by CBSA
Table 3B—FY 2007 and 3-Year Average Hourly Wage for Rural Areas by CBSA
Table 4A–1—Wage Index and Capital Geographic Adjustment Factor (GAF) for Urban Areas by CBSA—FY2007
Table 4A–2—Wage Index and Capital Geographic Adjustment Factor (GAF) for Certain Urban Areas by CBSA for the Period April 1 through September 30, 2007
Table 4B—Wage Index and Capital Geographic Adjustment Factor (GAF) for Rural Areas by CBSA—FY 2007
Table 4C–1—Wage Index and Capital Geographic Adjustment Factor (GAF) for Hospitals That Are Reclassified by CBSA—FY 2007
Table 4C–2—Wage Index and Capital Geographic Adjustment Factor (GAF) for Certain Hospitals That Are Reclassified by CBSA for the Period April 1 Through September 30, 2007
Table 4F—Puerto Rico Wage Index and Capital Geographic Adjustment Factor (GAF) by CBSA—FY 2007
Table 4J—Out-Migration Wage Adjustment—FY 2007
Table 5—List of Diagnosis-Related Groups (DRGs), Relative Weighting Factors, and Geometric and Arithmetic Mean Length of Stay (LOS)
Table 6A—New Diagnosis Codes
Table 6B—New Procedure Codes
Table 6C—Invalid Diagnosis Codes
Table 6D—Invalid Procedure Codes
Table 6E—Revised Diagnosis Code Titles
Table 6F—Revised Procedure Code Titles
Table 6G—Additions to the CC Exclusions List
Table 6H—Deletions from the CC Exclusions List
Table 7A—Medicare Prospective Payment System Selected Percentile Lengths of Stay: FY 2005 MedPAR Update December 2005 GROUPER V23.0
Table 7B—Medicare Prospective Payment System Selected Percentile Lengths of Stay: FY 2005 MedPAR Update December 2005 GROUPER V24.0
Table 8A—Statewide Average Operating Cost-to-Charge Ratios—March 2006
Table 8B—Statewide Average Capital Cost-to-Charge Ratios—March 2006
Table 8C—Proposed Statewide Average Total Cost-to-Charge Ratios for LTCHs—March 2006
Table 9A—Hospital Reclassifications and Redesignations by Individual Hospital and CBSA—FY 2007
Table 9B—Hospital Reclassifications and Redesignation by Individual Hospital Under Section 508 of Pub. L. 108–173—FY 2007
Table 9C—Hospitals Redesignated as Rural Under Section 1886(d)(8)(E) of the Act—FY 2007
Table 10—Geometric Mean Plus the Lesser of .75 of the National Adjusted Operating Standardized Payment Amount (Increased to Reflect the Difference Between Costs and Charges) or .75 of One Standard Deviation of Mean Charges by Diagnosis-Related Groups (DRGs)—March 2006
Table 11—Proposed FY 2007 LTC–DRGs, Relative Weights, Geometric Average Length of Stay, and 5/6ths of the Geometric Average Length of Stay

Appendix A—Regulatory Impact Analysis
I. Overall Impact
II. Objectives
III. Limitations on Our Analysis
IV. Hospitals Included In and Excluded From the IPPS
V. Effects on Excluded Hospitals and Hospital Units
VI. Quantitative Effects of the Proposed Policy Changes Under the IPPS for Operating Costs
A. Basis and Methodology of Estimates
B. Analysis of Table I
C. Effects on the Hospitals that Failed the Quality Data Submission Process (Column 2)
D. Effects of the DRA Provision Related to MDHs (Column 3)
E. Effects of the Changes to the DRG Reclassifications and Relative Cost-Based Weights (Column 4)
F. Effects of Proposed Wage Index Changes (Column 5)
G. Combined Effects of Proposed DRG and Wage Index Changes, Including Budget Neutrality Adjustment (Column 6)
H. Effects of the 3-Year Provision Allowing Urban Hospitals that Were Converted to Rural as a Result of the FY 2005 Labor Market Area Changes to Maintain the Wage Index of the Urban Labor Market Area in Which They Were Formerly Located (Column 7)
I. Effects of MGCRB Reclassifications (Column 8)
J. Effects of the Proposed Wage Index Adjustment for Out-Migration (Column 9)
K. Effects of All Changes (Column 10)
L. Effects of Policy on Payment Adjustments for Low-Volume Hospitals
M. Impact Analysis of Table II
VII. Effects of Other Proposed Policy Changes
A. Effects of LTC–DRG Reclassifications and Relative Weights for LTCHs
B. Effects of Proposed New Technology Add-On Payments
C. Effects of Requirements for Hospital Reporting of Quality Data for Annual Hospital Payment Update
D. Effects of Other Proposed Policy Changes Affecting Sole Community Hospitals (SCHs) and Medicare-Dependent, Small Rural Hospitals (MDHs)
E. Effects of Proposed Policy on Payment for Direct Costs of Graduate Medical Education

1. Determination of Weighted Average GME PRAs for Merged Teaching Hospitals
2. Determination of PRAs for New Teaching Hospitals
3. Requirements for Counting and Appropriate Documentation of FTE Residents
4. Resident Time Spent in Nonpatient Care Activities as Part of an Approved Residency Program
F. Effects of Proposed Policy Changes Relating to Emergency Services Under EMTALA
G. Effects of Policy on Rural Community Hospital Demonstration Program
H. Effects of Proposed Policy on Hospitals-Within-Hospitals and Satellite Facilities
I. Effects of Proposed Policy Changes to the Methodology for Determining LTCH CCRs and the Reconciliation LTCH PPS Outlier Payments
J. Effects of Proposed Policy on Payment for Services Furnished Outside the United States
K. Effects of Proposed Policy on Limitation on Payments to SNFs
VIII. Effects of Proposed Changes in the Capital PPS
A. General Considerations
B. Results
IX. Alternatives Considered
X. Overall Conclusion
XI. Accounting Statement
XII. Executive Order 12866
Appendix B—Recommendation of Update Factors for Operating Cost Rates of Payment for Inpatient Hospital Services
I. Background
II. Inpatient Hospital Update for FY 2007
III. Secretary's Recommendation
IV. MedPAC Recommendation for Assessing Payment Adequacy and Updating Payments in Traditional Medicare
Appendix C—Combinations of Proposed Consolidated Severity-Adjusted DRGs
Appendix D—Crosswalk of Proposed Consolidated Severity-Adjusted DRGs to Respective APR DRGs

## I. Background

### *A. Summary*

#### 1. Acute Care Hospital Inpatient Prospective Payment System (IPPS)

Section 1886(d) of the Social Security Act (the Act) sets forth a system of payment for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates. Section 1886(g) of the Act requires the Secretary to pay for the capital-related costs of hospital inpatient stays under a prospective payment system (PPS). Under these PPSs, Medicare payment for hospital inpatient operating and capital-related costs is made at predetermined, specific rates for each hospital discharge. Discharges are classified according to a list of diagnosis-related groups (DRGs).

The base payment rate is comprised of a standardized amount that is divided into a labor-related share and a nonlabor-related share. The labor-related share is adjusted by the wage index applicable to the area where the hospital is located; and if the hospital is located in Alaska or Hawaii, the nonlabor-related share is adjusted by a cost-of-living adjustment factor. This base payment rate is multiplied by the DRG relative weight.

If the hospital treats a high percentage of low-income patients, it receives a percentage add-on payment applied to the DRG-adjusted base payment rate. This add-on payment, known as the disproportionate share hospital (DSH) adjustment, provides for a percentage increase in Medicare payments to hospitals that qualify under either of two statutory formulas designed to identify hospitals that serve a disproportionate share of low-income patients. For qualifying hospitals, the amount of this adjustment may vary based on the outcome of the statutory calculations.

If the hospital is an approved teaching hospital, it receives a percentage add-on payment for each case paid under the IPPS, known as the indirect medical education (IME) adjustment. This percentage varies, depending on the ratio of residents to beds.

Additional payments may be made for cases that involve new technologies or medical services that have been approved for special add-on payments. To qualify, a new technology or medical service must demonstrate that it is a substantial clinical improvement over technologies or services otherwise available, and that, absent an add-on payment, it would be inadequately paid under the regular DRG payment.

The costs incurred by the hospital for a case are evaluated to determine whether the hospital is eligible for an additional payment as an outlier case. This additional payment is designed to protect the hospital from large financial losses due to unusually expensive cases. Any outlier payment due is added to the DRG-adjusted base payment rate, plus any DSH, IME, and new technology or medical service add-on adjustments.

Although payments to most hospitals under the IPPS are made on the basis of the standardized amounts, some categories of hospitals are paid the higher of a hospital-specific rate based on their costs in a base year (the higher of FY 1982, FY 1987, FY 1996, or FY 2002) or the IPPS rate based on the standardized amount. For example, sole community hospitals (SCHs) are the sole source of care in their areas, and Medicare-dependent, small rural hospitals (MDHs) are a major source of care for Medicare beneficiaries in their areas. Both of these categories of hospitals are afforded this special payment protection in order to maintain access to services for beneficiaries. (Until FY 2007, an MDH has received the IPPS rate plus 50 percent of the difference between the IPPS rate and its hospital-specific rate if the hospital-specific rate is higher than the IPPS rate. In addition, an MDH does not have the option of using FY 1996 as the base year for its hospital-specific rate. As discussed below, for discharges occurring on or after October 1, 2007, but before October 1, 2011, an MDH will receive the IPPS rate plus 75 percent of the difference between the IPPS rate and its hospital-specific rate, if the hospital-specific rate is higher than the IPPS rate.)

Section 1886(g) of the Act requires the Secretary to pay for the capital-related costs of inpatient hospital services ''in accordance with a prospective payment system established by the Secretary.'' The basic methodology for determining capital prospective payments is set forth in our regulations at 42 CFR 412.308 and 412.312. Under the capital PPS, payments are adjusted by the same DRG for the case as they are under the operating IPPS. Capital PPS payments are also adjusted for IME and DSH, similar to the adjustments made under the operating IPPS. In addition, hospitals may receive outlier payments for those cases that have unusually high costs.

The existing regulations governing payments to hospitals under the IPPS are located in 42 CFR Part 412, Subparts A through M.

#### 2. Hospitals and Hospital Units Excluded From the IPPS

Under section 1886(d)(1)(B) of the Act, as amended, certain specialty hospitals and hospital units are excluded from the IPPS. These hospitals and units are: rehabilitation hospitals and units; long-term care hospitals (LTCHs); psychiatric hospitals and units; children's hospitals; and cancer hospitals. Religious nonmedical health care institutions (RNHCIs) are also excluded from the IPPS. Various sections of the Balanced Budget Act of 1997 (Pub. L. 105–33), the Medicare, Medicaid and SCHIP [State Children's Health Insurance Program] Balanced Budget Refinement Act of 1999 (Pub. L. 106–113), and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (Pub. L. 106–554) provide for the implementation of PPSs for rehabilitation hospitals and units (referred to as inpatient rehabilitation facilities (IRFs)), LTCHs, and psychiatric hospitals and units (referred to as

inpatient psychiatric facilities (IPFs)), as discussed below. Children's hospitals, cancer hospitals, and RNHCIs continue to be paid solely under a reasonable cost-based system.

The existing regulations governing payments to excluded hospitals and hospital units are located in 42 CFR Parts 412 and 413.

a. Inpatient Rehabilitation Facilities (IRFs)

Under section 1886(j) of the Act, as amended, rehabilitation hospitals and units (IRFs) have been transitioned from payment based on a blend of reasonable cost reimbursement subject to a hospital-specific annual limit under section 1886(b) of the Act and the adjusted facility Federal prospective payment rate for cost reporting periods beginning on or after January 1, 2002 through September 30, 2002, to payment at 100 percent of the Federal rate effective for cost reporting periods beginning on or after October 1, 2002. IRFs subject to the blend were also permitted to elect payment based on 100 percent of the Federal rate. The existing regulations governing payments under the IRF PPS are located in 42 CFR Part 412, Subpart P.

b. Long-Term Care Hospitals (LTCHs)

Under the authority of sections 123(a) and (c) of Pub. L. 106–113 and section 307(b)(1) of Pub. L. 106–554, LTCHs that do not meet the definition of ''new'' under § 412.23(e)(4) are being transitioned from being paid for inpatient hospital services based on a blend of reasonable cost-based reimbursement under section 1886(b) of the Act to 100 percent of the Federal rate during a 5-year period, beginning with cost reporting periods that start on or after October 1, 2002. These LTCHs that do not meet the definition of ''new'' may elect to be paid based on 100 percent of the Federal prospective payment rate instead of a blended payment in any year during the 5-year transition. For cost reporting periods beginning on or after October 1, 2006, LTCHs will be paid 100 percent of the Federal rate. The existing regulations governing payment under the LTCH PPS are located in 42 CFR Part 412, Subpart O.

c. Inpatient Psychiatric Facilities (IPFs)

Under the authority of sections 124(a) and (c) of Pub. L. 106–113, inpatient psychiatric facilities (IPFs) (formerly psychiatric hospitals and psychiatric units of acute care hospitals) are paid under the IPF PPS. Under the IPF PPS, some IPFs are transitioning from being paid for inpatient hospital services based on a blend of reasonable cost-based payment and a Federal per diem payment rate, effective for cost reporting periods beginning on or after January 1, 2005 (November 15, 2004 IPF PPS final rule (69 FR 66922) and January 23, 2006 IPF PPS proposed rule (71 FR 3616)). For cost reporting periods beginning on or after January 1, 2008, all IPFs will be paid 100 percent of the Federal per diem payment amount. The existing regulations governing payment under the IPF PPS are located in 42 CFR 412, Subpart N.

3. Critical Access Hospitals (CAHs)

Under sections 1814, 1820, and 1834(g) of the Act, payments are made to critical access hospitals (CAHs) (that is, rural hospitals or facilities that meet certain statutory requirements) for inpatient and outpatient services based on 101 percent of reasonable cost. Reasonable cost is determined under the provisions of section 1861(v)(1)(A) of the Act and existing regulations under 42 CFR Parts 413 and 415.

4. Payments for Graduate Medical Education (GME)

Under section 1886(a)(4) of the Act, costs of approved educational activities are excluded from the operating costs of inpatient hospital services. Hospitals with approved graduate medical education (GME) programs are paid for the direct costs of GME in accordance with section 1886(h) of the Act; the amount of payment for direct GME costs for a cost reporting period is based on the hospital's number of residents in that period and the hospital's costs per resident in a base year. The existing regulations governing payments to the various types of hospitals are located in 42 CFR Part 413.

*B. Provisions of the Deficit Reduction Act of 2005 (DRA)*

On February 8, 2006, the Deficit Reduction Act of 2005 (DRA), Pub. L. 109–171, was enacted. Pub. L. 109–171 made a number of changes to the Act relating to prospective payments to hospitals and other providers for inpatient services. This proposed rule would implement amendments made by the following sections of Pub. L. 109–171:

- Section 5001(a), which, effective for FY 2007 and subsequent years, expands the requirements for hospital quality data reporting.
- Section 5003, which makes various improvements to the MDH program. It extends special payment provisions, requires MDHs to use FY 2002 as their base year for determining whether use of their hospital-specific rate enhances payment (but permits them to continue to use either their 1982 or 1987 hospital-specific rate if using either of those rates results in higher payments), and removes the application of the 12-percent cap on the DSH payment adjustment factor for MDHs.
- Section 5004, which reduces certain allowable SNF bad debt payments by 30 percent. Payments for the bad debts of full-benefit, dual eligible individuals are not reduced.

In this proposed rule, we also discuss and invite comments on the requirements of section 5001(b) of Pub. L. 109–171, which require us to develop a plan to implement, beginning with FY 2009, a value-based purchasing plan for section 1886(d) hospitals. This discussion also includes the provisions of section 5001(c) of Pub. L. 109–171, which requires a quality adjustment in DRG payments for certain hospital-acquired conditions, effective for FY 2008.

*C. Major Contents of This Proposed Rule*

In this proposed rule, we are setting forth proposed changes to the Medicare IPPS for operating costs and for capital-related costs in FY 2007. We also are setting forth proposed changes relating to payments for GME costs, payments to certain hospitals and units that continue to be excluded from the IPPS and paid on a reasonable cost basis, and payments for SCHs and MDHs. The changes being proposed would be effective for discharges occurring on or after October 1, 2006, unless otherwise noted.

The following is a summary of the major changes that we are proposing to make:

1. Proposed DRG Reclassifications and Recalibrations of Relative Weights

In section II. of the preamble to this proposed rule, as required by section 1886(d)(4)(C) of the Act, we are proposing limited revisions to the DRG classifications structure. In this section, we respond to several recommendations made by MedPAC intended to improve the DRG system. We are also proposing to use, for FY 2007, hospital-specific relative values for 10 cost centers to compute DRG relative weights. In addition, we are proposing to use consolidated severity-adjusted DRGs or alternative severity adjustment methods in FY 2008 (if not earlier).

We also are presenting our reevaluation of certain FY 2006 applicants for add-on payments for high-cost new medical services and technologies, and our analysis of FY 2007 applicants (including public input,

as directed by Pub. L. 108–173, obtained in a town hall meeting).

We are proposing the annual update of the long-term care diagnosis-related group (LTC–DRG) classifications and relative weights for use under the LTCH PPS for FY 2007.

2. Proposed Changes to the Hospital Wage Index

In section III. of the preamble to this proposed rule, we are proposing revisions to the wage index and the annual update of the wage data. Specific issues addressed include the following:

- The FY 2007 wage index update, using wage data from cost reporting periods that began during FY 2003.
- The proposed FY 2007 occupational mix adjustment to the wage index.
- The proposed revisions to the wage index based on hospital redesignations and reclassifications.
- The proposed adjustment to the wage index for FY 2007 based on commuting patterns of hospital employees who reside in a county and work in a different area with a higher wage index.
- The timetable for reviewing and verifying the wage data that will be in effect for the proposed FY 2007 wage index.
- The labor-related share for the FY 2007 wage index, including the labor-related share for Puerto Rico.

3. Other Decisions and Proposed Changes to the IPPS for Operating Costs, GME Costs, and Promoting Hospitals' Effective Use of Health Information Technology

In section IV. of the preamble to this proposed rule, we discuss a number of provisions of the regulations in 42 CFR Parts 412 and 413 including the following:

- The reporting of hospital quality data as a condition for receiving the full annual payment update increase.
- Proposed changes in payments to SCHs and MDHs.
- Proposed updated national and regional case-mix values and discharges for purposes of determining rural referral center status.
- The statutorily-required IME adjustment factor for FY 2007.
- Proposed changes relating to hospitals' geographic classifications, including reclassifications under section 508 of Pub. L. 108–173, multicampus hospitals, urban group hospital reclassification and the effect of change in ownership on urban county group reclassifications.
- Proposed changes and clarifications relating to GME that address determining the per resident amounts (PRAs) for merged hospitals and new teaching hospitals, counting and appropriate documentation of FTE residents, and counting of resident time spent in nonpatient care activities as part of approved residency programs.
- Proposed changes relating to payment for costs of nursing and allied health education programs.
- Proposed changes relating to requirements for emergency services for hospitals under EMTALA.
- Discussion of the third year of implementation of the Rural Community Hospital Demonstration Program.

We also are inviting comments on promoting hospitals' effective use of health information technology.

4. Proposed Changes to the PPS for Capital-Related Costs

In section V. of the preamble to this proposed rule, we discuss the payment policy requirements for capital-related costs and capital payments to hospitals and propose several technical corrections to the regulations.

5. Proposed Changes for Hospitals and Hospital Units Excluded From the IPPS

In section VI. of the preamble to this proposed rule, we discuss payments to excluded hospitals and hospital units, proposed policy changes regarding increases or decreases in square footage or decreases in the number of beds of the ''grandfathering'' HwHs and satellite facilities, proposed changes to the methodology for determining LTCH CCRs and the reconciliation of high-cost and short-stay outlier payments under the LTCH PPS, and a proposed technical change relating to the designation of CAHs as necessary providers.

6. Payments for Services Furnished Outside the United States

In section VII. of the preamble to this proposed rule, we set forth proposed changes to clarify what is considered ''outside the United States'' for Medicare payment purposes.

7. Payment for Blood Clotting Factor Administered to Inpatients With Hemophilia

In section VIII. of the preamble to this proposed rule, we discuss the proposed changes in payment for blood clotting factor administered to Medicare beneficiaries with hemophilia for FY 2007.

8. Limitation on Payments to Skilled Nursing Facilities for Bad Debt

In section IX. of the preamble to this proposed rule, we propose to implement section 5004 of Pub. L. 109–171 relating to reduction in payments to SNFs for bad debt.

9. Determining Proposed Prospective Payment Operating and Capital Rates and Rate-of-Increase Limits

In the Addendum to this proposed rule, we set forth proposed changes to the amounts and factors for determining the FY 2007 prospective payment rates for operating costs and capital-related costs. We also establish the proposed threshold amounts for outlier cases. In addition, we address the proposed update factors for determining the rate-of-increase limits for cost reporting periods beginning in FY 2007 for hospitals and hospital units excluded from the PPS.

10. Impact Analysis

In Appendix A of this proposed rule, we set forth an analysis of the impact that the proposed changes would have on affected hospitals.

11. Recommendation of Update Factors for Operating Cost Rates of Payment for Inpatient Hospital Services

In Appendix B of this proposed rule, as required by sections 1886(e)(4) and (e)(5) of the Act, we provided our recommendations of the appropriate percentage changes for FY 2007 for the following:

- A single average standardized amount for all areas for hospital inpatient services paid under the IPPS for operating costs (and hospital-specific rates applicable to SCHs and MDHs).
- Target rate-of-increase limits to the allowable operating costs of hospital inpatient services furnished by hospitals and hospital units excluded from the IPPS.

12. Discussion of Medicare Payment Advisory Commission Recommendations

Under section 1805(b) of the Act, MedPAC is required to submit a report to Congress, no later than March 1 of each year, in which MedPAC reviews and makes recommendations on Medicare payment policies. MedPAC's March 2006 recommendation concerning hospital inpatient payment policies addressed the update factor for inpatient hospital operating costs and capital-related costs under the IPPS and for hospitals and distinct part hospital units excluded from the IPPS. This recommendation is addressed in Appendix B of this proposed rule. For further information relating specifically to the MedPAC March 2006 reports or to obtain a copy of the reports, contact MedPAC at (202) 220–3700 or visit

MedPAC's Web site at: *www.medpac.gov.*

13. Appendix C and Appendix D

In Appendix C of this proposed rule, we list the combinations of the consolidated severity-adjusted DRGs that we are proposing to implement on FY 2008 (if not earlier), as discussed in section II.C. of the preamble of this proposed rule. In Appendix D of this proposed rule, we provide a crosswalk of the proposed consolidated severity-adjusted DRG system to the respective All Patient Related Diagnosis-Related Group (APR DRG) system.

**II. Proposed Changes to DRG Classifications and Relative Weights**

(If you choose to comment on issues in this section, please include the caption ''DRG Reclassifications'' at the beginning of your comment.)

*A. Background*

Section 1886(d) of the Act specifies that the Secretary shall establish a classification system (referred to as DRGs) for inpatient discharges and adjust payments under the IPPS based on appropriate weighting factors assigned to each DRG. Therefore, under the IPPS, we pay for inpatient hospital services on a rate per discharge basis that varies according to the DRG to which a beneficiary's stay is assigned. The formula used to calculate payment for a specific case multiplies an individual hospital's payment rate per case by the weight of the DRG to which the case is assigned. Each DRG weight represents the average resources required to care for cases in that particular DRG, relative to the average resources used to treat cases in all DRGs.

Congress recognized that it would be necessary to recalculate the DRG relative weights periodically to account for changes in resource consumption. Accordingly, section 1886(d)(4)(C) of the Act requires that the Secretary adjust the DRG classifications and relative weights at least annually. These adjustments are made to reflect changes in treatment patterns, technology, and any other factors that may change the relative use of hospital resources.

*B. DRG Reclassifications*

1. General

For FY 2007, we are proposing only limited changes to the current DRG classifications, as discussed in section II.D. of the preamble to this proposed rule, that would be applicable to discharges occurring on or after October 1, 2006. We are limiting our proposed changes because, as discussed in detail in section II.C. of the preamble to this proposed rule, we are focusing our efforts on addressing the recommendations made last year by MedPAC to refine the entire CMS DRG system by taking into account severity of illness (if not earlier) and applying hospital-specific relative value (HSRV) weights to DRGs.

Currently, cases are classified into CMS DRGs for payment under the IPPS based on the principal diagnosis, up to eight additional diagnoses, and up to six procedures performed during the stay. In a small number of DRGs, classification is also based on the age, sex, and discharge status of the patient. The diagnosis and procedure information is reported by the hospital using codes from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM).

The process of forming the DRGs was begun by dividing all possible principal diagnoses into mutually exclusive principal diagnosis areas, referred to as Major Diagnostic Categories (MDCs). The MDCs were formed by physician panels as the first step toward ensuring that the DRGs would be clinically coherent. The diagnoses in each MDC correspond to a single organ system or etiology and, in general, are associated with a particular medical specialty. Thus, in order to maintain the requirement of clinical coherence, no final DRG could contain patients in different MDCs. Most MDCs are based on a particular organ system of the body. For example, MDC 6 is Diseases and Disorders of the Digestive System. This approach is used because clinical care is generally organized in accordance with the organ system affected. However, some MDCs are not constructed on this basis because they involve multiple organ systems (for example, MDC 22 (Burns)). For FY 2006, cases are assigned to one of 526 DRGs in 25 MDCs. The table below lists the 25 MDCs.

MAJOR DIAGNOSTIC CATEGORIES (MDCS)

| | |
|---|---|
| 1 | Diseases and Disorders of the Nervous System. |
| 2 | Diseases and Disorders of the Eye. |
| 3 | Diseases and Disorders of the Ear, Nose, Mouth, and Throat. |
| 4 | Diseases and Disorders of the Respiratory System. |
| 5 | Diseases and Disorders of the Circulatory System. |
| 6 | Diseases and Disorders of the Digestive System. |
| 7 | Diseases and Disorders of the Hepatobiliary System and Pancreas. |
| 8 | Diseases and Disorders of the Musculoskeletal System and Connective Tissue. |
| 9 | Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast. |
| 10 | Endocrine, Nutritional and Metabolic Diseases and Disorders. |
| 11 | Diseases and Disorders of the Kidney and Urinary Tract. |
| 12 | Diseases and Disorders of the Male Reproductive System. |
| 13 | Diseases and Disorders of the Female Reproductive System. |
| 14 | Pregnancy, Childbirth, and the Puerperium. |
| 15 | Newborns and Other Neonates with Conditions Originating in the Perinatal Period. |
| 16 | Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders. |
| 17 | Myeloproliferative Diseases and Disorders and Poorly Differentiated Neoplasms. |
| 18 | Infectious and Parasitic Diseases (Systemic or Unspecified Sites). |
| 19 | Mental Diseases and Disorders. |
| 20 | Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders. |
| 21 | Injuries, Poisonings, and Toxic Effects of Drugs. |
| 22 | Burns. |
| 23 | Factors Influencing Health Status and Other Contacts with Health Services. |
| 24 | Multiple Significant Trauma. |
| 25 | Human Immunodeficiency Virus Infections. |

In general, cases are assigned to an MDC based on the patient's principal diagnosis before assignment to a DRG. However, for FY 2006, there are nine DRGs to which cases are directly assigned on the basis of ICD–9–CM procedure codes. These DRGs are for heart transplant or implant of heart assist systems, liver and/or intestinal transplants, bone marrow transplants, lung transplants, simultaneous pancreas/kidney transplants, and pancreas transplants, and for tracheostomies. Cases are assigned to these DRGs before they are classified to an MDC. The table below lists the nine current pre-MDCs.

PRE-MAJOR DIAGNOSTIC CATEGORIES (PRE-MDCS)

| | |
|---|---|
| DRG 103 | Heart Transplant or Implant of Heart Assist System. |
| DRG 480 | Liver Transplant and/or Intestinal Transplant. |
| DRG 481 | Bone Marrow Transplant. |
| DRG 482 | Tracheostomy for Face, Mouth, and Neck Diagnoses. |
| DRG 495 | Lung Transplant. |
| DRG 512 | Simultaneous Pancreas/Kidney Transplant. |
| DRG 513 | Pancreas Transplant. |
| DRG 541 | ECMO or Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except for Face, Mouth, and Neck Diagnosis with Major O.R. |
| DRG 542 | Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except for Face, Mouth, and Neck Diagnosis without Major O.R. |

Once the MDCs were defined, each MDC was evaluated to identify those additional patient characteristics that would have a consistent effect on the consumption of hospital resources. Because the presence of a surgical procedure that required the use of the operating room would have a significant effect on the type of hospital resources used by a patient, most MDCs were initially divided into surgical DRGs and medical DRGs. Surgical DRGs are based on a hierarchy that orders operating room (O.R.) procedures or groups of O.R. procedures by resource intensity. Medical DRGs generally are differentiated on the basis of diagnosis and age (0 to 17 years of age or greater than 17 years of age). Some surgical and medical DRGs are further differentiated based on the presence or absence of a complication or a comorbidity (CC).

Generally, nonsurgical procedures and minor surgical procedures that are not usually performed in an operating room are not treated as O.R. procedures. However, there are a few non-O.R. procedures that do affect DRG assignment for certain principal diagnoses, for example, extracorporeal shock wave lithotripsy for patients with a principal diagnosis of urinary stones.

Once the medical and surgical classes for an MDC were formed, each class of diagnoses was evaluated to determine if complications, comorbidities, or the patient's age would consistently affect the consumption of hospital resources. Physician panels classified each diagnosis code based on whether the diagnosis, when present as a secondary condition, would be considered a substantial CC. A substantial CC was defined as a condition which, because of its presence with a specific principal diagnosis, would cause an increase in the length of stay by at least one day in at least 75 percent of the patients. Each medical and surgical class within an MDC was tested to determine if the presence of any substantial CC would consistently affect the consumption of hospital resources.

A patient's diagnosis, procedure, discharge status, and demographic information is fed into the Medicare claims processing systems and subjected to a series of automated screens called the Medicare Code Editor (MCE). The MCE screens are designed to identify cases that require further review before classification into a DRG.

After patient information is screened through the MCE and any further development of the claim is conducted, the cases are classified into the appropriate DRG by the Medicare GROUPER software program. The GROUPER program was developed as a means of classifying each case into a DRG on the basis of the diagnosis and procedure codes and, for a limited number of DRGs, demographic information (that is, sex, age, and discharge status).

After cases are screened through the MCE and assigned to a DRG by the GROUPER, the PRICER software calculates a base DRG payment. The PRICER calculates the payment for each case covered by the IPPS based on the DRG relative weight and additional factors associated with each hospital, such as IME and DSH adjustments. These additional factors increase the payment amount to hospitals above the base DRG payment.

The records for all Medicare hospital inpatient discharges are maintained in the Medicare Provider Analysis and Review (MedPAR) file. The data in this file are used to evaluate possible DRG classification changes and to recalibrate the DRG weights. However, in the July 30, 1999 IPPS final rule (64 FR 41500), we discussed a process for considering non-MedPAR data in the recalibration process. In order for us to consider using particular non-MedPAR data, we must have sufficient time to evaluate and test the data. The time necessary to do so depends upon the nature and quality of the non-MedPAR data submitted. Generally, however, a significant sample of the non-MedPAR data should be submitted by mid-October for consideration in conjunction with the next year's proposed rule. This allows us time to test the data and make a preliminary assessment as to the feasibility of using the data. Subsequently, a complete database should be submitted by early December for consideration in conjunction with the next year's proposed rule.

The limited changes that we are proposing to the DRG classification system for FY 2007 for the FY 2007 GROUPER, version 24.0 and to the methodology used to recalibrate the DRG weights are set forth under section II.E. of this proposed rule. Unless otherwise noted in this proposed rule, our DRG analysis is based on data from the December 2005 update of the FY 2005 MedPAR file, which contains hospital bills received through December 31, 2005, for discharges occurring in FY 2005.

2. Yearly Review for Making DRG Changes

Many of the changes to the DRG classifications are the result of specific issues brought to our attention by interested parties. We encourage individuals with concerns about DRG classifications to bring those concerns to our attention in a timely manner so they can be carefully considered for possible

inclusion in the annual proposed rule and, if included, may be subjected to public review and comment. Therefore, similar to the timetable for interested parties to submit non-MedPAR data for consideration in the DRG recalibration process, concerns about DRG classification issues should be brought to our attention no later than early December in order to be considered and possibly included in the next annual proposed rule updating the IPPS.

The actual process of forming the DRGs was, and continues to be, highly iterative, involving a combination of statistical results from test data combined with clinical judgment. For purposes of this proposed rule, in deciding whether to create a separate DRG, we consider whether the resource consumption and clinical characteristics of the patients with a given set of conditions are significantly different than the remaining patients in the existing DRG. We evaluate patient care costs using average charges and lengths of stay as proxies for costs and rely on the judgment of our medical officers to decide whether patients are clinically distinct or similar to other patients in the DRG. In evaluating resource costs, we consider both the absolute and percentage differences in average charges between the cases we are selecting for review and the remainder of cases in the DRG. We also consider variation in charges within these groups; that is, whether observed average differences are consistent across patients or attributable to cases that are extreme in terms of charges or length of stay, or both. Further, we also consider the number of patients who will have a given set of characteristics and generally prefer not to create a new DRG unless it will include a substantial number of cases.

*C. Proposals for Revisions to the DRG System Used Under the IPPS*

1. MedPAC Recommendations

In the FY 2006 IPPS final rule, we discussed a number of recommendations made by MedPAC regarding revisions to the DRG system used under the IPPS (70 FR 47473 through 47482).

In Recommendation 1–3 in the 2005 Report to Congress on Physician-Owned Specialty Hospitals, MedPAC recommended that CMS:

- Refine the current DRGs to more fully capture differences in severity of illness among patients, including—
- Base the DRG relative weights on the estimated cost of providing care.
- Base the weights on the national average of the hospital-specific relative values (HSRVs) for each DRG (using hospital-specific costs to derive the HSRVs).
- Adjust the DRG relative weights to account for differences in the prevalence of high-cost outlier cases.
- Implement the case-mix measurement and outlier policies over a transitional period.

As we noted in the FY 2006 IPPS final rule, we had insufficient time to complete a thorough evaluation of these recommendations for full implementation in FY 2006. However, we did adopt severity-weighted cardiac DRGs in FY 2006 to address public comments on this issue and the specific concerns of MedPAC regarding cardiac surgery DRGs. We also indicated that we planned to further consider all of MedPAC's recommendations and thoroughly analyze options and their impacts on the various types of hospitals in the FY 2007 IPPS proposed rule. Following the publication of the FY 2006 IPPS final rule, we contracted with 3M Health Information Systems to assist us in performing this analysis.

Beginning with MedPAC's relative weight recommendations, we analyzed MedPAC's recommendations to move to a cost-based HSRV weighting methodology. In performing this portion of the analysis, we studied hospital cost report data, departmental cost-to-charge ratios (CCRs), MedPAR claims data, and HSRV weighting methodology. Our intention in undertaking this portion of the analysis was to find an administratively feasible approach to improving the accuracy of the DRG weights. As we describe in detail below, we believe some changes can be made to MedPAC's methodology for determining the relative weights that will make it more feasible to replicate on an annual basis but will result in similar impacts.

In conjunction with analyzing MedPAC's relative weight recommendations, we looked at refining the current DRG system to better recognize severity of illness. Starting with the APR DRG GROUPER used by MedPAC in its analysis, we studied Medicare claims data. Based on this analysis, we developed a consolidated severity-adjusted DRG GROUPER that we believe could be a better alternative for recognizing severity of illness among the Medicare population. We note that MedPAC's recommendations with regard to revising the DRGs to better recognize severity of illness may have implications for the outlier threshold, the measurement of real case-mix versus apparent case-mix, and the IME and the DSH adjustments. We will discuss these implications in more detail in the following sections.

As we present below, we believe that the recommendations made by MedPAC, or some variants of them, have significant promise to improve the accuracy of the payment rates in the IPPS. For instance, the percent of DRGs with payment-to-cost ratios between 0.95 and 1.05 will increase substantially from adoption of these recommendations.[1] We agree with MedPAC about exploring possible refinements to our payment methodology even in the absence of concerns about the proliferation of specialty hospitals. In the FY 2006 final rule, we indicated that until we had completed further analysis of the options and their effects, we could not predict the extent to which changing to APR DRGs would provide payment equity between specialty and general hospitals. In fact, we cautioned that any system that groups cases will always present some opportunities for providers to specialize in cases they believe to have higher margins. We believe that improving payment accuracy should reduce these opportunities, and potentially reduce the incentives that Medicare payments may provide for the further development of specialty hospitals.

We considered MedPAC's recommendation to adjust the relative weights to account for differences in the prevalence of outlier cases. However, we placed most of our attention and resources on the recommendations related to refinement of the current DRGs to more fully capture differences in severity of illness among patients as we do not have the statutory authority to make the specific changes to our outlier policy that MedPAC recommended. While we have not made MedPAC's recommendation regarding outliers a central focus of our analysis, we do intend to examine this issue in more detail in the future. In the following sections II.C.2. through C.6. of this proposed rule, we present our analysis and discuss a number of issues related to the MedPAC recommendations. We also present the estimated impacts of implementing the recommendations and conclude with a specific proposal for FY 2007 and some proposed intended actions for implementation for FY 2008. We also are soliciting comments on other possible proposals or actions in FY 2007, FY 2008, or a combination of both.

[1] Medicare Payment Advisory Commission: Report to the Congress; Physician-Owned Specialty Hospitals, March 2005, p. 37.

2. Refinement of the Relative Weight Calculation

(If you choose to comment on issues in this section, please include the caption ''HSRV Weights'' at the beginning of your comment.)

MedPAC made two recommendations with respect to the DRG relative weight calculation. First, MedPAC recommended that CMS base the DRG relative weights on the estimated cost of providing care. Second, MedPAC recommended that CMS base the weights on the national average of the HSRVs in each DRG (using hospital-specific costs to derive the HSRVs). Because both of these recommendations address the relative weight calculation, we are addressing them together. The work we have done to address these recommendations is discussed below.

MedPAC recommended that CMS replace its charge-based relative weight methodology with cost-based HSRV weights as it believed that the charge-based relative weight methodology that CMS has utilized since 1983 has introduced bias into the weights due to differential markups for ancillary services among the DRGs. In analyzing claims data, it is evident to us that some hospital types (for example, teaching hospitals) are systematically more expensive overall than the average hospital and certain case types are more commonly treated at these more expensive facilities. This fact results in an upward bias in the weights for these types of cases. The HSRV methodology recommended by MedPAC would help reduce the bias that may be present in the national relative weights due to differences in case-mix adjusted costs.

Under the HSRV method recommended by MedPAC, charges are standardized for each provider by converting its charges for each case to hospital-specific relative charge values and then adjusting those values for the hospital's case-mix. The first step in this process involves dividing the charge for each case at the hospital by the average charge for all cases at the hospital in which the case was treated. The hospital-specific relative charge value, by definition, averages 1.0 for each hospital. The resulting ratio is then multiplied by the hospital's case-mix index (CMI). In this way, each hospital's relative charge value is adjusted by its case-mix to an average that reflects the complexity of the cases it treats relative to the complexity of the cases treated by all other hospitals.

Our analysis of departmental-level CCRs from the Medicare cost report data has shown that charges for routine days, intensive care days, and various ancillary services are not marked up by a consistent amount. For example, the markup amounts for cardiology services are higher than average. Because charges are the current basis for the DRG relative weights, the practice of differential markups can lead to bias in the DRG weights because various DRGs use, on average, more or less of particular ancillary services. MedPAC believes that the bias in the national DRG relative weights that may arise as a result of differential markups across various cost centers can be removed by moving from charge-based to cost-based weights.

Based on the analysis we have conducted, we agree that it may be appropriate to adjust the DRG relative weights to account for the differences in charge markups across cost centers and to adopt an HSRV methodology. However, we have several concerns about the methodology used by MedPAC. MedPAC's methodology to reduce hospital charges to cost is administratively burdensome, not only to develop, but also to maintain.

First, MedPAC developed CCRs for individual hospitals at the most detailed department level. Specifically, in calculating costs as the basis for the relative weights, MedPAC applied hospital-specific CCRs from each provider's cost report to the line item charges on the claims that the hospital submitted during the same time period. This methodology required matching cost report data to claims data, and because cost report data take longer to compile and file, the method necessitates using older claims data to set relative weights. The most recent complete set of Medicare cost reports available to us is from FY 2003. Thus, if we were to model the exact approach used by MedPAC and use claims data for a matching year, we would be using claims data from FY 2003. If we set DRG weights for FY 2007 using our current charge-based method, we would use FY 2005 hospital claims to set the proposed relative weights. In addition, MedPAC's hospital-specific approach required detailed cost center distinctions for each hospital that are difficult to define, map, and apply. This approach also required the use of the Standard Analytic File (SAF) because MedPAR data that we currently use to set DRG weights did not have the necessary level of detail. Using the SAF increases processing time and adds further complexity to the process of setting the relative weights.

Second, because MedPAC applied these CCRs at the individual claim level, missing or invalid data resulted in MedPAC deleting a large number of claims (approximately 10 percent) from the relative weight calculation. Lastly, MedPAC acknowledged that its method was too difficult to replicate on an annual basis and suggested that the weights be recalculated once every 5 years with other adjustments based on charges during the intervening years.

We have developed an alternative to MedPAC's approach that we believe would achieve similar results in a more administratively feasible manner. This method involves developing hospital-specific charge relative weights at the cost center level to remove the bias introduced by hospital characteristics (that is, teaching, disproportionate share, location, and size, among others) and then scaling the weights to costs using the national cost center charge ratios developed from the cost report data. After studying Medicare cost report data, we established 10 cost center categories based upon broad hospital accounting definitions. In our cost center categories, there are 8 ancillary cost groups in addition to routine day costs and intensive care day costs, and each category represents at least 5 percent of the charges in the claims data. The specific cost report lines that contribute to each category and the corresponding charge lines from the MedPAR claims data are itemized in Table A below.

We believe this alternative approach, which we are labeling as the HSRV cost center (HSRVcc) methodology, has several advantages. First, the use of national average rather than hospital-specific CCRs avoids the complexity encountered with cost center CCRs at the hospital level and allows us to retain more data for use in the relative weight calculation. In addition, the methodology eliminates the need to match claims to the time period of the CCRs, resulting in the ability to use more timely claims data. Furthermore, the alternative approach makes it more feasible to update the relative weights annually using a single methodology. We do not have to replicate the methodology once every 5 years and make adjustments based on changes in charges in the intervening years.

In developing an alternative method of calculating DRG weights, we utilized two data sources: claims data and cost report data. The claims data are taken from the FY 2004 MedPAR file. This file is based on fully coded diagnostic and procedure data for all Medicare inpatient hospital bills. The FY 2004 MedPAR data include discharges occurring between October 1, 2003, and September 30, 2004, based on bills received by CMS through March 30, 2005, from all hospitals subject to the IPPS. The full FY 2004 MedPAR file

includes data for approximately 13,673,607 Medicare discharges. We excluded discharges for Medicare beneficiaries enrolled in a Medicare+Choice managed care plan from the analysis. In addition, we excluded data for any hospital that was paid under the IPPS during FY 2004 but became a CAH at any time before February 28, 2005; data from IPFs, IRFs, and LTCHs; data from Maryland hospitals; data from Indian Health Service hospitals; and data from all-inclusive rate providers. The Medicare cost report data used in the analysis were from FY 2003, the most recent full set of data available. Under our alternative methodology, we calculated DRG weights from MedPAR and cost report data as follows:

a. Step One: Clean the Data

(1) All of the claims were grouped using Version 23.0 of the CMS DRGs.

- The transplant cases that were used to establish the alternative relative weights for heart and heart-lung, liver and/or intestinal, and lung transplants (DRGs 103, 480, and 495 under the current Version 23.0 GROUPER) were limited to those Medicare-approved transplant centers that have cases in the FY 2004 MedPAR file. (Medicare coverage for heart, heart and lung, liver and/or intestinal, and lung transplants is limited to those facilities that have received approval from CMS as transplant centers.)
- Organ acquisition for kidney, heart, heart-lung, liver, lung, pancreas, and intestinal (or multivisceral organs) transplants continue to be paid on a reasonable cost basis. Because these acquisition costs are paid separately from the prospective payment rate, it is necessary to subtract the acquisition charges from the total charges on each transplant bill that showed acquisition charges before adjusting the charges under the HSRVcc methodology and before eliminating statistical outliers.

(2) The FY 2004 MedPAR data were edited to exclude claims for hospitals with no cost report data. Claims with total charges or total length of stay less than or equal to zero were eliminated. Claims that had an amount in the total charge field that differed by more or less than $10 from the sum of charges for routine days, intensive care, pharmacy, special equipment, therapy, operating room, cardiology, laboratory, radiology, and other services were deleted. In addition, we deleted claims for providers that had charges only in the routine days and intensive care days cost centers and had no charges in any of the eight ancillary cost centers. These claims were deleted because we believe the charges for the eight ancillary cost centers were included in the routine days and intensive care days cost centers. Had we included these claims, the charges for the routine days and intensive care days would have been inflated. After applying these edits, we identified 11,142,651 claims that we used in this analysis.

(3) Statistical outliers were eliminated by removing all cases that were beyond 3.0 standard deviations from the mean of the log distribution of both the charges per case and the charges per day for each DRG.

b. Step Two: Compute HSRVs for Each Cost Center for Each DRG

Once the MedPAR data were edited, we sorted the data by provider so that charges could be standardized under the HSRVcc methodology. To do this, an average charge was computed for each provider for each of 10 proposed cost centers (see Table A). The average charge was computed by summing the charges for each cost center and dividing by the transfer-adjusted case count for each provider. A transfer case, identified by discharge code, DRG, and length of stay, was counted as a fraction of a case based on the ratio of its length of stay plus 1 day relative to the geometric mean length of stay for that DRG. That is, a transfer case with a length of stay of 2 days in a DRG with a geometric mean length of stay of 6 days would be counted as 3 (2 days plus 1 extra day) divided by 6 or 0.5 of a total case. This treatment of transfer cases is consistent with payment rules.

After computing the average charge for each provider for each cost center, the cost center charges on each claim were divided by the provider's average charge for the matching cost center across all services. For example, the routine day charges on each individual claim were divided by the average routine day charge for the provider across all services, the intensive care unit charges on the same claim were divided by the average intensive care unit charge for the provider across all services, and so on.

By using a hospital's relative charge structure, we found that the resulting weights did not reflect differences in charges among providers for factors such as location, size, wages, relative efficiency, average markup, IME adjustment, DSH adjustment, and the variety of cases treated. Therefore, once charge weights were computed at the hospital cost center level, they were multiplied by the provider's CMI. We made this adjustment for the CMI to rescale the hospital-specific relative charge values which, by definition, averaged to 1.0 for each cost center. We believed that the CMI was a reasonable scale factor to use to further adjust the relative charges to reflect the complexity of cases treated by the provider. We assigned a starting CMI of 1 to the cost center for each provider. However, an alternative starting CMI could have been assigned because the algorithm is not sensitive to starting values of CMI.

After the relative charges (cost center claim charge divided by the average cost center charge for the provider) were multiplied by the hospital's matching cost center CMI, they were summed by DRG. The transfer adjusted case count for each DRG was also summed. Average charges by DRG were calculated for each cost center by taking the sum of the relative CMI-adjusted charges for that DRG and dividing by the transfer-adjusted case count for that DRG. A national average charge for each cost center was calculated summing all relative CMI-adjusted charges in the trimmed MedPAR data set and dividing by the total transfer-adjusted case count. We then created a set of cost center DRG weights by dividing the national average charge for each DRG for each cost center by the national average charge for that cost center. The result was a set of 10 weights for each DRG. These 10 weights are then assigned to each claim, and a new CMI is created for each provider. Then the relative charges for each cost center on the claim (total charge for cost center is divided by the provider's average charge for that cost center) are multiplied by this new CMI and the weights are iterated until the national average CMI for each cost center stops changing between iterations. In preparing the proposed weights for their simulation, we used a transfer-adjusted CMI that was computed by taking the sum of the transfer-adjusted weights and dividing by a full case count, where the transfer-adjusted weight is computed by multiplying the transfer-adjusted case count (length of stay for the claim plus 1 day divided by geometric mean length of stay for the DRG) by the DRG weight.

Table A below illustrates the charge line items from MedPAR that were included in each cost center charge group. In addition, it shows the corresponding line items from Worksheet C, Part 1, columns 5, 6, and 7 of the Medicare cost reports. The name of each cost report line item appears as it is listed in the Hospital Cost Report Information System (HCRIS) cost report database record layout which is available for download via the Web site: *www.cms.hhs.gov.*

**BILLING CODE 4120–01–P**

## Table A.--Charge Line Items from MedPAR Included in Cost Center Charge Group

| Cost Center | MedPAR Charge Description | Costs from HCRIS (Worksheet C, Part 1, Col. 5 and line number) | Charges from HCRIS (Worksheet C, Part 1, Cols. 6 & 7 and line number) |
|---|---|---|---|
| Routine Days | (1) Private Room Charges<br>(2) Semi-Private Room Charges<br>(3) Ward Charges | C_1_C5_25 | C_1_C6_25<br>C_1_C7_25 |
| | | | |
| Intensive Days | (4) Intensive Care Charges | C_1_C5_26 | C_1_C6_26<br>C_1_C7_26 |
| | (5) Coronary Care Charges | C_1_C5_27 | C_1_C6_27<br>C_1_C7_27 |
| | | C_1_C5_28 | C_1_C6_28<br>C_1_C7_28 |
| | | C_1_C5_29 | C_1_C6_29<br>C_1_C7_29 |
| | | C_1_C5_30 | C_1_C6_30<br>C_1_C7_30 |
| | | | |
| Drugs | (7) Pharmacy Charges | C_1_C5_56 | C_1_C6_56<br>C_1_C7_56 |
| | | C_1_C5_48 | C_1_C6_48<br>C_1_C7_48 |
| | | | |
| Supplies & Equipment | (8) Medical/Surgical Supply Charges | C_1_C5_55 | C_1_C6_55<br>C_1_C7_55 |
| | (9) Durable Medical Equipment Charges | C_1_C5_66 | C_1_C6_66<br>C_1_C7_66 |
| | (10) Used Durable Medical Charges | C_1_C5_67 | C_1_C6_67<br>C_1_C7_67 |
| | | | |
| Therapeutic Services | (11) Physical Therapy Charges | C_1_C5_50 | C_1_C6_50<br>C_1_C7_50 |
| | (12) Occupational Therapy Charges | C_1_C5_51 | C_1_C6_51<br>C_1_C7_51 |
| | (13) Speech Pathology Charges | C_1_C5_52 | C_1_C6_52<br>C_1_C7_52 |
| | (14) Inhalation Therapy Charges | C_1_C5_49 | C_1_C6_49<br>C_1_C7_49 |
| | | | |
| Operating Room | (17) Operating Room Charges | C_1_C5_37 | C_1_C6_37<br>C_1_C7_37 |
| | (20) Anesthesia Charges | C_1_C5_38 | C_1_C6_38<br>C_1_C7_38 |
| | | C_1_C5_39 | C_1_C6_39<br>C_1_C7_39 |
| | | C_1_C5_40 | C_1_C6_40<br>C_1_C7_40 |

| Cost Center | MedPAR Charge Description | Costs from HCRIS (Worksheet C, Part 1, Col. 5 and line number) | Charges from HCRIS (Worksheet C, Part 1, Cols. 6 & 7 and line number) |
|---|---|---|---|
| | | | |
| Cardiology | (19) Cardiology Charges | C_1_C5_53 | C_1_C6_53<br>C_1_C7_53 |
| | | C_1_C5_54 | C_1_C6_54<br>C_1_C7_54 |
| | | | |
| Laboratory | (21) Laboratory Charges | C_1_C5_44 | C_1_C6_44<br>C_1_C7_44 |
| | | C_1_C5_45 | C_1_C6_45<br>C_1_C7_45 |
| | | | |
| Radiology | (22) Radiology Charges | C_1_C5_41 | C_1_C6_41<br>C_1_C7_41 |
| | (23) MRI Charges | C_1_C5_42 | C_1_C6_42<br>C_1_C7_42 |
| | (18) Lithotripsy Charges | C_1_C5_43 | C_1_C6_43<br>C_1_C7_43 |
| | | | |
| Other Services and Charges | (6) Other Services | C_1_C5_46 | C_1_C6_46<br>C_1_C7_46 |
| | (15) Blood Charges | C_1_C5_47 | C_1_C6_47<br>C_1_C7_47 |
| | (16) Blood Administration Charges | C_1_C5_58 | C_1_C6_58<br>C_1_C7_58 |
| | (24) Outpatient Services Charges | C_1_C5_61 | C_1_C6_61<br>C_1_C7_61 |
| | (25) Emergency Room Charges | C_1_C5_65 | C_1_C6_65<br>C_1_C7_65 |
| | (26) Ambulance Charges | C_1_C5_57 | C_1_C6_57<br>C_1_C7_57 |
| | (29) ESRD Revenue Setting Charges | C_1_C5_60 | C_1_C6_60<br>C_1_C7_60 |
| | (30) Clinic Visit Charges | C_1_C5_63 | C_1_C6_63<br>C_1_C7_63 |
| | | C_1_C5_59 | C_1_C6_59<br>C_1_C7_59 |
| | | C_1_C5_64 | C_1_C6_64<br>C_1_C7_64 |
| | | C_1_C5_65 | C_1_C6_65<br>C_1_C7_65 |

c. Step Three: Compute CCRs From the Cost Reports for Each of the 10 Cost Center Groups Identified in Table A

After the iteration process was completed, we removed the effects of differential markups within cost centers. The first step in this process was to develop national cost center CCRs. Taking FY 2003 cost report data, we edited the data to remove data for CAHs, IPFs, IRFs, LTCHs, Maryland hospitals, Indian Health Service hospitals, and all inclusive rate hospitals, and cost reports that represented time periods of less than 1 year (365 days). We then created CCRs for each provider for each group of cost centers (see Table A for line items used in the calculations) while removing any cost center CCRs that were greater than 10 or less than .01, as we believe that these CCRs are outside of a reasonable range. We then took the logs of all of the cost center CCRs and removed any cost center CCRs where the log of the cost center CCR was greater or less than the mean log plus/minus 1.96 standard deviations of the log of that cost center CCR. We used 1.96 standard deviations as a trim factor because the logs of the cost center CCRs are normally distributed and 1.96 standard deviations represent the 95th percentile of the T-Distribution for large sample size, for which 2,000 to 3,000 hospitals qualify. Once the cost report data were trimmed, we calculated the geometric mean CCR for each cost center.

d. Step Four: Sum the Average Charge for Each Cost Center From the MedPAR Data and Apply the National CCRs From the MedPAR File

Once the national average CCRs from Step Three were computed, they were multiplied by the total unadjusted charges for the matching cost centers in the MedPAR file. The estimated costs were then summed to derive a total cost for all cases across the Nation. The percentage that each cost center was contributing to the overall total costs is calculated by dividing the individual cost center cost by the total. For example, the total cost for routine days was divided by the total cost for all cases to arrive at 0.29, which indicated that routine costs were responsible for approximately 29 percent of total costs. The 10 scaling factors sum to 1.0.

e. Step Five: Adjust Relative Weights From Step Two to Cost by Applying Scaling Factors From Step Four

For each DRG, the cost center weights are multiplied by these scaling factors (that is, the routine day weight is multiplied by the routine day scaling factor, the intensive care unit weight is multiplied by the intensive care unit scaling factor, and so on). After the weights are adjusted by the scaling factor, they are summed by DRG to create one final weight for each DRG.

f. Step Six: Normalize the Weights

In order to compare the weights calculated in Step Five to the charge-based weights that are in effect in FY 2006, the weights were normalized by the FY 2006 normalization factor of 1.47462 (70 FR 47332). This factor was applied to the charge-based weights from FY 2006 to ensure that recalibration by itself neither increases nor decreases total payments under the IPPS. We used the same normalization factor that we applied for purposes of calculating the DRG relative weights in the FY 2006 IPPS final rule because we used the same FY 2004 MedPAR data and FY 2003 cost report data that we used to set the FY 2006 DRG relative weights. We note that we likely will have more recent data available when we determine the DRG relative weights for the FY 2007 IPPS final rule.

3. Refinement of DRGs Based on Severity of Illness

(If you choose to comment on issues in this section, please include the caption ''DRGs: Severity of Illness'' at the beginning of your comment.)

For purposes of the following discussions, the term ''CMS DRGs'' means the DRG system we currently use under the IPPS; the term ''APR DRGs'' means the severity DRG system designed by 3M Health Information Systems that currently is used by the State of Maryland; and the term ''consolidated severity-adjusted DRGs'' means the DRG system based on a consolidated version of the APR DRGs (as described in detail below). Although we discuss the consolidated severity-adjusted DRGs in this proposed rule, we are interested in public comments on whether there are alternative DRG systems that could result in better recognition of severity than the consolidated severity-adjusted DRGs we are proposing. We refer to adopting consolidated severity-adjusted DRGs numerous times in this proposed rule. As we make clear in the detailed discussion below, there are still further changes that we believe may be important to make to this proposed system before it is ready for adoption. In the remainder of this proposed rule, ''consolidated severity-adjusted DRGs'' refers to the DRG system we have analyzed. However, it is possible that the public comment process will present compelling evidence that there are potential alternatives to the consolidated severity-adjusted DRG system for us to consider that could more effectively recognize severity of illness.

In the FY 2006 IPPS final rule (70 FR 47474), we stated that we would consider making changes to the CMS DRGs to better reflect severity of illness among patients. We indicated that we would conduct a comprehensive review of the CC list as well as consider the possibility of using the APR DRGs for FY 2007. We did not adopt APR DRGs for FY 2006 because such an adoption would represent a significant undertaking that could have a substantial effect on all hospitals. There was insufficient time between the release of the MedPAC reports in March 2005 and the publication of the FY 2006 IPPS final rule for us to analyze fully a change of this magnitude. Instead, we adopted a more limited policy by implementing severity-adjusted cardiac DRGs.

After publication of the FY 2006 IPPS final rule, CMS contracted with 3M Health Information Systems to further analyze the MedPAC recommendations in support of our consideration of possible changes to the IPPS for FY 2007. Under one task of this contract, 3M Health Information Systems analyzed the feasibility of using a revised DRG system under the IPPS that is modeled on the APR DRGs Version 23 to better recognize severity of illness. The APR DRGs have been used successfully as the basis of Belgium's hospital prospective global budgeting system since 2002. The State of Maryland began using APR DRGs as the basis of its all-payer hospital payment system in July 2005. More than a third of the hospitals in the United States are already using APR DRG software to analyze comparative hospital performance. Many major health information system vendors have integrated this system into their products. Several State agencies utilize the APR DRGs for the public dissemination of comparative hospital performance reports. APR DRGs have been widely applied in policy and health services research. In addition to being used in research by MedPAC, the APR DRGs also contain a separate measure of risk of mortality that is used in the Quality Indicators of the Agency for Healthcare Research and Quality, the Premier Hospital Quality Incentive Demonstration discussed in section IV.B. of this preamble, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) hospital accreditation survey process (Shared Visions-New Pathways).

Below we present a comparison of the CMS DRG system and the APR DRG system.

a. Comparison of the CMS DRG System and the APR DRG System

The CMS DRG and APR DRG systems have a similar basic structure. There are 25 MDCs in both systems. The DRG assignments for both systems are based on the reporting of ICD–9–CM diagnosis and procedure codes. Both DRG systems are composed of a base DRG that describes the reason for hospital admission and a subdivision of the base DRG based on other patient attributes that affect the care of the patient. For surgical patients, the base DRG is defined based on the type of procedure performed. For medical patients, the base DRG is defined based on the principal diagnosis. In Version 23.0 of the CMS DRG system, there are 367 base DRGs and 526 total DRGs. In Version 23 of the APR DRG system, there are 314 base DRGs and 1,258 total APR DRGs. Some of the base DRGs in the two systems are virtually identical. For example, there is no significant difference between the base DRG under both systems for medical treatment of congestive heart failure. For other base DRGs, there are substantial differences. For example, in the CMS DRG system, there are two base DRGs for appendectomy (simple and complex); in the APR DRG system, there is only one base DRG for appendectomy (the relative complexity of the patient is addressed in the subsequent subdivision

of the base DRG into severity of illness subclasses).

The focus of the CMS DRGs is on complexity. Complexity is defined as the relative volume and types of diagnostic, therapeutic, and bed services required for the treatment of a particular illness. Thus, the focus of payment in the CMS DRG system reflects the relative resource use needed by the patient in one DRG group compared to another. Resource use is generally correlated with severity of illness but an intensive resource use does not necessarily indicate a high level of severity in every case. It is possible that some patients will be resource-intensive and require high-cost services even though they are less severely ill than other patients. The CMS DRG system subdivides the base DRGs using age and the presence of a secondary diagnosis that represents a CC. The age subdivisions primarily relate to pediatric patients (those who are less than 18 years of age). Patients are assigned to the CC subgroup if they have at least one secondary diagnosis that is considered a CC. The diagnoses that are designated as CCs are the same across all base DRGs. The subdivisions of the base CMS DRGs are not uniform: some base DRGs have no subdivision; some base DRGs have a two-way subdivision based on the presence of a CC; and other base DRGs have a three-way subdivision based on a pediatric subdivision followed by a CC subdivision of the adult patients. In addition, some base DRGs in MDC 5 (Diseases and Disorders of the Circulatory System) have a subdivision based on the presence of a major cardiovascular condition or complex diagnosis.

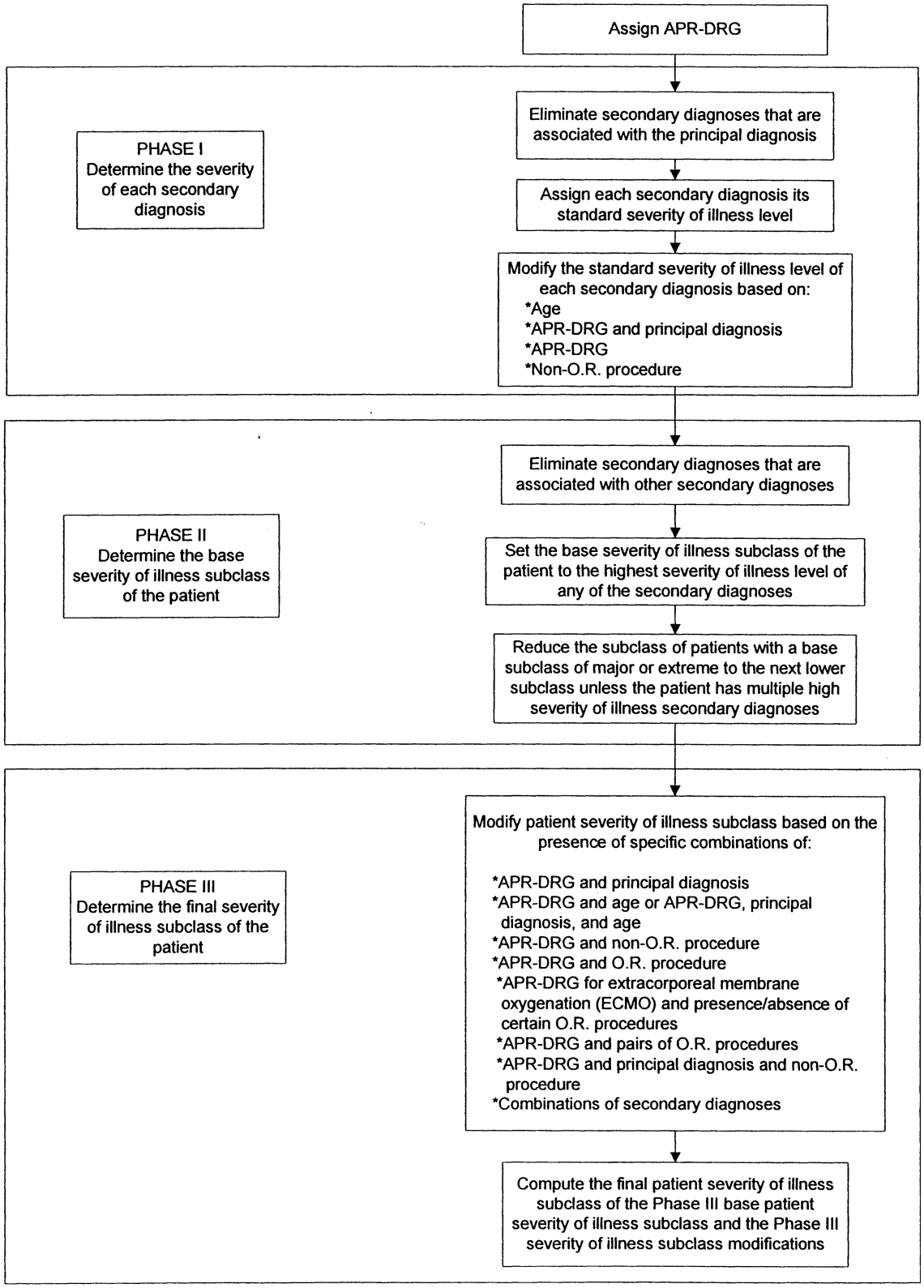
The APR DRG system subdivides the base DRGs by adding four severity of illness subclasses to each DRG. Under the APR DRG system, severity of illness is defined as the extent of physiologic decompensation or organ system loss of function. The underlying clinical principle of APR DRGs is that the severity of illness of a patient is highly dependent on the patient's underlying problem and that patients with high severity of illness are usually characterized by multiple serious diseases or illnesses. The assessment of the severity of illness of a patient is specific to the base APR DRG to which a patient is assigned. In other words, the determination of the severity of illness is disease-specific. High severity of illness is primarily determined by the interaction of multiple diseases. Patients with multiple comorbid conditions involving multiple organ systems are assigned to the higher severity of illness subclasses. The four severity of illness subclasses under the APR DRG system are numbered sequentially from 1 to 4, indicating minor (1), moderate (2), major (3), and extreme (4) severity of illness.

The APR DRG system does not subdivide base DRGs based on the age of the patient. Instead, patient age is used in the determination of the severity of illness subclass. In the CMS DRG system, the CC list is generally the same across all base DRGs. However, there are CC list exclusions for secondary diagnoses that are related to the principal diagnosis. In the APR DRG system, the significance of a secondary diagnosis is dependent on the base DRG. For example, an infection is considered more significant for an immune-suppressed patient than for a patient with a broken arm. The logic of the CC subdivision in the CMS DRG system is a simple binary split for the presence or absence of a CC. In the APR DRG system, the determination of the severity subclass is based on an 18-step process that takes into account secondary diagnoses, principal diagnosis, age, and procedures. The 18 steps are divided into three phases. There are six steps in Phase I, three steps in Phase II, and nine steps in Phase III.

The diagram below illustrates the three-phase process for determining patient severity of illness subclass.

**BILLING CODE 4120–01–P**

**Diagram--Three Phase Process for Determining Patient Severity of Illness**




BILLING CODE 4120–01–C

Under the CMS DRG system, a patient is assigned to the DRG with CC if there is at least one secondary diagnosis present that is a CC. There is no recognition of the impact of multiple CCs. Under the APR DRG system, high severity of illness is primarily determined by the interaction of multiple diseases. Under the CMS DRG system, patients are assigned to an MDC based on their principal diagnosis. While the principal diagnosis is generally used to assign the patient to an MDC in the APR DRG system, there is a rerouting step that assigns some patients to another MDC. For example, lower leg amputations can be performed for circulatory, endocrine, or musculoskeletal principal diagnoses. Instead of having three separate amputation base DRGs in different MDCs as is done in the CMS DRG system, the APR DRG system reroutes all of these amputation patients into a single base APR DRG in the musculoskeletal MDC. The CMS DRG system uses death as a variable in the DRG definitions but the APR DRG system does not. Both DRG systems are based on the information contained in the Medicare Uniform Bill. The APR DRG system requires the same information used by the current CMS DRG system. No changes to the claims form or the data reported would be necessary if CMS were to adopt APR DRGs or a variant of them.

The CMS DRG structure makes some DRG modifications difficult to accommodate. For example, high severity diseases that occur in low volume are difficult to accommodate because the only choice is to form a separate base DRG with relatively few patients. Such an approach would lead to a proliferation of low-volume DRGs. Alternatively, these cases may be included in DRGs with other patients that are dissimilar clinically or in costs. Requests for new base DRGs formed on the use of a specific technology may also be difficult to accommodate. Base DRGs formed based on the use of a specific technology would result in the payment weight for the DRG being dominated by the price set by the manufacturer for the technology.

The structure of the APR DRGs provides a means of addressing high severity cases that occur in low volume through assignment of the case to a severity of illness subclass. However, the APR DRG structure does not currently accommodate distinctions based on complexity. Technologies that represent increased complexity, but not necessarily greater severity of illness, are not explicitly recognized in the APR DRG system. For example, in the CMS DRGs, there are separate DRGs for coronary angioplasty with or without insertion of stents. The APR DRGs do not make such a differentiation. The insertion of the stent makes the patient's case more complex but does not mean the patient is more severely ill. However, the inability to insert a stent may be indicative of a patient's more advanced coronary artery disease. Although such conflicts are relatively few in number, they do represent an underlying difference between the two systems. If Medicare were to adopt a severity DRG system based on the APR DRG logic but assign cases based on complexity as well as severity as we do under the current Medicare DRG system, such a distinction would represent a departure from the exclusive focus on severity of illness that currently forms the basis of assigning cases in the APR DRG system.

Section 1886(d)(4) of the Act specifies that the Secretary must adjust the classifications and weighting factors at least annually to reflect changes in treatment patterns, technology, and other factors that may change the relative use of hospital resources. Therefore, we believe a method of recognizing technologies that represent increased complexity, but not necessarily greater severity of illness, should be included in the system. We plan to develop criteria for determining when it is appropriate to recognize increased complexity in the structure of the DRG system and how these criteria interact with the existing statutory provisions for new technology add-on payments. We invite public comments on this particular issue.

Another difference between the CMS DRG system and the APR DRG system is the assignment of diagnosis codes in category 996 (Complications peculiar to certain specified procedures). The CMS DRG system treats virtually all of these codes as CCs. With the exceptions of complications of organ transplant and limb reattachments, these complication codes do not contribute to the severity of illness subclass in the APR DRG system. While these codes could be added to the severity logic, the appropriateness of recognizing codes such as code 998.4 (Foreign body accidentally left during a procedure) as a factor in payment calculation could create the appearance of incentives for less than optimal quality. Although there is no direct recognition of the codes under the 996 category, the precise complication, in general, can be coded separately and could contribute to the severity of illness subclass assignment.

Table B below summarizes the differences between the two DRG systems:

TABLE B.—COMPARISON OF THE CMS DRG SYSTEM AND THE APR DRG SYSTEM

| Element | CMS DRG system | APR DRG system |
|---|---|---|
| Number of base DRGs | 367 | 314. |
| Total number of DRGs | 526 | 1,258. |
| Number of CC (severity) subclasses | 2 | 4. |
| Multiple CCs recognized | No | Yes. |
| CC assignment specific to base DRG | No | Yes. |
| Logic of CC subdivision | Presence or absence | 18-step process. |
| Logic of MDC assignment | Principal diagnosis | Principal diagnosis with rerouting. |
| Death used in DRG definitions | Yes | No. |
| Data requirements | Hospital claims | Hospital claims. |

To illustrate the differences between the two DRG systems, we compare in Table C below four cases that have been assigned to CMS DRGs and APR DRGs. In all four cases, the patient is a 67-year-old who is admitted for diverticulitis of the colon and who has a multiple segmental resection of the large intestine performed. ICD–9–CM diagnosis code 562.11 (Diverticulitis of colon (without mention of hemorrhage)) and ICD–9–CM procedure code 45.71 (Multiple segmental resection of large intestine) would be reported to capture this case. In both DRG systems, the patient would be assigned to the base DRG for major small and large bowel procedures. These four cases would fall

into two different CMS DRGs and four different APR DRGs. We include Medicare average charges in the table to illustrate the differences in hospital resource use.

*Case 1:* The patient receives only a secondary diagnosis of an ulcer of anus and rectum (ICD–9–CM diagnosis code 569.41). Under the CMS DRG system, the patient is assigned to base DRG 149 (Major Small and Large Bowel Procedures Without CC). Under the APR DRG system, the patient is assigned to base DRG 221 (Major Small and Large Bowel Procedures) with a severity of illness subclass of 1 (minor).

*Case 2:* The patient receives a secondary diagnosis of an ulcer of anus and rectum and an additional secondary diagnosis of unspecified intestinal obstruction (ICD–9–CM diagnosis code 560.9). Under the CMS DRG system, the patient is assigned to DRG 148 (Major Small and Large Bowel Procedures With CC). Under the APR DRG system, the patient is assigned to base DRG 221 and the severity of illness subclass increases to 2 (moderate).

*Case 3:* The patient receives multiple secondary diagnoses of an ulcer of anus and rectum, unspecified intestinal obstruction, acute myocarditis (ICD–9–CM diagnosis code 422.99), and atrioventricular block, complete (ICD–9–CM diagnosis code 426.0). Under the CMS DRG system, the patient is assigned to DRG 148. Under the APR DRG system, the patient is assigned to base DRG 221 and the severity of illness subclass increases to 3 (major).

*Case 4:* The patient receives multiple secondary diagnoses of an ulcer of anus and rectum, unspecified intestinal obstruction, acute myocarditis, atrioventricular block, complete, and the additional diagnosis of acute renal failure, unspecified (ICD–9–CM diagnosis code 584.9). Under the CMS DRG system, the patient is assigned to DRG 148. Under the APR DRG system, the patient is assigned to base DRG 221 and the severity of illness subclass increases to 4 (extreme).

TABLE C.—EXAMPLE OF SAMPLE CASES ASSIGNED UNDER THE CMS DRG SYSTEM AND UNDER THE APR DRG SYSTEM

| Principal diagnosis code: 562.11<br>Procedure code: 45.71 | CMS DRG system | | APR DRG system | |
|---|---|---|---|---|
| | DRG assigned | Average charge | DRG assigned | Average charge |
| Case 1—Secondary Diagnosis: 569.41 | 149 without CC | $25,147 | 221 with severity of illness subclass 1. | $25,988 |
| Case 2—Secondary Diagnoses: 569.41, 560.9 | 148 with CC | 59,519 | 221 with severity of illness subclass 2. | 38,209 |
| Case 3—Secondary Diagnoses: 569.41, 560.9, 422.99, 426.0. | 148 with CC | 59,519 | 221 with severity of illness subclass 3. | 66,597 |
| Case 4—Secondary Diagnoses: 569.41, 560.9, 422.99, 426.0, 584.9. | 148 with CC | 59,519 | 221 with severity of illness subclass 4. | 130,750 |

The largest significant difference in average charges is seen in case 4 where the average charge under the APR DRG assigned to the patient ($130,750) is more than double the average charge under the CMS DRG assigned to the patient ($59,519).

b. Consolidated Severity-Adjusted DRGs for Use in the IPPS

APR DRGs were developed to encompass all-payer patient populations. As a result, we found that, for the Medicare population, some of the APR DRGs have very low volume. MedPAC noted that the larger number of DRGs under a severity-weighted system might mean that CMS would be faced with establishing weights in many categories that have few cases and, thus, potentially creating unstable estimates. While volume is an important consideration in evaluating any potential consolidation of APR DRGs for use under the IPPS, we believe that hospital resource use and clinical interpretability also need to be taken into consideration. For example, any consolidation of severity of illness subclasses within a base DRG should be restricted to contiguous severity of illness subclasses. Thus, it would not be reasonable clinically to combine severity of illness subclasses 1 and 4 solely because both consist of low-volume cases. We analyzed consolidating APR DRGs by either combining the base DRGs or the severity of illness subclasses within a base DRG. For consolidation across base APR DRGs, we considered patient volume, similarity of hospital charges across all four severity of illness subclasses and clinical similarity of the base APR DRGs. For consolidations of severity of illness subclasses within a base DRG, we considered patient volume and the similarity of hospital charges between severity of illness subclasses. In considering how to consolidate severity of illness subclasses, we believed it was important to use uniform criteria across all DRGs to avoid creating confusing and difficult to interpret results. That is, we were concerned about inconsistencies in the number of severity levels across different DRGs.

The objective to simultaneously take into consideration patient volume and average charges often produced conflict. Table D below contains the overall patient volume and average charge by APR DRG severity of illness subclass. While severity of illness subclass 4 (extreme) has had the lowest patient volume of 5.80 percent, we found that the dramatically different average charges between severity of illness subclass 3 (major) and subclass 4 (extreme) patients of approximately $32,426 and $81,952, respectively, would make it difficult to consolidate severity of illness subclass 3 and 4 patients. Conversely, we found that, while the average charge difference between severity of illness subclass 1 (minor) and 2 (moderate) patients was much smaller, of approximately $17,649 and $20,021, respectively, the majority of patient volume (68.08 percent) is in these two subclasses. Thus, low patient volume and small average charge differences rarely coincided.

TABLE D.—OVERALL AVERAGE CHARGES AND PATIENT VOLUME BY APR DRG SEVERITY OF ILLNESS SUBCLASS

| | All cases | APR DRG severity of illness subclass 1 | APR DRG severity of illness subclass 2 | APR DRG severity of illness subclass 3 | APR DRG severity of illness subclass 4 |
|---|---|---|---|---|---|
| Count | 11,142,651 | 21.47% | 46.61% | 26.12% | 5.80% |
| Average Charges | $26,342 | $17,649 | $20,021 | $32,426 | $81,952 |

There were also few opportunities to consolidate base DRGs. For base DRGs for which there was a clinical basis for considering a consolidation, there were usually significant differences in average charges for one or more of the severity of illness subclasses. APR DRGs already represented a considerable consolidation of base DRGs (314) compared to CMS DRGs (367). Thus, we expected that further base DRG consolidation would be difficult.

We reviewed the patient volume and average charges across APR DRGs and found that medical cases assigned severity of illness subclass 4 within an MDC have similar average charges. We observed the same pattern in average charges across severity of illness subclass 4 surgical patients within an MDC. The data suggest that, in cases with a severity of illness of subclass 4, the severity of the cases had more impact on hospital resource use than the reason for admission (that is, the base APR DRG within an MDC). Thus, we believe that, within each MDC, the severity of illness subclass 4 medical and surgical patients, respectively, could be consolidated into a single group.

In some MDCs, it was not possible to consolidate into a single medical and a single surgical severity of illness subclass 4 group. In these MDCs, more than one group was necessary. For instance, Table E below contains the patient volume and average charges for severity of illness subclass 4 cases in MDC 11 (Diseases and Disorders of the Kidney and Urinary Tract). Taking into consideration volume and average charges, except for APR DRG 440 (Kidney Transplant), surgical cases assigned severity of illness subclass 4 in MDC 11 could be consolidated into a single group having 5,492 patients and an average charge of $107,258. However, we decided not to include kidney transplant patients in this severity of illness 4 subclass due to their very high average charges (approximately $203,732 or more than $100,000 greater than other patients in MDC 11 having a severity of illness 4 subclass). Average charges within the consolidated severity of illness 4 surgical DRG in MDC 11 show some variation but are much higher than the corresponding average charges for the severity of illness subgroup 3 patients of $48,863. Thus, our analysis suggests that the data support maintaining three severity of illness levels for each base DRG in MDC 11; a separate severity of illness 4 subclass for all patients other than those having kidney transplant; and a separate DRG for kidney transplants.

TABLE E.—SUMMARY STATISTICS FOR SURGICAL CASES WITH SEVERITY OF ILLNESS SUBCLASS 4 IN MDC 11

| APR DRG | Number of cases | Average length of stay | Average total charges |
|---|---|---|---|
| 440 (Kidney Transplant) | 378 | 18.0 | $203,732 |
| 441 (Major Bladder Procedures) | 528 | 21.5 | 128,729 |
| 442 (Kidney & Urinary Tract Procedure for Malignancy) | 833 | 16.6 | 101,501 |
| 443 (Kidney & Urinary Tract Procedure for Non-Malignancy) | 966 | 18.4 | 103,905 |
| 444 (Renal Dialysis Access Device Procedure Only Severity of Illness Subclass 4) | 935 | 18.3 | 104,249 |
| 445 (Other Bladder Procedures) | 186 | 15.2 | 80,197 |
| 446 (Urethral & Transurethral Procedure—Severity of Illness Subclass 4) | 492 | 13.4 | 73,110 |
| 447 (Other Kidney, Urinary Tract & Related Procedures) | 1,552 | 19.3 | 121,011 |

The consolidation of severity of illness 4 subclass APR DRG into fewer groups was done for all MDCs except MDC 15 (Newborn and Other Neonates With Conditions Originating in the Perinatal Period), MDC 19 (Mental Diseases and Disorders), and MDC 20 (Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders). In the 22 MDCs in which the severity of illness subclass 4 consolidation was applied, the number of separate severity of illness subclass 4 groups was reduced from 262 to 69.

For MDC 14 (Pregnancy, Childbirth, and Puerperium), the base APR DRGs were consolidated from 12 to 6. Severity of illness subclass 1 through 3 were retained, and severity of illness subclass 4 was consolidated into a single APR DRG, except for cesarean section and vaginal deliveries, which were maintained as separate APR DRGs. This consolidation reduced the total number of obstetric APR DRGs from 48 to 22.

The Medicare patient volume in MDC 15 was very low, allowing for a more aggressive consolidation. For MDC 15, we consolidated 28 base APR DRGs into 7 base consolidated severity-adjusted DRGs. For each of the 7 consolidated base MDC 15 DRGs, we combined severity of illness subclasses 1 and 2 into one DRG and severity of illness subclass 3 and 4 into another one. This consolidation reduced the total number of MDC 15 DRGs from 112 in the APR DRG system to 14 consolidated severity-adjusted DRGs.

In MDC 19, we consolidated 12 base DRGs into 4 base DRGs. We retained the 4 severity of illness subclasses in MDC 19 for each of the 4 base DRGs. In MDC 20, the base APR DRG for patients who left against medical advice has severity of illness subclass 1 and 2 consolidated and severity of illness subclass 3 and 4 consolidated. The remaining 4 base DRGs were consolidated into 1 base DRG and retained in 4 severity of illness subclasses.

We did not consolidate any of the pre-MDC subclass 4 APR DRGs such as Heart Transplant. As explained earlier, pre-MDC DRGs are DRGs to which cases are directly assigned on the basis of ICD–9–CM procedure codes. These DRGs are for liver and/or intestinal transplants, heart and/or lung

transplants, bone marrow transplants, pancreas transplants, and tracheotomies. For the pre-MDC DRGs, except for Bone Marrow Transplant, we consolidated severity of illness subclasses 1 and 2 into one DRG. In addition, the three base APR DRGs for Human Immunodeficiency Virus (HIV) with multiple or major HIV-related conditions had severity of illness subclasses 1 and 2 consolidated.

In total, we reduced 1,258 APR DRGs to 861 consolidated severity-adjusted DRGs. In Appendix C of this proposed rule, we present the 861 unique combinations of consolidated severity-adjusted DRGs.

Table F below includes a description of the consolidations that we did within each individual MDC and includes information about the total number of DRGs that were eliminated from the APR DRGs to develop the consolidated severity-adjusted DRGs.

BILLING CODE 4120–01–P

## Table F.--Logic for Consolidating APR DRGs to Consolidated Severity-Adjusted DRGs

| No. of Base APR DRGs | | Reduction in DRG/SOI Groups | | | |
|---|---|---|---|---|---|
| Medical | Surgical | Medical | Surgical | Total | Consolidation Logic by MDC |
| | 6 | | 5 | 5 | MDC 0: combine SOI 1&2 within a DRG except APR DRG 3 bone marrow transplant |
| 19 | 6 | 17 | 5 | 22 | MDC 1: combine med SOI 4; combine 049-4 and 050-4, combine all other surgical SOI 4 |
| 2 | 2 | 1 | 1 | 2 | MDC 2: combine med SOI 4; combine surgical SOI 4 |
| 5 | 8 | 4 | 7 | 11 | MDC 3: combine med SOI 4; combine surgical SOI 4 |
| 15 | 2 | 16 | 1 | 17 | MDC 4: combine med SOI 4; combine surgical SOI 4 except for DRG 130; Combine DRG 132 & 142 |
| 16 | 16 | 15 | 16 | 31 | MDC 5: combine med SOI 4; combine surgical 160-167 SOI 4, 169 & 173 SOI 4, and 170 & 171 & 174-180 SOI 4 , combine DRG 160&167 |
| 14 | 10 | 13 | 8 | 21 | MDC 6: combine med SOI 4; combine surgical (1) 220-223 SOI 4, (2) 224-229 SOI 4 |
| 6 | 5 | 5 | 3 | 8 | MDC 7: combine med SOI 4; combine APR DRG 260-261 SOI 4; combine APR DRG 262-264 SOI 4 |
| 9 | 16 | 8 | 12 | 20 | MDC 8: combine med SOI 4; combine 303-304 and 321 SOI 4, combine surgical SOI 4 except DRG 312 |
| 6 | 4 | 5 | 3 | 8 | MDC 9: combine med SOI 4; combine surgical SOI 4 |
| 6 | 4 | 5 | 3 | 8 | MDC 10: combine med SOI 4; combine surgical SOI 4 |
| 7 | 8 | 6 | 6 | 12 | MDC 11: combine med SOI 4; keep DRG 440 – 4, combine all other surgical SOI 4 |
| 2 | 5 | 1 | 4 | 5 | MDC 12: combine med SOI 4; combine surgical SOI 4 |
| 3 | 8 | 2 | 7 | 9 | MDC 13: combine med SOI 4; combine surgical SOI 4 |
| 6 | 6 | 13 | 13 | 26 | MDC 14: APR DRG combine SOI 4 for DRG 541-548, combine SOI 4 for DRG 561-566; combine DRG 541-542; combine DRG 544-546; combine DRG 561&564; combine DRG 563, 565 & 566 |
| 23 | 5 | 81 | 17 | 98 | MDC 15: APR DRG 580-581, combine SOI 1 & 2 / combine SOI 3 & 4<br>APR DRG 583, 588-593, combine SOI 1 & 2 / combine SOI 3 & 4<br>APR DRG 602,607,609, 611, 613, 621-623, combine SOI 1 & 2/combine SOI 3 & 4<br>APR DRG 603,608,614,625, combine SOI 1 & 2 / combine SOI 3 & 4<br>APR DRG 630, 631, 633, 634, 636, combine SOI 1 & 2 / combine SOI 3 & 4<br>APR DRG 639, combine SOI 1 & 2 / combine SOI 3 & 4<br>APR DRG 626, 640, combine SOI 1 & 2 / combine SOI 3 & 4 |
| 4 | 2 | 3 | 1 | 4 | MDC 16: combine med SOI 4; combine surgical SOI 4 |
| 5 | 2 | 3 | 1 | 4 | MDC 17: combine med SOI 4 for 690-693, leave 694 alone; combine surgical SOI 4 |
| 5 | 2 | 4 | 1 | 5 | MDC 18: combine med SOI 4; combine surgical SOI 4 |
| 11 | 1 | 32 | 0 | 32 | MDC 19: combine DRGs 750 & 751 & 753; combine DRGs 752 & 753-756 & 758-760 |
| 6 | 0 | 18 | 0 | 18 | MDC 20; combine DRGs 772-776 all levels; combine DRG 770 level 1 & 2; combine DRG 770 level 3 & 4 |
| 5 | 1 | 7 | 0 | 7 | MDC 21: combine all medical SOI 4<br>Combine APR DRG 815 and 816 SOI 1-3 |
| 2 | 2 | 1 | 4 | 5 | MDC 22: combine med SOI 4; combine surgical SOI 4 |
| 4 | 1 | 6 | 0 | 6 | MDC 23: combine med SOI 4 for DRGs 860-863; combine 862 & 863 |
| 4 | 0 | 6 | 0 | 6 | MDC 24: combine medical SOI 4; Combine SOI 1 & 2 for DRG 890, 892 and 893 |
| 1 | 6 | 1 | 6 | 7 | MDC 25: combine surgical SOI 4 DRGs 910-912; combine SOI 4 for 951-952; combine SOI 1 & 2 for DRG 910-912 & 930 |
| 186 | 128 | | | 397 | **Total reduction in DRG/SOI Groups** |
| | | | | 859 | **Number of Consolidated APR DRG Groups** |
| | | | | 861 | **Total Number of Consolidated APR DRG Groups Including 2 Error DRGs** |

BILLING CODE 4120–01–C

Appendix D of this proposed rule shows the crosswalk of each consolidated severity-adjusted DRG to its respective APR DRG. We numbered the DRGs sequentially and incorporated the severity of illness subclass into the DRG description. However, within the range of sequential numbers used for an MDC, we retained some unused numbers to allow for future DRG expansion. By using a three-digit number for the consolidated severity-adjusted DRGs, we also avoid the need for reprogramming of computer systems that would be necessary to accommodate a change from the current three-digit DRG number to separate fields for the base consolidated severity-adjusted DRG number and the severity of illness subclass.

Severity DRGs represent a significant change from our current DRG system. In addition to changing the way claims are grouped, severity DRGs introduce other issues requiring additional analysis, including possible increases in reported case-mix and changes to the outlier threshold. Our analysis of these issues is outlined below.

c. Changes to CMI From a New DRG System

After the 1983 implementation of the IPPS DRG classification system, CMS observed unanticipated growth in inpatient hospital case-mix (the average relative weight of all inpatient hospital cases) that is used as proxy measurement for severity of illness. There are three factors that determine changes in a hospital's CMI:

(1) Admitting and treating a more resource intensive patient-mix (due, for example, to technical changes that allow treatment of previously untreatable conditions and/or an aging population);

(2) Providing services (such as higher cost surgical treatments, medical devices, and imaging services) on an inpatient basis that previously were more commonly furnished in an outpatient setting; and

(3) Changes in documentation (more complete medical records) and coding practice (more accurate and complete coding of the information contained in the medical record).

Changes in CMI as a result of improved documentation and coding do not represent real increases in underlying resource demands. For the implementation of the IPPS in 1983, improved documentation and coding were found to be the primary cause in the underprojection of CMI increases, accounting for as much as 2 percent in the annual rate of CMI growth observed post-PPS.[2]

We believe that adoption of consolidated severity-adjusted DRGs would create a risk of increased aggregate levels of payment as a result of increased documentation and coding. MedPAC notes that ''refinements in DRG definitions have sometimes led to substantial unwarranted increase in payments to hospitals, reflecting more complete reporting of patients' diagnoses and procedures.'' MedPAC further notes that ''refinements to the DRG definitions and weights would substantially strengthen providers' incentives to accurately report patients' comorbidities and complications.'' To address this issue, MedPAC recommended that the Secretary ''project the likely effect of reporting improvements on total payments and make an offsetting adjustment to the national average base payment amounts.'' [3]

The Secretary has broad discretion under section 1886(d)(3)(A)(vi) of the Act to adjust the standardized amount so as to eliminate the effect of changes in coding or classification of discharges that do not reflect real changes in case-mix. While we modeled the changes to the DRG system and relative weights to ensure budget neutrality, we are concerned that the large increase in the number of DRGs will provide opportunities for hospitals to do more accurate documentation and coding of information contained in the medical record. Coding that has no effect on payment under the current DRG system may result in a case being assigned to a higher paid DRG under the consolidated severity-adjusted system. Thus, more accurate and complete documentation and coding may occur under the consolidated severity-adjusted system because it will result in higher payments under the more sophisticated DRG system. We are soliciting comments on this issue.

4. Effect of Consolidated Severity-Adjusted DRGs on the Outlier Threshold

(If you choose to comment on issues in this section, please include the caption ''Cost-Based Weights: Outlier Threshold'' at the beginning of your comment.)

In its March 2005 Report to Congress on Physician-Owned Specialty Hospitals, MedPAC recommended that Congress amend the law to give the Secretary authority to adjust the DRG relative weights to account for the differences in the prevalence of high-cost outlier cases. MedPAC recommended DRG-specific outlier thresholds that are financed by each DRG rather than through an across-the-board adjustment to the standardized amounts. Furthermore, in comments that MedPAC submitted during the comment period for the FY 2006 IPPS proposed rule, MedPAC stated its belief that the current policy makes DRGs with a high prevalence of outliers profitable for two reasons: (1) These DRGs receive more in outlier payments than the 5.1 percent that is removed from the national standardized amount; and (2) the relative weight calculation results in these DRGs being overvalued because of the high standardized charges of outlier cases. MedPAC also noted that, under its recommendations, outlier thresholds in each DRG would reduce the distortion in the relative weights that comes from including the outlier cases in the calculation of the weight and would correct the differences in profitability that stem from using a uniform outlier offset for all cases. MedPAC added that its recommendation would help make relative profitability more uniform across all DRGs.

In the FY 2006 IPPS final rule (70 FR 47481), we responded to MedPAC's recommendation on outliers by noting that a change in policy to replace the 5.1 percent offset to the standardized amount would require a change in law. However, because the Secretary has broad discretion to consider all factors that change the relative use of hospital resources in the calculation of the DRG relative weights, we stated we would consider changes that would reduce or eliminate the effect of high-cost outliers on the DRG relative weights. At this time, we have not completed a detailed analysis of MedPAC's outlier recommendation because we do not have the authority to adopt such a change under current law. Instead, we have focused our resources on analyzing MedPAC's recommendations with respect to adopting severity DRGs and calculating cost-based HSRV weights that can be adopted without a change in law. While we intend to study MedPAC's recommendation in more detail at a future date, we note that the changes described above with respect to adopting a consolidated severity-adjusted DRG system would have important implications for the outlier threshold.

As noted above, we have completed a detailed analysis that would increase

[2] Carter, Grace M. and Ginsburg, Paul: The Medicare Case Mix Index Increase, Medical Practice Changes, Aging and DRG Creep, Rand, 1985.

[3] Medicare Payment Advisory Commission: Report to Congress on Physician-Owned Specialty Hospitals, March 2005, p. 42.

the number of DRGs from 526 under the current CMS DRG system to 861 under a consolidated severity-adjusted DRG system. Using FY 2004 Medicare charge data, 3M Health Information Systems simulated the effect of adopting consolidated severity-adjusted DRGs in conjunction with cost-based HSRV weights (described below) on the FY 2006 outlier threshold using the same estimation parameters used by CMS in the FY 2006 final rule (that is, the charge inflation factor of 14.94 percent) (70 FR 47494). Under these assumptions, 3M Health Information Systems estimated that the outlier threshold would be reduced from $23,600 under the current system to $18,758 under a consolidated severity-adjusted DRG system. By increasing the number of DRGs to better recognize severity, the DRG system itself would provide better recognition for cases that are currently paid as outliers. That is, many cases that are high-cost outlier cases under the current DRG system would be paid using a severity of illness subclass 3 or 4 under the consolidated severity-adjusted DRGs and could potentially be paid as nonoutlier cases.

5. Impact of Refinement of DRG System on Payments

Using the FY 2004 MedPAR claims data, we simulated the payment impacts of moving to the consolidated severity-adjusted DRG GROUPER and the alternative HSRVcc method for developing HSRV weights. These payment simulations do not make any adjustments for changes in coding or case-mix. For purposes of this analysis, estimated payments were held budget neutral to the estimated FY 2006 payments because we have a statutory requirement to make any changes to the weights or GROUPER budget neutral. Based on the results of this impact analysis, we are proposing to adopt both the HSRVcc weighting methodology and the consolidated severity-adjusted DRGs. However, for reasons described in more detail below, we are proposing to implement the HSRVcc weighting methodology we described above for FY 2007 and future fiscal years and the consolidated severity-adjusted DRG GROUPER for implementation in FY 2008 (if not earlier). Although we are proposing to adopt each of these changes to the IPPS sequentially, the changes should be viewed as part of a unified effort to improve Medicare's inpatient hospital payment system. Our findings in support of these proposals are discussed below.

In examining the effects of moving to consolidated severity-adjusted DRGs with HSRVcc relative weights, the primary impact of the changes generally results from a redistribution of the relative weights from the surgical DRGs to the medical DRGs. In Table G below, we show an analysis of the total case-mix change for the medical and surgical DRGs. We are comparing the percent change in case-mix between the FY 2006 DRGs with HSRVcc relative weights and the FY 2006 GROUPER with the FY 2006 charge-based relative weights. We also show the percent change in case-mix between the consolidated severity-adjusted DRGs with HSRVcc relative weights and the FY 2006 GROUPER with the FY 2006 charge-based relative weights and the percent change between the consolidated severity-adjusted DRGs with HSRVcc relative weights and the FY 2006 DRGs with HSRVcc relative weights.

TABLE G.—PERCENT CHANGE IN CASE-MIX AMONG MEDICAL AND SURGICAL DRGS BY MDC

| MDC description | Cases | Percent change in case-mix due to HSRVcc | Percent change in case-mix due to consolidated severity-adjusted DRGs | Total impact all changes (percent) |
|---|---|---|---|---|
| Medical | 7,832,185 | 6.0 | 1.3 | 7.3 |
| Surgical | 3,301,570 | −5.7 | −1.3 | −6.9 |

Surgical DRGs experience a decline of 5.7 percent in weights, while medical DRGs overall increase by approximately 6 percent when we apply the HSRVcc method to the FY6 DRGs. Adoption of the consolidated severity-adjusted DRGs also shows a redistribution of payment from the surgical to the medical DRGs, but to a much lesser extent. The redistribution of payments from adopting the HSRVcc weighting methodology can be explained by the much lower CCRs for ancillary cost centers that account for a higher proportion of total charges in the surgical DRGs than the medical DRGs. Table H below shows department charges as a percent of total charges and the CCRs for the two routine cost centers (routine days and intensive care unit) and eight ancillary cost centers that we used to develop the cost-based weights.

TABLE H.—DEPARTMENTAL CHARGES AS PERCENT OF TOTAL CHARGES FOR MEDICAL AND SURGICAL DRGS AND DEPARTMENTAL COST-TO-CHARGE RATIOS (CCRS)

[In percent]

| | Routine days | Intensive care unit | Supplies & equipment | Therapy | Lab | Radiology | Other | O.R. | Pharmacy | Cardiac |
|---|---|---|---|---|---|---|---|---|---|---|
| Cost-to-Charge Ratio | 85 | 72 | 34 | 35 | 25 | 24 | 51 | 37 | 26 | 20 |
| Medical | 24 | 12 | 5 | 7 | 14 | 10 | 7 | 1 | 16 | 5 |
| Surgical | 10 | 10 | 23 | 4 | 8 | 5 | 4 | 17 | 13 | 6 |

As the above Table H shows, the routine cost centers account for 36 percent (24 percent for routine days and 12 percent for intensive care unit) and 20 percent (10 percent for routine days and 10 percent for intensive care unit) of total charges in the medical and surgical DRGs, respectively. These departments have CCRs that range from

85 (routine days) to 72 percent (intensive care unit). However, the markup over costs is much higher in the ancillary than in the routine cost centers. The CCRs in the ancillary departments range from 20 percent (cardiac) to 51 percent (other). Ancillary cost centers account for 64 percent of total charges in the medical and 80 percent of total charges in the surgical DRGs. Thus, because ancillary departments have higher markups and account for a larger proportion of total charges in the medical than the surgical DRGs, adopting HSRVcc redistributes payments to the more routine-intensive medical DRGs. Table H supports the hypothesis that the charge-based relative weight methodology results in high payments to surgical DRGs that use more ancillary services relative to medical DRGs that use more routine services. By changing the relative weight methodology from the charge-based to the HSRVcc method, the weights will more closely reflect actual relative costs.

In addition to examining the change in weights by MDC for the medical and surgical DRGs, we also looked at the percent change to the relative weights for several DRGs that account for the high Medicare spending. Again, the payment impacts illustrate that a change from the charge-based relative weights to the HSRVcc weighting methodology will result in significant payment redistribution for selected DRGs. Table I below also shows payment reductions from adopting HSRVcc for several DRGs where ancillary charges represent a high proportion of total charges and the ancillary department has a low CCR. For instance, Table I shows a 30-percent reduction in payment for DRG 558 from adopting HSRVcc weights. For this DRG, charges for the medical supplies and the cardiac care represent over 60 percent of average total hospital charges. These cost centers have low CCRs (34 and 20 percent for medical supplies and cardiology respectively). For this DRG, routine cost center charges account for only 7 percent of total hospital charges. Thus, similar to the MDC analysis presented above, payment for this DRG can be expected to decline because ancillary departments with higher markups account for a larger proportion of total charges.

The data are similar for many of the other DRGs presented in Table I that are showing large reductions in the relative weights from adopting the HSRVcc weighting methodology. Conversely, Table I shows payment increases from adopting HSRVcc for DRGs where routine charges represent a high proportion of total charges. These departments have high CCRs. Below we illustrate the charges by cost center as a percent of total charges for DRGs 558 and 089.

ILLUSTRATION

| | Routine days (percent) | ICU (percent) | Supplies and equip-ment (percent) | Therapy (percent) | Labora-tory (percent) | Radiology (percent) | Other (percent) | O.R. (percent) | Pharmacy (percent) | Cardiac (percent) |
|---|---|---|---|---|---|---|---|---|---|---|
| CCRs | 85 | 72 | 34 | 35 | 25 | 24 | 51 | 37 | 26 | 20 |
| DRG 558 | 2 | 5 | 39 | 0 | 3 | 2 | 1 | 2 | 8 | 29 |
| DRG 089 | 25 | 9 | 7 | 9 | 14 | 8 | 6 | 1 | 19 | 3 |

Table I below shows a 30-percent reduction in payment for DRG 558 from adopting HSRVcc weights. For this DRG, charges for the medical supplies and the cardiac care represent nearly 80 percent of average total hospital charges. These cost centers have low CCRs (34 percent and 20 percent for medical supplies and cardiology, respectively). For this DRG, routine cost center charges account for only 7 percent of total hospital charges. Thus, similar to the MDC analysis presented above, payment for this DRG can be expected to decline because ancillary departments with higher markups account for a larger proportion of total charges. The data are similar for many of the other DRGs presented in Table I that are showing large reductions in the relative weights from adopting HSRVcc. Conversely, routine charges account for a higher proportion of total charges for the DRGs that are showing large increases in payments. For instance, payment for DRG 089 is increasing nearly 10 percent from adoption of HSRVcc weights. Routine day charges account for 34 percent of total charges for DRG 089. Thus, because routine charges represent a high proportion of total charges and these cost centers have relatively low markups, the HSRVcc methodology will lead to higher payments for this DRG.

BILLING CODE 4120–01–P

## Table I.--Payment Impact from HSRVcc and Consolidated Severity-Adjusted DRGs by Selected High Volume DRGs

| CMS DRG V23.0 | CMS DRG Description | Number of Cases | Percent Change in Relative Weight Due to HSRVcc | Percent Change in Discharge Weighted Average Weight Due to Consolidated Severity-Adjusted DRGs | Total Impact All Changes |
|---|---|---|---|---|---|
| 556 | PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX | 46,504 | -30.7% | 13.6% | -21.2% |
| 558 | PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX | 143,345 | -30.0% | -4.1% | -32.9% |
| 125 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG | 89,477 | -24.5% | 4.2% | -21.3% |
| 124 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG | 121,084 | -17.2% | -3.0% | -19.7% |
| 515 | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH | 41,538 | -15.7% | 7.3% | -9.6% |
| 104 | CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH | 19,406 | -11.7% | -5.8% | -16.8% |
| 552 | OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX | 80,278 | -11.5% | 0.7% | -10.9% |
| 548 | CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX | 32,049 | -11.0% | 5.0% | -6.6% |
| 497 | SPINAL FUSION EXCEPT CERVICAL W CC | 25,377 | -10.6% | 0.3% | -10.3% |
| 547 | CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX | 32,904 | -10.1% | 1.4% | -8.8% |
| 551 | PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR | 53,848 | -9.7% | -7.9% | -16.8% |
| 143 | CHEST PAIN | 226,146 | -9.3% | 4.6% | -5.1% |
| 105 | CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH | 29,187 | -7.7% | -1.4% | -9.0% |
| 553 | OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX | 35,359 | -6.4% | 0.0% | -6.5% |
| 113 | AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE | 33,421 | -5.2% | -4.0% | -9.0% |
| 076 | OTHER RESP SYSTEM O.R. PROCEDURES W CC | 43,449 | -5.1% | -21.4% | -25.5% |
| 554 | OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX | 69,135 | -4.8% | 3.6% | -1.4% |
| 550 | CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX | 33,339 | -4.3% | 3.8% | -0.6% |
| 415 | O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES | 45,356 | -4.2% | -9.6% | -13.4% |
| 545 | REVISION OF HIP OR KNEE REPLACEMENT | 39,252 | -4.2% | -3.6% | -7.7% |
| 493 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 57,743 | -2.9% | 1.3% | -1.6% |
| 544 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY | 390,658 | -2.9% | 2.3% | -0.7% |

| CMS DRG V23.0 | CMS DRG Description | Number of Cases | Percent Change in Relative Weight Due to HSRVcc | Percent Change in Discharge Weighted Average Weight Due to Consolidated Severity-Adjusted DRGs | Total Impact All Changes |
|---|---|---|---|---|---|
| 110 | MAJOR CARDIOVASCULAR PROCEDURES W CC | 52,666 | -1.9% | -7.4% | -9.2% |
| 542 | TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 21,746 | -1.7% | -2.8% | -4.5% |
| 541 | ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 20,057 | -0.9% | -4.8% | -5.7% |
| 075 | MAJOR CHEST PROCEDURES | 40,981 | 0.6% | -0.5% | 0.0% |
| 127 | HEART FAILURE & SHOCK | 643,152 | 2.3% | 0.0% | 2.3% |
| 210 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC | 121,589 | 2.3% | 1.2% | 3.5% |
| 148 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 123,920 | 2.8% | -0.9% | 1.9% |
| 014 | INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION | 218,843 | 3.2% | 2.1% | 5.4% |
| 138 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 191,190 | 3.4% | 0.2% | 3.6% |
| 188 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC | 83,529 | 3.9% | -0.7% | 3.1% |
| 144 | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 89,800 | 4.1% | -4.5% | -0.6% |
| 416 | SEPTICEMIA AGE >17 | 219,432 | 4.1% | 3.9% | 8.2% |
| 154 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC | 26,084 | 4.8% | -5.0% | -0.4% |
| 079 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC | 158,343 | 4.9% | -0.8% | 4.1% |
| 121 | CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE | 145,585 | 5.5% | -4.7% | 0.5% |
| 182 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC | 268,783 | 6.0% | 1.8% | 8.0% |
| 316 | RENAL FAILURE | 165,381 | 7.3% | 0.9% | 8.3% |
| 320 | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC | 202,931 | 9.4% | 2.5% | 12.1% |
| 296 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC | 233,665 | 9.5% | 1.1% | 10.7% |
| 475 | RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT | 106,477 | 9.6% | -2.6% | 6.7% |
| 089 | SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC | 508,703 | 9.7% | 0.8% | 10.6% |
| 088 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 382,490 | 10.2% | 0.5% | 10.8% |
| 174 | G.I. HEMORRHAGE W CC | 248,699 | 12.1% | -1.5% | 10.4% |
| 087 | PULMONARY EDEMA & RESPIRATORY FAILURE | 76,364 | 12.4% | 3.6% | 16.4% |
| 277 | CELLULITIS AGE >17 W CC | 101,476 | 13.3% | 2.9% | 16.6% |

BILLING CODE 4120–01–C

Our payment impacts were similar to MedPAC's in both magnitude and direction. Table J below compares our impact estimates to those simulated by MedPAC [4] using our alternative HSRVcc weighting methodology and the consolidated severity-adjusted DRG GROUPER.

TABLE J.—COMPARISON OF MEDPAC'S TABLE OF COMBINED PAYMENT IMPACT OF SEVERITY-ADJUSTED DRGS AND COST-BASED, HOSPITAL-SPECIFIC RELATIVE VALUES (HSRVS) TO THE CMS/3M ANALYSIS

[The percent changes estimated by CMS/3M are shown in parenthesis.]

| Type of hospital | Decrease greater than −5% | Decrease between −5% and −1% | Decrease/increase between −1% and 1% | Increase between +1% and +5% | Increase greater than +5% |
|---|---|---|---|---|---|
| Specialty: | | | | | |
| Heart | 87% (95%) | 13% (5%) | 0% (0%) | 0% (0%) | 0% (0%) |
| Orthopedic | 76% (91%) | 24% (2%) | 0% (2%) | 0% (2%) | 0% (2%) |
| Surgical | N/A (67%) | N/A (17%) | N/A (0%) | N/A (17%) | N/A (0%) |
| All Other IPPS: | | | | | |
| Urban | 7% (8%) | 22% (25%) | 16% (19%) | 33% (31%) | 22% (17%) |
| Rural | 8% (11%) | 25% (35%) | 17% (20%) | 33% (26%) | 16% (9%) |
| High IME/DSH | 8% (10%) | 28% (25%) | 14% (15%) | 25% (28%) | 24% (23%) |

**Numbers may not add to 100 percent due to rounding.

As shown in Table J above, the shifts in payment from MedPAC's method compared to the alternative approach that we developed are fairly similar. Both methods introduce refinements to the DRG GROUPER and relative weight methods that expand the DRG groups and create greater homogeneity among the cases within each DRG. These changes will significantly reduce payments to hospitals that specialize in certain DRGs experiencing a reduction in payment. There are also payment impacts across all other hospitals. Although some urban (17 percent) and rural (9 percent) providers are estimated to receive increases of greater than 5 percent from these combined changes, 8 percent of urban hospitals and 11 percent of rural hospitals are expected to experience decreases of greater than 5 percent in payment and an additional 25 percent of urban providers and 35 percent of rural providers are expected to experience a decrease of between 1 and 5 percent.

Table K below shows the impact on specific categories of hospitals of adopting HSRVcc weights and the consolidated severity-adjusted DRGs. As illustrated in Table K, cardiac specialty hospitals and orthopedic specialty hospitals may experience an 11.2 and 4.4 percent decline in payments, respectively, from the move to the HSRVcc weighting method alone. Urban hospitals experience a small decline of 0.3 but rural hospitals experience a gain of 2.7 percent. While urban hospitals as a group are not expected to experience a change in overall payments with the combined introduction of the consolidated severity-adjusted DRGs and the HSRVcc weighting methodology, rural hospitals would likely experience a 0.4 percent decline in payments.

TABLE K.—PAYMENT IMPACT OF HOSPITAL-SPECIFIC COST WEIGHTS AND CONSOLIDATED SEVERITY-ADJUSTED DRGS BY HOSPITAL TYPE

| | Number of hospitals | Cases | Percent change in case-mix due to HSRVcc | Percent change in case-mix due to consolidated severity-adjusted DRGs | Total impact all changes |
|---|---|---|---|---|---|
| Specialty Hospital Type: | | | | | |
| Cardiac | 19 | 44,203 | −11.2 | −0.5 | −11.7 |
| Orthopedic | 43 | 11,097 | −4.4 | −5.2 | −9.4 |
| Surgery | 12 | 1,840 | 0.3 | −7.4 | −7.2 |
| All Other IPPS: | | | | | |
| Urban | 1,959 | 7,148,362 | −0.3 | 0.3 | 0 |
| Rural | 880 | 1,444,664 | 2.7 | −3.1 | −0.4 |
| High IME/DSH | 734 | 2,492,485 | 0 | 0.4 | 0.4 |

In Table L, we provide a more detailed impact analysis by hospital type. Column 1 shows the estimated impact of moving from the current charge-based relative weight methodology to the HSRVcc method. Hospitals with more than 60 percent of Medicare patients are projected to receive the greatest benefit in payments with a 7.6 percent increase. Hospitals with less than 50 beds are estimated to experience an additional 4.1 percent increase, and hospitals with 50 to 100 beds are also projected to benefit with a 2.54 percent increase.

Payments to major and other teaching hospitals are estimated to decrease by 1.1 percent and 1 percent, respectively,

[4] Medicare Payment Advisory Commission: Report to Congress on Physician-Owned Specialty Hospitals, March 2005, p. 39.

while payments to nonteaching hospitals are estimated to increase by 1.3 percent. Hospitals with less than 20 percent DSH payments will experience declines in payment from 0.48 to 1.45 percent, while hospitals with DSH payments greater than 50 percent will experience a 2.3 percent increase. Because we are proposing to implement the HSRVcc weighting methodology for FY 2007, we are also showing the impact of this proposal on FY 2007 payments in the impact section in the Addendum to this proposed rule. We note that the impact section models adopting the HSRVcc in isolation using FY 2005 Medicare charge data. The impacts shown here were simulated with FY 2004 Medicare charge data. Thus, the payment changes shown in this section from adopting HSRVcc may differ from those shown in the impact section in the Addendum to this proposed rule.

Column 2 shows the estimated incremental impacts of transitioning from the FY 2006 GROUPER with HSRVcc relative weights to the consolidated severity-adjusted DRG GROUPER with HSRVcc relative weights. Hospitals with high Medicare patient percentages experience the largest payment increases of 1.1 percent, followed by hospitals in the East North Central Region where increases are estimated at 0.9 percent. Hospitals with less than 50 beds, rural hospitals, and hospitals with 50 to 100 beds experience the greatest estimated decreases in payment of 5.2, 3.1, and 2.8 percent, respectively.

Column 3 shows the estimated total impact of moving from the FY 2006 GROUPER with the current charge-based relative weights to the consolidated severity-adjusted DRG GROUPER with HSRVcc relative weights. While large urban hospitals are expected to gain 0.7 percent from the combined changes, other urban hospitals and rural hospitals are projected to experience declines of 0.7 percent and 0.4 percent, respectively. Hospitals with high percentages of Medicare patients would see the greatest increase in payments, while hospitals with low DSH percentages, hospitals with under 50 beds, and hospitals in the West North Central Region are projected to experience the greatest decreases.

TABLE L.—PAYMENT IMPACT OF HOSPITAL-SPECIFIC COST WEIGHTS AND CONSOLIDATED SEVERITY-ADJUSTED DRGS BY HOSPITAL CATEGORY

| | Number of hospitals | Cases | Percent change in case mix due to HSRVcc (1) | Percent change in case-mix due to consolidated severity-adjusted DRGs (2) | Total impact all changes (3) |
|---|---|---|---|---|---|
| Geographic Location: | | | | | |
| Large Urban | 1,454 | 5,159,405 | −0.1 | 0.7 | 0.7 |
| Other Urban | 1,158 | 4,313,598 | −0.7 | 0.0 | −0.7 |
| Rural | 1,035 | 1,669,648 | 2.8 | −3.1 | −0.4 |
| Census: | | | | | |
| New England | 150 | 550,391 | 0.3 | −0.5 | −0.2 |
| Middle Atlantic | 473 | 1,750,452 | 0.1 | −0.5 | −0.4 |
| South Atlantic | 556 | 2,191,787 | −0.2 | 0.4 | 0.2 |
| East North Central | 541 | 1,973,092 | −0.1 | 0.9 | 0.8 |
| East South Central | 368 | 973,664 | 0.3 | −1.3 | −1.0 |
| West North Central | 314 | 846,046 | −0.5 | −0.8 | −1.3 |
| West South Central | 572 | 1,332,819 | −0.1 | −0.1 | −0.2 |
| Mountain | 234 | 502,128 | −0.6 | 0.6 | −0.1 |
| Pacific | 439 | 1,022,272 | 0.6 | 0.3 | 0.9 |
| Bed Size: | | | | | |
| Less than 50 beds | 761 | 423,096 | 4.1 | −5.2 | −1.3 |
| 50–100 beds | 717 | 1,028,840 | 2.5 | −2.8 | −0.3 |
| 100–200 beds | 1,096 | 2,895,808 | 1.8 | −0.6 | 1.2 |
| 200–300 beds | 509 | 2,396,739 | 0.0 | 0.5 | 0.5 |
| 300–400 beds | 269 | 1,666,872 | −0.9 | 0.7 | −0.2 |
| 400–500 beds | 138 | 1,017,724 | −1.5 | 0.7 | −0.8 |
| Greater than 500 beds | 157 | 1,713,572 | −1.8 | 0.8 | −1.0 |
| Teaching Status: | | | | | |
| Major Teaching | 268 | 1,552,985 | −1.1 | 0.5 | −0.5 |
| Other Teaching | 760 | 3,856,302 | −0.9 | 0.6 | −0.3 |
| Non Teaching | 2,619 | 5,733,364 | 1.3 | −0.8 | 0.5 |
| Disproportionate Share: | | | | | |
| %DSH Less than 5% | 202 | 339,171 | −1.4 | −0.8 | −2.2 |
| %DSH 5–10% | 335 | 1,048,420 | −0.6 | −0.1 | −0.7 |
| %DSH 10–15% | 460 | 1,429,319 | −0.6 | 0.1 | −0.4 |
| %DSH 15–20% | 582 | 2,061,387 | −0.5 | −0.1 | −0.6 |
| %DSH 20–25% | 528 | 1,812,743 | 0.1 | −0.1 | 0.0 |
| %DSH 25–30% | 455 | 1,497,940 | 0.0 | 0.2 | 0.2 |
| %DSH 30–40% | 516 | 1,586,376 | 0.0 | 0.0 | −0.1 |
| %DSH 40–50% | 262 | 693,815 | 0.6 | −0.1 | 0.4 |
| %DSH Greater than 50% | 307 | 673,480 | 2.3 | 0.5 | 2.9 |
| Percent Medicare Discharges: | | | | | |
| Less than 10% Medicare Cases | 1,194 | 3,210,704 | −0.7 | −0.1 | −0.8 |
| 10%–20% Medicare Cases | 1,471 | 5,109,042 | 0.1 | 0.0 | 0.0 |
| 20%–30% Medicare Cases | 617 | 1,934,947 | −0.1 | 0.1 | −0.1 |
| 30%–40% Medicare Cases | 226 | 617,518 | 0.9 | 0.1 | 1.0 |
| 40%–50% Medicare Cases | 86 | 197,882 | 2.0 | 0.8 | 2.8 |

TABLE L.—PAYMENT IMPACT OF HOSPITAL-SPECIFIC COST WEIGHTS AND CONSOLIDATED SEVERITY-ADJUSTED DRGS BY HOSPITAL CATEGORY—Continued

| | Number of hospitals | Cases | Percent change in case mix due to HSRVcc (1) | Percent change in case-mix due to consolidated severity-adjusted DRGs (2) | Total impact all changes (3) |
|---|---|---|---|---|---|
| 50%–60% Medicare Cases | 39 | 55,346 | 5.2 | 1.1 | 6.4 |
| Greater than 60% Medicare Cases | 14 | 17,212 | 7.6 | −0.2 | 7.4 |

6. Conclusions

As we describe in more detail below, we believe that adopting HSRVcc weights and the consolidated severity-adjusted DRGs as recommended by MedPAC has the potential to result in significant improvements to Medicare's IPPS payments. This rule proposes the HSRVcc methodology effective for FY 2007.

Because we believe that accounting more appropriately for severity of illness may significantly improve the effectiveness of the IPPS, we are also proposing implementation of the consolidated severity-adjusted DRGs or alternative severity adjustment methods in FY 2008 (if not earlier). In developing this proposal, we considered a range of alternatives outlined below, and we are soliciting comments on both the proposal and the alternatives. We ask commenters to consider both the consolidated severity-adjusted DRGs and alternative severity adjustment methods for accounting for severity more comprehensively in the DRG payment system. For example, under one alternative, we would implement the consolidated severity-adjusted DRGs in FY 2007 along with the HSRVcc weighting methodology. In this event, as discussed above, to maintain budget neutrality, we would also implement in FY 2007 an adjustment to the standardized amounts to eliminate the effect of changes in coding or classification of discharges that do not reflect real changes in case-mix. Under another alternative, as proposed, we would adopt and implement consolidated severity-adjusted DRGs in FY 2008. Under yet another alternative, we would consider partially implementing the consolidated severity-adjusted DRGs in FY 2007 and complete implementation in FY 2008. However, there are practical difficulties associated with partial implementation of consolidated severity-adjusted DRGs because cases in a single DRG under the current CMS DRG system may group to multiple DRGs and MDCs under a consolidated severity-adjusted DRG system. Conversely, cases that group to multiple MDCs and DRGs under the current system may group to a single MDC and DRG under the current system. We welcome public comments on this issue.

One potential alternative to partially adopting consolidated severity-adjusted DRGs would involve applying a clinical severity concept to an expanded set of DRGs in FY 2007. For example, we have received correspondence that raised the concern that hospitals may have incentives under the current DRG system to avoid severely ill, resource-intensive back and spine surgical cases (as discussed in section II.D.3.b. of this proposed rule; the correspondence specifically requested that we apply a clinical severity concept to DRG 546). Other surgical DRGs may not accurately recognize case severity. Because of the frequency of DRG use and the potential for risk selection, certain DRGs may be particularly important in creating a financial incentive for hospitals to select a less severely ill patient whose case would be assigned to the same DRG as a more severely ill patient.

Therefore, while we are proposing to adopt the consolidated severity-adjusted DRGs in FY 2008, we are considering whether to make more limited changes to the current DRG system to better recognize severity of illness in FY 2007. In the FY 2006 IPPS final rule (70 FR 47474 through 47478), we took steps to better recognize severity of illness among cardiovascular patients. For all DRGs except cardiac DRGs, we currently distinguish between more complex and less complex cases based on the presence or absence of a CC. However, the diagnoses that we designate as CCs are the same across all base DRGs. Because the CC list is not dependent on the patient's underlying condition, CCs may not accurately recognize severity in a given case. The changes we made in FY 2006 to the cardiac DRGs significantly improved recognition of severity between patients by distinguishing between more and less severe cases based on the presence or absence of a major cardiovascular condition (MCV). We are considering whether a similar approach applied to other DRGs would improve payment.

Much like the approach we took last year to identify MCV conditions that represented higher severity in cardiovascular patients, we plan to examine which conditions identify more severely ill cases in selected MDCs and DRGs. We are soliciting comments as to whether it would be appropriate to adopt these types of limited changes in FY 2007 as an intermediate step to adopting consolidated severity-adjusted DRGs in FY 2008. We also encourage commenters to send suggestions regarding this method for modifying the DRGs. Under the final alternative, we would implement the consolidated severity-adjusted DRGs in FY 2007 and the HSRVcc methodology in FY 2008. As the impacts presented in this proposed rule are based on the latest and best available data, we believe the estimated yearly impacts due to implementing the HSRVcc methodology in FY 2007 described in the regulatory impact section of Appendix A of this proposed rule would be similar to the annual impact of adopting the HSRVcc methodology in FY 2008.

With respect to the relative weight calculations, we believe that adopting HSRVcc weights has the potential to significantly improve payment equity between DRGs. As MedPAC notes, ''a survey of hospitals' charging practices suggest that hospitals use diverse strategies for setting service charges and raising them over time.'' MedPAC found that data from the Medicare cost reports indicate that hospital markups for ancillary services (for example, operating room, radiology, and laboratory) are generally higher than for routine services (for example, intensive care unit and room and board).[5] Thus, MedPAC has concluded that the relative weights for DRGs that use more ancillary services may be too high compared to other DRGs where the routine costs account for a higher proportion of hospital costs. We agree.

[5] Ibid., p. 26.

The CCRs that we are using to develop the HSRVccs support MedPAC's conclusion. As indicated above, we summarized hospital-level cost and charge information to 2 routine and 8 ancillary departmental cost centers and found that national average routine cost center CCRs ranged from 72 percent (intensive care unit days) to 85 percent (routine days), while ancillary cost center CCRs ranged from 20 percent (cardiology) to 37 percent (operating room).

MedPAC also found that relative profitability ratios were higher among cardiovascular surgical DRGs than the medical DRGs.[6] We believe the relative profitability of the surgical cardiovascular DRGs has been an important factor in the development of specialty heart hospitals. Our payment impact analysis indicates that this issue will be addressed by adopting HSRVccs. Moving from the current system of charge-based weights to HSRVcc weights increases payment in the medical DRGs relative to the surgical DRGs. We expected this result, given that routine costs will generally account for a higher proportion of total costs in the medical DRGs than in the surgical DRGs. Adopting HSRVcc weights would result in the most significant improvement in hospital payment-to-cost ratios among the changes to the IPPS recommended by MedPAC.[7] For these reasons described above, we are proposing to adopt HSRVccs for FY 2007.

Based on our analysis, we concur with MedPAC that the modified version of the APR DRGs would account more completely for differences in severity of illness and associated costs among hospitals. MedPAC observed some modest improvements in hospitals' payment-to-cost ratios from adopting APR DRGs.[8] We modeled the consolidated severity-adjusted DRGs discussed above and observed a 12-percent increase in the explanatory power (or R-square statistic) of the DRG system to explain total hospital charges. That is, we found more uniformity among hospital total charges within the consolidated severity-adjusted DRG system than we did with Medicare's current DRG system. While we believe the consolidated severity-adjusted DRG system that we described above has the potential to improve the IPPS, we have the following concerns about adopting these changes for FY 2007, which is why we have proposed not adopting the changes in FY 2007. However, we recognize that there may be countervailing views, and we specifically seek comment on the wisdom of adopting consolidated severity-adjusted DRGs in FY 2007. Below are our concerns with immediate implementation of consolidated severity-adjusted DRGs:

- These changes would represent a major change to how hospitals are paid for Medicare inpatient services. Given the number of new DRGs and logic for assigning cases in a consolidated severity-adjusted DRG system, we believe it may be appropriate to provide hospitals with additional time to plan for these changes. We also are considering whether hospitals should have more than the 60-day public comment period and the additional 60-day delay between the publication of the final rule and implementation on October 1, 2006, to fully understand and plan for the changes that we are proposing. Further, we welcome public comment on the changes we are proposing;
- If, based on analysis of data and public comments received, we were to make significant revisions in the final rule to the consolidated severity-adjusted DRGs we describe above, hospitals would have only 60 total days between the publication of the final rule and the October 1, 2006 effective date of the IPPS rule to understand and plan for the new DRG system.
- While we modeled the changes to the DRG system and relative weights to reflect budget neutrality, we believe the large increase in the number of DRGs would provide opportunities for hospitals to more accurately and completely code the information contained in the medical record. Coding that has no effect on payment under the current DRG system may result in a case being assigned to a higher paid DRG under the consolidated severity-adjusted DRG system. Thus, more accurate and complete coding may occur under the new system because the more sophisticated DRG system would mean that more comprehensive coding could result in higher payments. Section 1886(d)(3)(A)(vi) of the Act provides the Secretary with the authority to adjust the standardized amounts to account for the effect of coding or classification changes that do not reflect real changes in case-mix. We are interested in public comments on this issue.
- As described above, adoption of a consolidated severity-adjusted DRG system could have implications for the outlier threshold.
- As we indicated in the introduction to this section, adoption of a consolidated severity-adjusted DRG system also raises issues regarding the IME and DSH adjustments. It is possible that a consolidated severity-adjusted DRG system would have important implications for these payment adjustments. We believe further study of this issue is warranted.
- To this point, we have only considered one alternative DRG system to better recognize severity of illness. It is possible that the public comment process will present compelling evidence that there are potential alternatives to the consolidated severity-adjusted DRG system that could also better recognize severity of illness.

Therefore, for the reasons indicated above, we are seeking comment on the most effective approach to address severity of illness in the IPPS. However, we reserve the option to adopt consolidated severity-adjusted DRGs in FY 2007, based upon the comments that we receive. Between now and the eventual implementation, we will carefully study the additional impact of these DRGs on payment accuracy after our proposed refinements in relative weights are implemented, as well as their impact on hospitals before reaching a final decision.

Given the changes we are proposing, we believe that hospitals would be interested in understanding how a given case would be assigned to a consolidated severity-adjusted DRG under the new system. In order to facilitate understanding of the underlying severity DRG concepts and logic, we are providing a link below to 3M's Web site for the duration of the comment period where users can access information related to the proposed consolidated severity-adjusted DRGs. Users will have access to a tool that allows them to build case examples using this proposed DRG classification system. The report produced by the tool will provide a detailed explanation of how the severity of illness was assigned and the diagnostic and demographic factors affecting that assignment. In addition, users will be able to view the APR DRG Definitions Manual, a report showing the mapping from the standard APR DRGs to the consolidated severity-adjusted DRGs, a report showing basic APR DRG statistics, and other APR DRG background and educational materials. This site can be accessed at *http://www.aprdrgassign.com*.

In addition to the above information, CMS makes available for purchase the Expanded Modified MedPAR data that were used in simulating the policies proposed in the IPPS rule. If readers have already ordered the proposed rule data, we are in the process of filling the orders and will be providing the FY

[6] Ibid., p. 29.
[7] Ibid., p. 37.
[8] Ibid., p. 37.

2005 MedPAR data that were used to model the proposed changes to the DRGs and relative weights for FY 2007 as well as the FY 2004 MedPAR data that we used to model the consolidated severity-adjusted DRGs that we are proposing to implement in FY 2008 (if not earlier). If readers have not ordered the proposed rule MedPAR data but are interested in receiving them, we encourage them to order the data as soon as possible by following the directions provided below. We will process orders in the order they are received. For information on how to order the Expanded Modified MedPAR, go to the following Web site: *http://www.cms.hhs.gov/LimitedDataSets/* and click on MedPAR Limited Data Set (LDS)—Hospital (National). This Web page will describe the file and provide directions to further detailed instructions for how to order. Persons placing orders must send the following: Letter of Request, LDS Data Use Agreement and Research Protocol (see Web site for further instructions), LDS Form, and a check for $3,655 to: Centers for Medicare & Medicaid Services, Public Use Files, Accounting Division, P.O. Box 7520, Baltimore, MD 21207–0520.

We are seeking public comments on both of these proposals and whether we should provide a transition to the HSRVcc weights. The proposed changes to the relative weights, in some cases, could result in significant changes to hospital payments. Using FY 2005 MedPAR data, we computed an estimated FY 2006 CMI (based on FY 2006 relative weights) and an estimated FY 2007 CMI (based on the FY 2007 weights that we are proposing in this proposed rule) and looked at the percent change from FY 2006 to FY 2007. Table M shows the number of hospitals in each category that can expect to experience increases or decreases in CMI of more than 5 percent and also shows the number of providers expected to experience smaller changes in case-mix.

Overall, we estimate that 134 providers may experience decreases in payment of greater than 5 percent, while 1,003 providers may expect increases of greater than 5 percent. Approximately 54 percent of rural hospitals may receive increases in their CMI of greater than 5 percent. However, as discussed in the previous section, the eventual implementation of a consolidated severity-adjusted DRG system in FY 2008 (if not earlier) would offset these increases for some types of cases or categories of hospitals. For this reason, we are considering whether to provide a transition to the HSRVcc weights. Under such a transition, we would blend the HSRVcc weights with the charge-based weights over a period of 2, 3, or 4 years. For instance, if we were to implement the HSRVcc methodology over 2 years, we would blend 1/2 of the HSRVcc weights with 1/2 of the charge-based weights. Such a transition would result in an impact of 50 percent of moving directly to the HSRVcc weights. If we were to establish a longer transition to the HSRVcc weights, we would blend charge-based with hospital-specific cost weights calculated under the consolidated severity-adjusted DRGs. As discussed in the previous sentences, we are presenting an example of a 2-year transition because the payment impact of consolidated severity-adjusted DRGs and the HSRVcc weights go in different directions for some types of cases or categories of hospitals. Thus, a 2-year transition provides the shortest time period for achieving the improvements to the IPPS we have analyzed. However, we welcome public comments on this issue.

TABLE M.—PERCENT CHANGE IN CASE-MIX INDEX BETWEEN FY 2006 AND FY 2007 BASED ON FY 2005 MEDPAR DATA

| | Number of hospitals | Number of providers with more than 5% loss | Number of providers with loss between 1 and 5% | Number of providers with 1% loss to 1% gain | Number of providers with gain between 1 and 5% | Number of providers with greater than 5% gain |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| All Hospitals | 3,522 | 134 | 581 | 394 | 1,410 | 1,003 |
| By Geographic Location: | | | | | | |
| Urban hospitals | 2,517 | 127 | 540 | 356 | 1,030 | 464 |
| Large urban areas (populations over 1 million) | 1,391 | 63 | 238 | 191 | 639 | 260 |
| Other urban areas (populations of 1 million or fewer) | 1,126 | 64 | 302 | 165 | 391 | 204 |
| Rural hospitals | 1,005 | 7 | 41 | 38 | 380 | 539 |
| Bed Size (Urban): | | | | | | |
| 0–99 beds | 590 | 46 | 58 | 26 | 191 | 269 |
| 100–199 beds | 865 | 22 | 103 | 87 | 490 | 163 |
| 200–299 beds | 482 | 20 | 133 | 102 | 205 | 22 |
| 300–499 beds | 414 | 28 | 164 | 93 | 120 | 9 |
| 500 or more beds | 166 | 11 | 82 | 48 | 24 | 1 |
| Bed Size (Rural): | | | | | | |
| 0–49 beds | 349 | 2 | 5 | 3 | 67 | 272 |
| 50–99 beds | 366 | 1 | 4 | 5 | 155 | 201 |
| 100–149 beds | 179 | 1 | 14 | 10 | 92 | 62 |
| 150–199 beds | 64 | 2 | 6 | 14 | 40 | 2 |
| 200 or more beds | 47 | 1 | 12 | 6 | 26 | 2 |
| Urban by Region: | | | | | | |
| New England | 127 | 2 | 22 | 6 | 75 | 22 |
| Middle Atlantic | 353 | 15 | 50 | 39 | 194 | 55 |
| South Atlantic | 381 | 19 | 86 | 39 | 179 | 58 |
| East North Central | 388 | 14 | 100 | 68 | 145 | 61 |
| East South Central | 163 | 8 | 36 | 19 | 51 | 49 |
| West North Central | 156 | 15 | 49 | 28 | 39 | 25 |
| West South Central | 350 | 27 | 85 | 68 | 99 | 71 |
| Mountain | 143 | 12 | 42 | 36 | 42 | 11 |

TABLE M.—PERCENT CHANGE IN CASE-MIX INDEX BETWEEN FY 2006 AND FY 2007 BASED ON FY 2005 MEDPAR DATA—Continued

| | Number of hospitals (1) | Number of providers with more than 5% loss (2) | Number of providers with loss between 1 and 5% (3) | Number of providers with 1% loss to 1% gain (4) | Number of providers with gain between 1 and 5% (5) | Number of providers with greater than 5% gain (6) |
|---|---|---|---|---|---|---|
| Pacific | 404 | 13 | 69 | 51 | 188 | 83 |
| Puerto Rico | 52 | 2 | 1 | 2 | 18 | 29 |
| Rural by Region: | | | | | | |
| New England | 19 | 0 | 1 | 0 | 15 | 3 |
| Middle Atlantic | 72 | 1 | 2 | 2 | 34 | 33 |
| South Atlantic | 175 | 0 | 2 | 4 | 67 | 102 |
| East North Central | 125 | 3 | 5 | 3 | 69 | 45 |
| East South Central | 181 | 1 | 5 | 9 | 37 | 129 |
| West North Central | 118 | 0 | 15 | 5 | 57 | 41 |
| West South Central | 191 | 1 | 6 | 9 | 40 | 135 |
| Mountain | 80 | 1 | 5 | 4 | 35 | 35 |
| Pacific | 44 | 0 | 0 | 2 | 26 | 16 |
| By Payment Classification: | | | | | | |
| Urban hospitals | 2,539 | 128 | 538 | 353 | 1,042 | 478 |
| Large urban areas (populations over 1 million) | 1,400 | 63 | 238 | 191 | 644 | 264 |
| Other urban areas (populations of 1 million or fewer) | 1,139 | 65 | 300 | 162 | 398 | 214 |
| Rural areas | 983 | 6 | 43 | 41 | 368 | 525 |
| Teaching Status: | | | | | | |
| Nonteaching | 2,449 | 80 | 262 | 194 | 1,008 | 905 |
| Fewer than 100 residents | 836 | 42 | 237 | 147 | 318 | 92 |
| 100 or more residents | 237 | 12 | 82 | 53 | 84 | 6 |
| Urban DSH: | | | | | | |
| Non-DSH | 854 | 71 | 165 | 95 | 364 | 159 |
| 100 or more beds | 1,513 | 52 | 374 | 256 | 645 | 186 |
| Less than 100 beds | 333 | 8 | 12 | 12 | 98 | 203 |
| Rural DSH: | | | | | | |
| SCH | 383 | 0 | 6 | 5 | 106 | 266 |
| RRC | 196 | 3 | 23 | 24 | 124 | 22 |
| Other Rural: | | | | | | |
| 100 or more beds | 55 | 0 | 0 | 2 | 26 | 27 |
| Less than 100 beds | 188 | 0 | 1 | 0 | 47 | 140 |
| Urban teaching and DSH: | | | | | | |
| Both teaching and DSH | 809 | 38 | 248 | 156 | 290 | 77 |
| Teaching and no DSH | 198 | 13 | 57 | 37 | 81 | 10 |
| No teaching and DSH | 1,037 | 22 | 138 | 112 | 453 | 312 |
| No teaching and no DSH | 495 | 55 | 95 | 48 | 218 | 79 |
| Rural Hospital Types: | | | | | | |
| Non special status hospitals | 288 | 1 | 6 | 5 | 88 | 188 |
| RRC | 140 | 3 | 20 | 18 | 86 | 13 |
| SCH | 341 | 0 | 6 | 7 | 113 | 215 |
| MDH | 126 | 0 | 0 | 1 | 29 | 96 |
| SCH and RRC | 80 | 2 | 10 | 10 | 47 | 11 |
| MDH and RRC | 8 | 0 | 1 | 0 | 5 | 2 |
| Type of Ownership: | | | | | | |
| Voluntary | 2,087 | 65 | 406 | 248 | 895 | 473 |
| Proprietary | 831 | 61 | 139 | 96 | 292 | 243 |
| Government | 604 | 8 | 36 | 50 | 223 | 287 |
| Medicare Utilization as a Percent of Inpatient Days: | | | | | | |
| 0–25 | 252 | 8 | 26 | 23 | 130 | 65 |
| 25–50 | 1,302 | 54 | 312 | 200 | 475 | 261 |
| 50–65 | 1,490 | 45 | 210 | 147 | 669 | 419 |
| Over 65 | 459 | 25 | 33 | 24 | 129 | 248 |
| Unknown | 19 | 2 | 0 | 0 | 7 | 10 |
| Urban Hospitals Reclassified by the Medicare Geographic Classification Review Board: | | | | | | |
| First Half FY 2007 Reclassifications | 319 | 17 | 72 | 37 | 146 | 47 |
| Urban Nonreclassified, First Half FY 2007 | 2,119 | 109 | 444 | 312 | 846 | 408 |
| All Urban Hospitals Reclassified Second Half FY 2007 | 339 | 17 | 75 | 37 | 160 | 50 |
| Urban Nonreclassified Hospitals Second Half FY 2007 | 2,099 | 109 | 441 | 312 | 832 | 405 |
| All Rural Hospitals Reclassified Full Year FY 2007 | 385 | 5 | 30 | 34 | 210 | 106 |
| Rural Nonreclassified Hospitals Full Year FY 2007 | 604 | 2 | 11 | 4 | 163 | 424 |
| All Section 401 Reclassified Hospitals | 38 | 0 | 2 | 3 | 11 | 22 |

TABLE M.—PERCENT CHANGE IN CASE-MIX INDEX BETWEEN FY 2006 AND FY 2007 BASED ON FY 2005 MEDPAR DATA—Continued

| | Number of hospitals (1) | Number of providers with more than 5% loss (2) | Number of providers with loss between 1 and 5% (3) | Number of providers with 1% loss to 1% gain (4) | Number of providers with gain between 1 and 5% (5) | Number of providers with greater than 5% gain (6) |
|---|---|---|---|---|---|---|
| Other Reclassified Hospitals (Section 1886(d)(8)(B)) | 54 | 1 | 0 | 0 | 24 | 29 |
| Section 508 Hospitals | 95 | 1 | 24 | 7 | 45 | 18 |

We also recognize the change from the current Medicare DRGs to a consolidated severity-adjusted DRG system would represent significant changes for hospitals. While we have considered the possibility of blending the two DRG systems, we do not believe there is a practical and simple mechanism to transition from the CMS DRGs to a consolidated severity-adjusted DRG system. Our payments would be a blend of two different relative weights that would have to be determined using two different DRG systems. The systems and legal implications of such a transition could be significant. First, we believe that the use of two DRG systems would involve significant administrative complexity and expense for the Nation's hospitals, fiscal intermediaries, and CMS. Second, we would likely have to establish two sets of Medicare rates with one set specific to each DRG system. In addition to complicating the ratesetting process and making it unclear to hospitals how Medicare's IPPS rates for a year were determined, we are uncertain how we would:

- Apply the budget neutrality requirement under section 1886(d)(4)(C)(iii) of the Act for changes to DRG classifications and weighting factors.
- Determine the outlier threshold under section 1886(d)(5)(A)(iv) and the amounts removed for outliers from the IPPS standardized amounts under section 1886(d)(3)(B) of the Act.

While we believe there are significant administrative, technical, and legal difficulties associated with making a blended transition from one DRG system to another, we welcome public comments on this issue as well.

*D. Proposed Changes to Specific DRG Classifications*

1. Pre-MDCs: Pancreas Transplants

(If you choose to comment on issues in this section, please include the caption ''Pancreas Transplants'' at the beginning of your comment.)

On July 1, 1999, we issued coverage policy which specified that pancreas transplants were only covered when performed simultaneously with or after a Medicare covered kidney transplant. A noncoverage policy for pancreas transplant remained in effect for patients who had not experienced end stage renal failure secondary to diabetes. On July 29, 2005, we opened a national coverage determination (NCD) to determine whether pancreas transplant alone, that is, without a kidney transplant, is a reasonable and necessary service for Medicare beneficiaries. On January 26, 2006, we published the proposed decision memorandum for pancreas transplants on our Web site at *http://www.cms.hhs.gov.mcd/viewdraftdecisionmemo.asp?id=166,* stating that the evidence is adequate to conclude that pancreas transplant alone is reasonable and necessary for Medicare beneficiaries under limited circumstances.

Medicare coverage of pancreas transplants alone is proposed to be limited to transplants in those facilities that are Medicare-approved for kidney transplantation. A listing of approved transplant centers can be found at *http://www.cms.hhs.gov/AprovedTransplantCenters/.* In addition to other criteria listed in the draft decision memorandum, patients must have a diagnosis of Type I diabetes.

Because we have issued a proposed NCD and a final NCD is not expected to be completed until late April 2006, which is after the publication date of this proposed rule, we are using this proposed rule to indicate the coding changes that we would make to DRG 513 (Pancreas Transplant) in FY 2007 if limited coverage of pancreas transplants alone is established. If the final NCD indicates that a pancreas transplant alone is not a reasonable and necessary service, in the IPPS final rule, we will not adopt the changes we are currently proposing to make to DRG 513 to implement the NCD. In addition, we are also indicating the conforming changes that we would make to the MCE ''NonCovered Procedure'' edit if Medicare coverage is established for pancreas transplants alone. That discussion can be found in the section II.D.6. of this preamble, which describes proposed changes to the MCE.

Because of the potential decision to cover pancreas transplants alone, the logic for the determination of patient case assignment to DRG 513 would have to be modified to remove the requirement that patients also have kidney disease. Therefore, if the NDC is finalized, DRG 513 would consist of the following logic: List A (the diabetes codes) of the required principal or secondary diagnosis codes would remain the same, as would the required operating room procedures (codes 52.80 (Pancreatic transplant NOS), and 52.82, (Homotransplant of pancreas)). List B would be removed from the logic; the following codes would no longer be required as a principal or secondary diagnosis:

- 403.01, Hypertensive kidney disease, malignant, with chronic kidney disease.
- 403.11, Hypertensive kidney disease, benign, with chronic kidney disease.
- 403.91, Hypertensive kidney disease, unspecified, with chronic kidney disease.
- 404.02, Hypertensive heart and kidney disease, malignant, with chronic kidney disease.
- 404.03, Hypertensive heart and kidney disease, malignant, with heart failure and chronic kidney disease.
- 404.12, Hypertensive heart and kidney disease, benign, with chronic kidney disease.
- 404.13, Hypertensive heart and kidney disease, benign, with heart failure and chronic kidney disease.
- 404.92, Hypertensive heart and kidney disease, unspecified, with chronic kidney disease.
- 404.93, Hypertensive heart and kidney disease, unspecified, with heart failure and chronic kidney disease.

• 585.1, Chronic kidney disease, Stage I.
• 585.2, Chronic kidney disease, Stage II (mild).
• 585.3, Chronic kidney disease, Stage III (moderate).
• 585.4, Chronic kidney disease, Stage IV (severe).
• 585.5, Chronic kidney disease, Stage V.
• 585.6, End stage renal disease.
• 585.9, Chronic kidney disease, unspecified.
• V42.0, Organ or tissue replaced by transplant, kidney.
• V43.89, Organ or tissue replaced by other means, other organ or tissue, other.

We note that DRG 513 would remain in the Pre-MDC hierarchy.

2. MDC 1 (Diseases and Disorders of the Nervous System)

a. Implantation of Intracranial Neurostimulator System for Deep Brain Stimulation (DBS)

(If you choose to comment on issues in this section, please include the caption ''DRGs: Neurostimulators'' at the beginning of your comment.)

Deep-brain stimulation (DBS) is designed to deliver electrical stimulation to the subthalamic nucleus or internal globus pallidus to ameliorate symptoms caused by abnormal neurotransmitter levels that lead to abnormal cell-to-cell electrical impulses in Parkinson's disease and essential tremor. DBS implants for essential tremor are unilateral, with neurostimulation leads on one side of the brain. DBS implants for Parkinson's disease are bilateral, requiring implantation of neurostimulation leads in both the left and right sides of the brain.

The implantation of a full DBS system requires two types of procedures. First, surgeons implant leads containing electrodes into the targeted sections of the brain where neurostimulation therapy is to be delivered. Second, a neurostimulator pulse generator is implanted in the pectoral region and extensions from the neurostimulator pulse generator are then tunneled under the skin along the neck and connected with the proximal ends of the leads implanted in the brain. Hospitals stage the two procedures required for a full-system DBS implant.

In FY 2005, to better account for these two types of procedures, we revised procedure code 02.93 (Implantation or replacement of intracranial neurostimulator lead(s)) for the lead placement and created three new procedures codes for the pulse generator: 86.94 (Insertion or replacement of single array neurostimulator pulse generator); 86.95 (Insertion or replacement of dual array neurostimulator pulse generator); and 86.96 (Insertion or replacement of other neurostimulator pulse generator). We published the new procedure codes and revised procedure code titles in Tables 6B and 6F of the FY 2005 IPPS final rule (69 FR 49627 and 49641).

In FY 2006, we made further refinements to the pulse generator codes to identify rechargeable pulse generators. We published the new procedure codes and revised procedure code titles in Tables 6B and 6F of the FY 2006 IPPS final rule (70 FR 47637 and 47639). The current list of pulse generators codes are:

• 86.94 (Insertion or replacement of single array neurostimulator pulse generator, not specified as rechargeable);
• 86.95 (Insertion or replacement of dual array neurostimulator pulse generator, not specified as rechargeable);
• 86.96 (Insertion or replacement of other neurostimulator pulse generator);
• 86.97 (Insertion or replacement of single array neurostimulator rechargeable generator); and
• 86.98 (Insertion or replacement of dual array neurostimulator rechargeable generator).

Kinetra® is an implantable dual array neurostimulator pulse generator that is approved for a new technology add-on payment through FY 2006. For more information about the new technology add-on payment, please refer to section II.G.3.a. of this preamble.

Medtronic, the manufacturer of Kinetra®, argues that the new technology add-on payment provision is designed to recognize the higher costs of new medical innovations for the initial period the technology is available on the market, and until the associated costs and charges related to the technology are available in the MedPAR database and can be used to recalibrate the DRG weights. Medtronic also argues that, once a technology is no longer eligible for new technology add-on payments, the new technology add-on payment provision is designed to support the reclassification of the technology to other clinically coherent DRGs with comparable resource costs.

With the conclusion of the new technology add-on payment, Medtronic is concerned that Kinetra® will be inadequately paid in DRG 1 (Craniotomy Age >17 With CC) or DRG 2 (Craniotomy Age >17 Without CC) under MDC 1. Medtronic recommended that CMS reassign the full-system Kinetra® implants to DRG 543 (Craniotomy with Implant of Chemo Agent or Acute Complex CNS Principal Diagnosis) under MDC 1. To accommodate this recommendation, procedure codes 02.93 and 86.95 would have to be reassigned to DRG 543 and the title for DRG 543 would have to be revised to ''Craniotomy with Implantation of Major Device or Acute Complex CNS Principal Diagnosis.'' Medtronic argued that DRG 543 would be a ''clinically-consistent DRG that more appropriately reflects the resource utilization associated with full-system [deep brain stimulation] procedures.'' Medtronic also emphasized that its proposal would only apply to full-system Kinetra® implants when both the leads and generators are implanted during a single inpatient stay or procedure codes 02.93 and 86.95 both appear on the claim. Medtronic believes the current DRG assignment is appropriate for partial system implants.

Medtronic provided an analysis of FY 2004 MedPAR data. Procedure code 86.95 was not created until FY 2005 so Medtronic used procedure codes 02.93 and 86.09 (Other incision of skin and subcutaneous tissue) to identify the full system. It identified 193 cases assigned to DRG 1 with average charges of approximately $69,155, and 532 cases assigned to DRG 2 with average charges of approximately $56,113.

We have reviewed the latest data for the full-system DBS implants assigned to DRG 1 or DRG 2 in the FY 2005 MedPAR file. We identified cases with procedure codes 02.93 and 86.95 for full-system dual array cases. We also identified cases with reported codes 02.93 and 86.96 for those full-system cases where the type of pulse generator was not specified. The following table displays our results:

| DRG | Number of cases | Average length of stay | Average charges |
|---|---|---|---|
| DRG 1—All Cases | 23,037 | 9.61 | $55,494 |
| DRG 1—Cases with 02.93 and 86.95 (Kinetra®) | 51 | 5.18 | 73,020 |
| DRG 1—Cases with 02.93 and 86.96 (Unspecified) | 101 | 4.86 | 53,356 |
| DRG 2—All Cases | 9,707 | 4.41 | 32,791 |

| DRG | Number of cases | Average length of stay | Average charges |
|---|---|---|---|
| DRG 2—Cases with 02.93 and 86.95 (Kinetra®) | 146 | 2.40 | 59,414 |
| DRG 2—Cases with 02.93 and 86.96 (Unspecified) | 249 | 2.12 | 47,047 |
| DRG 543—All cases | 5,192 | 11.71 | 71,138 |

The data show that approximately one-quarter of the full-system dual array neurostimulator pulse generator cases are assigned to DRG 1 and approximately three-quarters of these cases are assigned to DRG 2. In both DRGs, the average length of stay was shorter for the full-system array neurostimulator pulse generator cases than for all other cases. However, the average charges for the full-system dual array neurostimulator pulse generator cases are approximately $18,000 and $27,000 higher than the average charges for DRGs 1 and 2, respectively. The average charges for these cases in DRG 1 are comparable to those for DRG 543. However, the more commonly occurring cases in DRG 2 have average charges that are less than those in DRG 543 by nearly $12,000. We reviewed all of the procedures that will result in a case being assigned to DRGs 1 and 2. Unlike the full-system DBS implants, we believe for most of the cases assigned to these DRGs, there will be no device cost to the hospital. For this reason, we believe the higher average charges and lower length of stay for cases involving full-system dual array neurostimulator pulse generators are likely accounted for by the cost of the device. While it is possible that the cost of the device itself will make the full-system DBS implants more expensive than other cases in the DRG, the hospital's charge markup may also explain the higher charges but lower average length of stay. As indicated in section II.G.3.a.of this proposed rule, the national average CCR for medical equipment and supplies is approximately 34 percent. Thus, the actual cost to the hospital of the case including the full-system dual array neurostimulator pulse generator may be much lower than the charges would suggest.

With respect to whether the cost of the technology itself, absent a charge markup, makes the case more expensive, we intend to address this issue as we make further refinements to the severity DRG system we are proposing to implement in FY 2008 (if not earlier), as discussed in section II.C. of this preamble. As we indicate in section II.C. of this proposed rule, the consolidated severity-adjusted DRG system that we are proposing does not currently assign a case to a higher weighted DRG based on use of a technology that represents increased complexity but not necessarily greater severity of illness. The data above indicate that approximately three-quarters of the patients who receive a full-system dual array neurostimulator pulse generator do not have a CC. Thus, it appears that these patients would be more likely to be assigned to a lower severity of illness class based solely on diagnosis. However, the implant of a full-system dual array neurostimulator pulse generator may increase complexity and resource use even though the patient is not more severely ill. As we also explain in section II.C. of this proposed rule, we believe that the consolidated severity-adjusted DRG system we are proposing would need to be further refined to assign cases based on complexity as well as severity to account for technologies like the full-system dual array neurostimulator pulse generator implants that increase costs. We plan to further develop the consolidated severity-adjusted DRGs between now and its implementation to address this issue.

b. Carotid Artery Stents

(If you choose to comment on issues in this section, please include the caption ''DRGs: Carotid Artery Stents'' at the beginning of your comment.)

Stroke is the third leading cause of death in the United States and the leading cause of serious, long-term disability. Approximately 70 percent of all strokes occur in people age 65 and older. The carotid artery, located in the neck, is the principal artery supplying the head and neck with blood. Accumulation of plaque in the carotid artery can lead to stroke either by decreasing the blood flow to the brain or by having plaque break free and lodge in the brain or in other arteries to the head. The percutaneous transluminal angioplasty (PTA) procedure involves inflating a balloon-like device in the narrowed section of the carotid artery to reopen the vessel. A carotid stent is then deployed in the artery to prevent the vessel from closing or restenosing. A distal filter device (embolic protection device) may also be present, which is intended to prevent pieces of plaque from entering the bloodstream.

Effective July 1, 2001, Medicare covers PTA of the carotid artery concurrent with carotid stent placement when furnished in accordance with the FDA-approved protocols governing Category B Investigational Device Exemption (IDE) clinical trials. PTA of the carotid artery, when provided solely for the purpose of carotid artery dilation concurrent with carotid stent placement, is considered to be a reasonable and necessary service only when provided in the context of such clinical trials and, therefore, is considered a covered service for the purposes of these trials. Performance of PTA in the carotid artery when used to treat obstructive lesions outside of approved protocols governing Category B IDE clinical trials remained noncovered until the release of the October 12, 2004 NCD for PTA of the carotid artery in post-approval studies. This decision extended coverage of PTA in the carotid artery concurrent with placement of an FDA-approved carotid stent for an FDA-approved indication when furnished in accordance with the FDA-approved protocols governing post-approval studies. On March 17, 2005, CMS released the NCD extending coverage to patients at high risk for carotid endarterectomy (CEA) who also have symptomatic carotid artery stenosis ≥ 70 percent. Procedures must be performed in CMS-approved facilities and with FDA-approved carotid artery stenting with distal embolic protection. (Section 20.7 of the NCD manual, which may be viewed at the Web site: *http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf.*)

We established codes for carotid artery stenting procedures for use with discharges occurring on or after October 1, 2004, for inpatients who are enrolled in an FDA-approved clinical trial and are using on-label FDA-approved stents and embolic protection devices. These codes are as follows:

- 00.61 (Percutaneous angioplasty or atherectomy of precerebral (extracranial vessel(s)); and
- 00.63 (Percutaneous insertion of carotid artery stent(s)).

We assigned procedure code 00.61 to four MDCs and seven DRGs. The most likely scenario is that in which cases are assigned to MDC 1 (Diseases and Disorders of the Nervous System) in DRGs 533 (Extracranial Procedures with CC) and 534 (Extracranial Procedures without CC). Other DRG assignments

can be found in Table 6B of the Addendum to the FY 2005 IPPS final rule (69 FR 49624).

As part of our annual DRG review, for the FY 2006 final rule (70 FR 47300), we used proxy codes to evaluate the costs and DRG assignments for carotid artery stenting because codes 00.61 and 00.63 were only approved for use beginning October 1, 2004, and MedPAR data for this period were not yet available. We used procedure code 39.50 (Angioplasty or atherectomy of other noncoronary vessel(s)) in combination with procedure code 39.90 (Insertion of nondrug-eluting peripheral vessel stent(s)) in DRGs 533 and 534 as the proxy codes for carotid artery stenting. For this evaluation, we used principal diagnosis code 433.10 (Occlusion and stenosis of carotid artery, without mention of cerebral infarction) to reflect the clinical trial criteria. Based on the results of our review, for FY 2006, we did not find sufficient evidence to warrant a DRG change at that time.

Manufacturer representatives have suggested that we assign all carotid stenting cases to DRG 533 only, bypassing DRG 534. We have reviewed the FY 2005 MedPAR data on all cases in DRGs 533 and 534 and on those cases containing code 00.61 in combination with 00.63. The following table displays our results:

| DRG | Number of cases | Average length of stay (days) | Average charges |
|---|---|---|---|
| DRG 533—All cases | 44,031 | 3.65 | $26,376 |
| DRG 533 with codes 00.61 and 00.63 reported | 2,400 | 2.94 | 33,344 |
| DRG 533 with code 00.61 and without 00.63 | 99 | 5.95 | 46,591 |
| DRG 534—All cases | 40,381 | 1.72 | 17,196 |
| DRG 534 with codes 00.61 and 00.63 reported | 2,056 | 1.52 | 25,000 |
| DRG 534 with code 00.61 and without 00.63 | 55 | 2.31 | 27,895 |

We found that 5.5 and 5.1 percent of the cases in DRGs 533 and 534, respectively, involved placement of a carotid artery stent. In both DRGs, the average length of stay was shorter for the carotid stenting cases than for all other cases. However, the average charges for the carotid stent cases were higher by $6,968 in DRG 533 and $7,804 in DRG 534. We reviewed all of the procedures that would result in a case being assigned to DRGs 533 and 534. Unlike the carotid artery stent placements, we believe that, for most of the cases assigned to these DRGs, there will be no device cost to the hospital. For this reason, we believe the higher average charges and lower length of stay for the cases involving carotid artery stents are likely accounted for by the cost of the device. While it is possible that the cost of the device itself will make the stent cases more expensive than other cases in the DRG, the hospital's charge markup may also explain the higher charges but lower average length of stay. As indicated elsewhere in this proposed rule, the national average CCR for medical equipment and supplies is approximately 34 percent. Thus, the actual cost to the hospital of the case including the carotid stent may be much lower than the charges would suggest.

With respect to whether the cost of the technology itself, absent a charge markup, makes the case more expensive, we intend to address this issue as we make further refinements to the severity-adjusted DRG system we describe above. As we indicate in section II.C. of the preamble of this proposed rule, the consolidated severity-adjusted DRG system that we are proposing does not currently assign a case to a higher weighted DRG based on use of a technology that represents increased complexity but not necessarily greater severity of illness. The use of a carotid stent or stents may increase complexity and resource use even though the patient is not more severely ill. We believe that the consolidated severity-adjusted DRG system we are proposing would need to be further refined to assign cases based on complexity as well as severity to account for technologies such as carotid stents that increase costs. For this reason, we believe that this issue of assignment of carotid stent cases may be better addressed in the consolidated severity-adjusted DRG system that we are proposing in FY 2008 (if not earlier) than through a change to the current DRG assignment for these cases.

3. MDC 5 (Diseases and Disorders of the Circulatory System)

a. Insertion of Epicardial Leads for Defibrillator Devices

(If you choose to comment on issues in this section, please include the caption ''DRGs: Epicardial Leads'' at the beginning of your comment.)

We received a comment indicating that a change in coding advice for the insertion of epicardial leads for CRT–D defibrillator devices affects DRG assignment. The commenter noted that the Third Quarter 2005 issue of the American Hospital Association's publication *Coding Clinic for ICD–9–CM* instructs coders to assign code 37.74 (Insertion or replacement of epicardial lead [electrode] into atrium) for pacemaker or defibrillator leads inserted through use of a thoracotomy into the epicardium. While the use of code 37.74 is standard coding practice for pacemakers, the advice is new for defibrillators. This coding advice was discussed at the ICD–9–CM Coordination and Maintenance Committee meeting held on September 29 and 30, 2005. Participants at the Committee meeting proposed modifications for the code category 37.7 (insertion, revision, replacement, and removal of pacemaker leads; insertion of temporary pacemaker system; and revision of cardiac device pocket). These modifications involved expanding the category so that the codes for leads would no longer be restricted to pacemakers. This change would guide coders to use code 37.74 for the insertion of epicardial leads for both defibrillators and pacemakers. This change was adopted for the ICD–9–CM and will become effective on October 1, 2006.

The commenter pointed out that this coding advice would restrict some defibrillator cases from being assigned to the defibrillator DRGs. Specifically, the commenter expressed concerns about the DRG logic for the following DRGs:

- DRG 515 (Cardiac Defibrillator Implant without Cardiac Catheter.
- DRG 535 (Cardiac Defibrillator Implant with Cardiac Catheter with AMI/Heart Failure/Shock).
- DRG 536 (Cardiac Defibrillator Implant with Cardiac Catheter without AMI/Heart Failure/Shock).

Cases are assigned to one of these three DRGs when a total defibrillator system, including both the device and one or more leads, is implanted. The implant could be represented by the ICD–9-CM codes for the total system, that is, code 00.51 (Implantation of cardiac resynchronization defibrillator,

total system [CRT–D]) or code 37.94 (Implantation or replacement of automatic cardioverter/defibrillator, total system [AICD]). Cases can also be assigned to DRGs 515, 535, and 536 when a combination of a device and a lead code is reported. The following combinations of defibrillator device and lead codes are present in the current DRG logic:

- 00.52 (Implantation or replacement of transvenous lead [electrode] into left ventricular coronary venous system) and 00.54 (Implantation or replacement of cardiac resynchronization defibrillator, pulse generator device only [CRT–D]).
- 37.95 (Implantation of automatic cardioverter/defibrillator lead(s) only) and 00.54 (Implantation or replacement of cardiac resynchronization defibrillator, pulse generator device only [CRT–D]).
- 37.95 (Implantation of automatic cardioverter/defibrillator lead(s) only) and 37.96 (Implantation of automatic cardioverter/defibrillator pulse generator only).
- 37.97 (Replacement of automatic cardioverter/defibrillator lead(s) only) and 00.54 (Implantation or replacement of cardiac resynchronization defibrillator, pulse generator device only [CRT–D]).
- 37.97 (Replacement of automatic cardioverter/defibrillator lead(s) only) and 37.98 (Replacement of automatic cardioverter/defibrillator pulse generator only).

A DRG logic issue has arisen concerning the instruction to use code 37.74 to capture epicardial leads inserted with CRT–D defibrillators. The new combination of a defibrillator device with an epicardial lead (code 37.74) is not included in DRGs 515, 535, and 536. The commenter recommended that the following combinations be added to DRGs 515, 535, and 536 so that all types of defibrillator device and lead combinations would be included: code 37.74 and code 00.54; code 37.74 and code 37.96; and code 37.74 and code 37.98.

We agree that these three combinations should be added to the list of combination codes included in DRGs 515, 535, and 536. This would result in all combinations of defibrillator devices and leads being assigned to one of the defibrillator DRGs. Therefore, we are proposing to add these three combinations to the list of procedure combinations under DRGs 515, 535, and 536.

b. Application of Major Cardiovascular Diagnoses (MCVs) List to Defibrillator DRGs

(If you choose to comment on issues in this section, please include the caption ''DRGs: MCVs and Defibrillators'' at the beginning of your comment.)

In the FY 2006 IPPS final rule (70 FR 47289 and 47474 through 47479), we addressed a comment we had received in response to the FY 2006 proposed rule which noted that section 507(c) of Pub. L. 108–173 required MedPAC to conduct a study to determine how the DRG system should be updated to better reflect the cost of delivering care in a hospital setting. The commenter noted that MedPAC reported that the ''cardiac surgery DRGs have high relative profitability ratios.'' While the commenter acknowledged that it may take time to conduct and complete a thorough evaluation of the MedPAC payment recommendations for all DRGs, the commenter strongly encouraged CMS to revise the cardiac DRGs through patient severity refinement as part of the IPPS final rule effective for FY 2006.

In response to this comment, we performed an extensive review of the cardiovascular DRGs in MDC 5, particularly those DRGs that were commonly billed by specialty hospitals. We observed that there was some overlap between the lists of cardiovascular complications and complex diagnoses and that these lists were already used to segregate patients into DRGs that use greater resources. Because the hospital industry already was familiar with the major complication and complex diagnosis lists used within the cardiovascular DRGs, we began our analysis with these two overlapping lists.

The two lists were originally developed for the current DRG system because they contained conditions that could have an impact on the resources needed to treat a patient with cardiovascular complications. Many of the conditions were cardiovascular diagnoses and, therefore, would be classified to MDC 5. However, we determined that some of the diagnoses were not cardiovascular, but would still have an impact on a patient with cardiovascular complications. The conditions that were not cardiovascular diagnoses were not assigned to MDC 5 if they were the principal diagnosis.

We reviewed the conditions on the two overlapping lists and identified conditions that we believed would lead to a more complicated patient stay requiring greater resource use. We referred to these conditions as ''major cardiovascular conditions (MCVs).'' The MCVs could be present as either a principal diagnosis or a secondary diagnosis and lead to greater resource consumption. The complete list of MCVs was published in the FY 2006 IPPS final rule (70 FR 47477 and 47478).

In the FY 2006 IPPS final rule, we also adopted new DRGs 547 through 558, effective October 1, 2006 (70 FR 47475 and 47476). However, we emphasized that the refinements to the DRGs were being taken as an interim step to better recognize severity in the DRG system for FY 2006 until we could complete a more comprehensive analysis of the APR DRG system and the CC list as part of a complete analysis of the MedPAC recommendations that we planned to perform for FY 2007 (and which is addressed in section II.C. of the preamble of this proposed rule).

Since publication of the FY 2006 IPPS final rule, we have received a question from a commenter as to why we did not apply the MCV list to the following defibrillator DRGs: 515, 535, and 536. The commenter noted that the pacemaker DRGs were revised using the MCV list, but the defibrillator DRGs were not.

As noted above, for FY 2006, we created new DRGs 546 through 558 to identify cases with more costly and severely ill patients as an interim step to evaluating severity DRGs. We analyzed for the first time past year data on cases within MDC 5 and presented data that showed significant difference for patients in certain DRGs based on the presence of absence of an MCV. This split did not work for the defibrillator DRGs, as we could not identify groups with significantly different resource use. For instance, splitting DRG 515 based on the presence of an MCV would lead to two groups with differences in charges of only $3,430 ($89,341 for those with an MCV and $85,911 for those without an MCV). In the data we displayed in the FY 2006 IPPS final rule, the differences for DRGs selected for an MCV split ranged from $10,319 to $21,035. Splitting DRG 515 based on an MCV would produce a difference in charges of only 10.1 percent as compared to differences of 28.7 to 47.7 percent for DRGs 547 through 558. Therefore, the data did not support including DRG 515 among those split based on the presence or absence of an MCV. Similar results were found when DRG 536 was split by an MCV. There was only an 8.1 percent difference in charges between the two groups. We also identified other problems with splitting DRG 535 based on the presence or absence of an MCV. Some of the codes a claim must include for the case

to be grouped to DRG 535 under our current system are also codes on the MCV list. Therefore, applying the MCV list to DRG 535 would result in all cases being assigned to the DRG with an MCV and none to the DRG without an MCV. For these reasons, we did not subdivide DRGs 515, 535, and 536 based on the presence or absence of an MCV.

We have decided not to propose additional refinements of the DRGs based on MCVs for FY 2007 because of our efforts to propose a broader refinement of the DRG system that would focus on consolidated severity-adjusted DRGs, as discussed in detail in section II.C. of this proposed rule. However, as discussed further in section II.C. of this preamble, we are soliciting comments on whether it would be appropriate in FY 2007 to apply a clinical severity concept to an expanded set of DRGs, similar to the approach we used in FY 2006 to refine cardiac DRGs based on the presence or absence of an MCV.

4. MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue)

a. Hip and Knee Replacements

(If you choose to comment on issues in this section, please include the caption ''DRGs: Hip and Knee Replacements'' at the beginning of your comment.)

In the FY 2006 final rule (70 FR 47303), we deleted DRG 209 (Major Joint and Limb Reattachment Procedures of Lower Extremity) and created new DRGs 544 (Major Joint Replacement or Reattachment of Lower Extremity) and 545 (Revision of Hip or Knee Replacement) to help resolve payment issues for hospitals that perform revisions of joint replacements because we found revisions of joint replacements to be significantly more resource intensive than original hip and knee replacements. DRG 544 includes the following code assignments:

- 81.51, Total hip replacement.
- 81.52, Partial hip replacement.
- 81.54, Total knee replacement.
- 81.56, Total ankle replacement.
- 84.26, Foot reattachment.
- 84.27, Lower leg or ankle reattachment.
- 84.28, Thigh reattachment.

DRG 545 includes the following procedure code assignments:

- 00.70, Revision of hip replacement, both acetabular and femoral components.
- 00.71, Revision of hip replacement, acetabular component.
- 00.72, Revision of hip replacement, femoral component.
- 00.73, Revision of hip replacement, acetabular liner and/or femoral head only.
- 00.80, Revision of knee replacement, total (all components).
- 00.81, Revision of knee replacement, tibial component.
- 00.82, Revision of knee replacement, femoral component.
- 00.83, Revision of knee replacement, patellar component.
- 00.84, Revision of knee replacement, tibial insert (liner).
- 81.53, Revision of hip replacement, not otherwise specified.
- 81.55, Revision of knee replacement, not otherwise specified.

In the FY 2006 IPPS final rule (70 FR 47305), we indicated that the American Association of Orthopaedic Surgeons had requested that, once we receive claims data using the two DRG procedure code assignments, we closely examine data from the use of the codes under the two DRGs to determine if future additional DRG modifications are needed.

After publication of the FY 2006 IPPS final rule, a number of hospitals and coding personnel advised us that the DRG logic for DRG 471 (Bilateral or Multiple Major Joint Procedures of Lower Extremity), which utilizes the new and revised hip and knee procedure codes under DRGs 544 and 545, also includes codes that describe procedures that are not bilateral or that do not involve multiple major joints. DRG 471 was developed to include cases where major joint procedures such as revisions or replacements were performed either bilaterally or on two joints of one lower extremity. We changed the logic for DRG 471 last year for the first time when we added the new and revised codes. The commenters indicated that, by adding the more detailed codes that do not include total revisions or replacements to the list of major joint procedures to DRG 471, we are assigning cases to DRG 471 that do not have bilateral or multiple joint procedures. For example, when a hospital reports a code for revision of the tibial component (code 00.81) and patellar component of the right knee (code 00.83), the current DRG logic assigns the case to DRG 471. The commenters indicated that this code assignment is incorrect because only one joint has undergone surgery, but two components were used. One commenter indicated that ICD–9–CM does not identify left/right laterality. Therefore, it is difficult to use the current coding structure to determine if procedures are performed on the same leg or on both legs. The commenters raised concern about whether CMS intended to pay hospitals using DRG 471 for procedures performed on one joint. The commenters indicated that the DRG assignments for these codes would also make future data analysis misleading. The commenters recommended removing codes from DRG 471 that do not specifically identify bilateral or multiple joint procedures so that DRG 471 will only include cases involving the more resource intensive cases of bilateral or multiple total joint replacements and revisions.

We agree that the new and revised joint procedure codes should not be assigned to DRG 471 unless they include bilateral and multiple joints. Therefore, we are proposing to remove the following codes from DRG 471 that do not capture bilateral and multiple joint revisions or replacements:

- 00.71, Revision of hip replacement, acetabular component.
- 00.72, Revision of hip replacement, femoral component.
- 00.73, Revision of hip replacement, acetabular liner and/or femoral head only.
- 00.81, Revision of knee replacement, tibial component.
- 00.82, Revision of knee replacement, femoral component.
- 00.83, Revision of knee replacement, patellar component.
- 00.84, Revision of total knee replacement, tibial insert (liner).
- 81.53, Revision of hip replacement, not otherwise specified.
- 81.55, Revision of knee replacement, not otherwise specified.

The proposed revised DRG 471 would then contain only the following codes:

- 00.70, Revision of hip replacement, both acetabular and femoral components.
- 00.80, Revision of knee replacement, total (all components).
- 81.51, Total hip replacement.
- 81.52, Partial hip replacement.
- 81.54, Total knee replacement.
- 81.56, Total ankle replacement.

As a result of the proposed removal of the identified codes from DRG 471, we are proposing that one or more of the following hip or knee revision codes would be assigned to DRG 545: 00.71, 00.72, 00.73, 00.81, 00.82, 00.83, 00.84, 81.53, and 81.55. This list includes partial revisions of the knee and hip as well as unspecified joint procedures such as code 81.55 where it is not clear if the revision is total or partial.

We plan to perform extensive data analysis on the new and revised joint procedure codes as we receive billing data to determine if future refinements of these DRGs are needed. In addition, as indicated in section II.C. of this

preamble, we are proposing to adopt a consolidated severity-adjusted DRG system for the IPPS. We encourage commenters to evaluate how the new and revised joint procedures are addressed in the consolidated severity-adjusted DRG system. If changes to these procedures are warranted based on public comments and our continuing analysis, we will evaluate them as we further develop our plans for adopting the consolidated severity-adjusted DRGs.

b. Spinal Fusion

(If you choose to comment on issues in this section, please include the caption ''DRGs: Spinal Fusion'' at the beginning of your comment.)

In the FY 2006 IPPS final rule (70 FR 47307), we created new DRG 546 (Spinal Fusions Except Cervical with Curvature of the Spine or Malignancy). DRG 546 is composed of all noncervical spinal fusions previously assigned to DRGs 497 (Spinal Fusion Except Cervical with CC) and 498 (Spinal Fusion Except Cervical without CC) that have a principal or secondary diagnosis of curvature of the spine or a principal diagnosis of a malignancy. The principal diagnosis codes that lead to DRG 546 assignment are the following:

- 170.2, Malignant neoplasm of vertebral column, excluding sacrum and coccyx.
- 198.5, Secondary malignant neoplasm of bone and bone marrow.
- 213.2, Benign neoplasm of bone and articular cartilage; vertebral column, excluding sacrum and coccyx.
- 238.0, Neoplasm of uncertain behavior of other and unspecified sites and tissues; Bone and articular cartilage.
- 239.2, Neoplasms of unspecified nature; bone, soft tissue, and skin.
- 732.0, Juvenile osteochondrosis of spine.
- 733.13, Pathologic fracture of vertebrae.
- 737.0, Adolescent postural kyphosis.
- 737.10, Kyphosis (acquired) (postural).
- 737.11, Kyphosis due to radiation.
- 737.12, Kyphosis, postlaminectomy.
- 737.19, Kyphosis (acquired), other.
- 737.20, Lordosis (acquired) (postural).
- 737.21, Lordosis, postlaminectomy.
- 737.22, Other postsurgical lordosis.
- 737.29, Lordosis (acquired), other.
- 737.30, Scoliosis [and kyphoscoliosis], idiopathic.
- 737.31, Resolving infantile idiopathic scoliosis.
- 737.32, Progressive infantile idiopathic scoliosis.
- 737.33, Scoliosis due to radiation.
- 737.34, Thoracogenic scoliosis.
- 737.39, Other kyphoscoliosis and scoliosis.
- 737.8, Other curvatures of spine.
- 737.9, Unspecified curvature of spine.
- 754.2, Congenital scoliosis.
- 756.51, Osteogenesis imperfecta.

The secondary diagnoses that will lead to DRG 546 assignment are:

- 737.40, Curvature of spine, unspecified.
- 737.41, Curvature of spine associated with other conditions, kyphosis.
- 737.42, Curvature of spine associated with other conditions, lordosis.
- 737.43, Curvature of spine associated with other conditions, scoliosis.

After publication of the FY 2006 IPPS final rule, we received a comment stating that creating new DRG 546 was insufficient to address clinical severity and resource differences among spinal fusion cases that involve fusing multiple levels of the spine. Specifically, the commenter suggested that the spinal fusion DRGs be further modified to incorporate Bone Morphogenic Protein (BMP), code 84.52 (Insertion of recombinant bone morphogenetic protein). The commenter also suggested that CMS apply a clinical severity concept to all back and spine surgical cases similar to the approach that we used for the MCVs to refine the cardiac DRGs in the final rule for FY 2006. The commenter recommended recognizing additional conditions that reflect higher resource needs, regardless of whether they are principal or secondary diagnoses. The commenter also suggested that the spine DRGs be further subdivided based on the use of specific spinal devices such as artificial discs. These changes would entail the creation of 10 new spine DRGs in addition to other changes requested.

We agree that it is important to recognize severity when classifying patients into specific DRGs. In response to recommendations made by MedPAC last year that are discussed in section II.C. of this proposed rule, we are conducting a comprehensive analysis of the entire DRG system to determine whether to undertake significant reform to better recognize severity of illness. At this time, we believe it is premature to develop a severity adjustment for spine surgeries while we are considering a more systematic approach to capturing severity of illness across all DRGs. We also believe it would be premature to propose revisions to DRG 546 because this DRG was created on October 1, 2005, and we do not yet have data to analyze its impact. Given the number of innovations occurring in spinal surgery over the last several years (for example, artificial spinal disc prostheses, kyphoplasty, and vertebroplasty), we agree that additional analysis of the spine DRGs would be warranted if we were to continue with the current DRG system and not adopt consolidated severity-adjusted DRGs. However, as discussed above, we are proposing to develop a severity-adjusted DRG system. For this reason, we are not further researching this issue for FY 2007. However, we encourage commenters to examine the proposed consolidated severity-adjusted DRG system described in section II.C. of the preamble of this proposed rule to determine whether there is a better recognition of severity of illness and resource use in that system.

c. Charite™ Spinal Disc Replacement Device

(If you choose to comment on issues in this section, please include the caption ''DRGs: CHARITE™'' at the beginning of your comment.)

CHARITE™ is a prosthetic intervertebral disc. On October 26, 2004, the FDA approved the CHARITE™ Artificial Disc for single level spinal arthroplasty in skeletally mature patients with degenerative disc disease between L4 and S1. On October 1, 2004, we created new procedure codes for the insertion of spinal disc prostheses (codes 84.60 through 84.69). We provided the DRG assignments for these new codes in Table 6B of the FY 2005 IPPS proposed rule (69 FR 28673). We received a number of comments on the proposed rule recommending that we change the assignments for these codes from DRG 499 (Back and Neck Procedures Except Spinal Fusion With CC) and DRG 500 (Back and Neck Procedures Except Spinal Fusion Without CC) to the DRGs for spinal fusion, DRG 497 (Spinal Fusion Except Cervical With CC) and DRG 498 (Spinal Fusion Except Cervical Without CC) for procedures on the lumbar spine and to DRGs 519 and 520 for procedures on the cervical spine. In the FY 2005 IPPS final rule (69 FR 48938), we indicated that DRGs 497 and 498 are limited to spinal fusion procedures. Because the surgery involving the CHARITE™ is not a spinal fusion, we decided not to include this procedure in these DRGs. However, we stated that we would continue to analyze this issue and solicited further public comments on the DRG assignment for spinal disc prostheses.

In the FY 2006 final rule (70 FR 47353), we noted that, if a product

meets all of the criteria for Medicare to pay for the product as a new technology under section 1886(d)(5)(K) of the Act, there is a clear preference expressed in the statute for us to assign the technology to a DRG based on similar clinical or anatomical characteristics or costs. However, for FY 2006, we did not find that CHARITE™ met the substantial clinical improvement criterion and, thus, did not qualify as a new technology. Consequently, we did not address the DRG classification request made under the authority of this provision of the Act.

However, we did evaluate whether to reassign CHARITE™ to different DRGs using the Secretary's authority under section 1886(d)(4) of the Act (70 FR 47308). We indicated that we did not have Medicare charge information to evaluate DRG changes for cases involving an implant of a prosthetic intervertebral disc like CHARITE™ and did not make a change in its DRG assignments. We stated that we would consider whether changes to the DRG assignments for CHARITE™ were warranted for FY 2007, once we had information from Medicare's data system that would assist us in evaluating the costs of these patients.

For the FY 2007 IPPS update, we received a comment regarding the DRG assignments for the CHARITE™ Artificial Disc, code 84.65 (Insertion of total spinal disc prosthesis, lumbosacral). The commenter had previously submitted an application for the CHARITE™ Artificial Disc for new technology add-on payments for FY 2006 and had requested a reassignment of cases involving CHARITE™ implantation to DRGs 497 and 498. The commenter asked that we examine claims data for FY 2005 and reassign procedure code 84.65 from DRGs 499 and 500 into DRGs 497 and 498. The commenter again stated the view that cases with the CHARITE™ Artificial Disc reflect comparable resource use and similar clinical indications as do those in DRGs 497 and 498. If CMS were to reject reassignment of the CHARITE™ Artificial Disc to DRGs 497 and 498, the commenter suggested creating two separate DRGs for lumbar disc replacements.

On February 16, 2006, we posted a proposed NCD memorandum regarding lumber artificial disc replacement with a focus of the CHARITE™ Lumber Artificial Disc for public comment on the CMS Web site. This is part of the process for issuing an NCD. In this memorandum, we proposed to issue an NCD. We are seeking public comment on our proposed determination that the evidence is not adequate to conclude that lumbar artificial disc replacement with the CHARITE™ Lumber Artificial Disc is reasonable and necessary. This proposed decision memorandum can be found at: *http://www.cms.hhs.gov/mcd/viewnca.asp?where=index&nca_id=170&basket=nca:00292N:170:Lumbar+Artificial+Disc+Replacement:Open:New:5.* After considering the public comments and any additional evidence, we will make a final determination and issue a final NCD.

The proposed NCD states that lumber artificial disc replacement with the CHARITE™ Lumber Artificial Disc is generally not indicated in patients over 65 years old. Further, it states that there is insufficient evidence among either the aged or disabled Medicare population to make a reasonable and necessary determination for coverage. With an NCD pending to make spinal arthroplasty with CHARITE™ noncovered, we do not believe it is appropriate at this time to reassign procedure code 84.65 from DRGs 499 and 500 to DRGs 497 and 498.

5. MDC 18 (Infectious and Parasitic Diseases (Systemic or Unspecified Sites)): Severe Sepsis

(If you choose to comment on issues in this section, please include the caption ''DRGs: Severe Sepsis'' at the beginning of your comment.)

In FYs 2005 and 2006, we considered requests for the creation of a separate DRG for the diagnosis of severe sepsis. Severe sepsis is described by ICD–9–CM code 995.92 (Systemic inflammatory response syndrome due to infection with organ dysfunction). Patients admitted with sepsis as a principal diagnosis currently are assigned to DRG 416 (Septicemia Age > 17) and DRG 417 (Septicemia Age 0–17) in MDC 18 (Infectious and Parasitic Diseases (Systemic or Unspecified Sites)). The commenter requested that all cases in which severe sepsis is present on admission, as well as those cases in which it develops after admission (which are currently classified elsewhere), be included in this new DRG. In both FY 2005 and FY 2006 (69 FR 48975 and 70 FR 47309), we did not believe the current clinical definition of severe sepsis was specific enough to identify a meaningful cohort of patients in terms of clinical coherence and resource utilization to warrant a separate DRG. Sepsis is found across hundreds of medical and surgical DRGs, and the term ''organ dysfunction'' implicates numerous currently existing diagnosis codes. While we recognize that Medicare beneficiaries with severe sepsis are quite ill and require extensive hospital resources, in the past we have not found that they can be identified adequately to justify removing them from all of the other DRGs in which they appear. For this reason, we did not create a new DRG for severe sepsis for FY 2005 or FY 2006. We indicated that we would continue to work with National Center for Health Statistics (NCHS) to improve the codes so that our data on these patients improve. We also indicated that we would continue to examine data on these patients as we consider future modifications.

For this FY 2007 proposed rule, we again received a request to consider creating a separate DRG for patients diagnosed with severe sepsis. The information and data available to us from hospital bills with respect to identifying patients with severe sepsis have not changed since last year. However, the NCHS discussed modifications to the current ICD–9–CM diagnosis codes for systemic inflammatory response syndrome (SIRS), codes 995.91 through 995.94 (which include severe sepsis) at the September 29–30, 2005 ICD–9–CM Coordination and Maintenance Committee meeting. During the meeting, it became clear that there is still confusion surrounding the use of these codes. As a result of the meeting and the comments received, the Committee made modifications to the set of SIRS codes. These modifications are reflected in Table 6E, Revised Diagnosis Code Titles, of the Addendum to this proposed rule.

We believe that implementation of the modified SIRS diagnosis codes and the updated coding guidelines over the next year could begin the process of improving data for this group of patients. The desired outcome is to be able to better evaluate Medicare beneficiaries with severe sepsis with regard to their clinical coherence, resource utilization, and charges. Therefore, at this time, we are not proposing to create a new DRG for severe sepsis for FY 2007. We also note that we are proposing to adopt a consolidated severity-adjusted DRG system, as discussed in section II.C. of this preamble. The underlying clinical principle of the proposed consolidated severity-adjusted DRG system is that the severity of illness of a patient is highly dependent on the patient's underlying problem and that patients with high severity of illness are usually characterized by multiple serious diseases or illnesses. The assessment of the severity of illness of a patient is specific to the base DRG to which a patient is assigned. In other words, the determination of the severity of illness is disease-specific. High severity of

illness is primarily determined by the interaction of multiple diseases. Patients with multiple comorbid conditions involving multiple organ systems are assigned to the higher severity of illness subclasses. Thus, patients with severe sepsis and organ dysfunction are likely to be classified as severity of illness subclass 3 or 4 under the proposed DRG system, depending on the other comorbid conditions or underlying problems the patient may have at that time. It is possible that the consolidated severity-adjusted DRG system that we are planning to adopt would better recognize the extensive resources that hospitals use to treat patients with severe sepsis. We encourage commenters to examine the consolidated severity-adjusted DRGs described in section II.C. of this proposed rule to determine whether there is a better recognition of severity of illness and resource use in that proposed system.

6. Medicare Code Editor (MCE) Changes

(If you choose to comment on issues in this section, please include the caption ''Medicare Code Editor'' at the beginning of your comment.)

As explained under section II.B.1. of this preamble, the Medicare Code Editor (MCE) is a software program that detects and reports errors in the coding of Medicare claims data. Patient diagnoses, procedure(s), discharge status, and demographic information go into the Medicare claims processing systems and are subjected to a series of automated screens. The MCE screens are designed to identify cases that require further review before classification into a DRG.

For FY 2007, we are proposing to make the following changes to the MCE edits:

a. Newborn Diagnoses Edit

We are proposing to add code 780.92 (Excessive crying of infant (baby)) to the ''Newborn Diagnoses'' edit in the MCE. This edit is structured for patients with an age of ''0''. In the Tabular portion of the ICD–9–CM diagnosis codes, the ''excludes'' note at code 780.92 states that this code ''excludes excessive crying of child, adolescent or adult'' and sends the coder to code 780.95 (Other excessive crying. (The new title of this code, shown on Table 6E of the Addendum to this proposed rule is ''Excessive crying of child, adolescent, or adult).) To make a conforming change, we also are proposing that code 780.92 be removed from the ''Pediatric Diagnoses—Age 0 Through 17'' edit.

b. Diagnoses Allowed for Females Only Edit

The following codes are now invalid codes, as shown in Table 6C of the Addendum to this proposed rule. Therefore, we are proposing to remove them from the ''Diagnosis Allowed for Females Only'' edit in the MCE.

- 616.8, Other specified inflammatory diseases of cervix, vagina, and vulva.
- 629.8, Other specified disorders of female genital organs.

Codes 616.8 and 629.8 have been expanded to the fifth-digit level. Therefore, we are proposing to place the following expanded codes in the ''Diagnoses Allowed for Females Only'' edit.

- 616.81, Mucositis (ulcerative) of cervix, vagina, and vulva.
- 616.89, Other inflammatory disease of cervix, vagina, and vulva.
- 629.81, Habitual aborter without current pregnancy.
- 629.89, Other specified disorders of female genital organs.

The following two codes have revised descriptions (as shown in Table 6E of the Addendum to this proposed rule) which specify gender. Therefore, we are proposing to add them to ''Diagnoses Allowed for Females Only'' edit.

- V26.31, Testing of female for genetic disease carrier status.
- V26.32, Other genetic testing of female.

c. Diagnoses Allowed for Males Only Edit

Code 608.2 (Torsion of testis) is now an invalid code (as shown in Table 6C of the Addendum to this proposed rule). Therefore, we are proposing to remove it from the ''Diagnoses Allowed for Males Only'' edit. This code has been expanded to the fifth-digit level. Therefore, we are proposing to place the following expanded codes in the ''Diagnoses Allowed for Males Only'' edit:

- 608.20, Torsion of testis, unspecified.
- 608.21, Extravaginal torsion of spermatic cord.
- 608.22 Intravaginal torsion of spermatic cord.
- 608.23, Torsion of appendix testis.
- 608.24, Torsion of appendix epididymis.

The following codes have been created effective for FY 2007 and are gender specific. Therefore, we are proposing to add them to the ''Diagnosis Allowed for Males Only'' edit.

- V26.34, Testing of male for genetic disease carrier status.
- V26.35, Encounter for testing of male partner of habitual aborter.
- V26.39, Other genetic testing of male.

d. Manifestations Not Allowed as Principal Diagnosis Edit

We are proposing to add the following codes to the ''Manifestations Not Allowed as Principal Diagnosis'' edit in the MCE:

- 362.03, Nonproliferative diabetic retinopathy, NOS.
- 362.04, Mild nonproliferative diabetic retinopathy.
- 362.05, Moderate nonproliferative diabetic retinopathy.
- 362.06, Severe nonproliferative diabetic retinopathy.
- 362.07, Diabetic macular edema.

In addition, we are proposing to remove code 525.10 (Acquired absence of teeth, unspecified) from this edit in the MCE.

e. Nonspecific Principal Diagnosis Edit

We are proposing to add the following codes to the ''Nonspecific Principal Diagnosis'' edit in the MCE:

- 255.10, Hyperaldosteronism, unspecified.
- 323.9, Unspecified causes of encephalitis, myelitis, and encephalomyelitis.
- 770.10, Fetal and newborn aspiration, unspecified.
- 780.31, Febrile convulsions (simple), unspecified.

Codes 255.10, 323.9, and 780.31 appear on Table 6E, Revised Diagnosis Codes, and are being included in this edit because of their revised descriptions. Code 770.10 was inadvertently left off this list for FY 2006 when the code was created.

f. Unacceptable Principal Diagnosis Edit

Most V-codes describe an individual's health status, but these codes are not usually a current illness or injury. Therefore, most V-codes are included in the ''Unacceptable Principal Diagnosis'' edit. The following codes became invalid (as shown in Table 6C of the Addendum to this proposed rule) for FY 2007, and we are proposing to remove them from this edit:

- V18.5, Family history, digestive disorders.
- V58.3, Attention to surgical dressings and sutures.
- V72.1, Examination of ears and hearing.

The following V-codes represent either fifth-digit extensions of the above codes, or new codes that were created effective October 1, 2006 (Table 6A of the Addendum to this proposed rule). Therefore, we are proposing to add the following codes to the ''Unacceptable Principal Diagnosis'' edit:

- V18.51, Family history, colonic polyps.
- V18.59, Family history, other digestive disorders.
- V26.34, Testing of male for genetic disease carrier status.
- V26.35, Encounter for testing of male partner of habitual aborter.
- V26.39, Other genetic testing of male.
- V45.86, Bariatric surgery status.
- V58.30, Encounter for change or removal of nonsurgical wound dressing.
- V58.31, Encounter for change or removal of surgical wound dressing.
- V58.32, Encounter for removal of sutures.
- V72.11, Encounter for hearing examination following failed hearing screening.
- V72.19, Other examination of ears and hearing.
- V82.71, Screening for genetic disease carrier status.
- V82.79, Other genetic screening.
- V85.51, Body mass index, pediatric, less than 5th percentile for age.
- V85.52, Body mass index, pediatric, 5th percentile to less than 85th percentile for age.
- V85.53, Body mass index, pediatric, 85th percentile to less than 95th percentile for age.
- V85.54, Body mass index, pediatric, greater than or equal to 95th percentile for age.
- V86.0, Estrogen receptor positive status [ER+].
- V86.1, Estrogen receptor negative status [ER−].

g. Nonspecific O.R. Procedures Edit

We are proposing to remove code 00.29 (Intravascular imaging unspecified vessel(s)) from the ''Nonspecific O.R. Procedure'' edit in the MCE. This code was erroneously placed in this edit; it is not considered an O.R. procedure.

h. Noncovered Procedures Edit

Under the proposed changes to DRG 513 (Pancreas Transplant) under the Pre-MDCs described in section II.D.1. of this preamble, a patient must have a history of medically uncontrollable, insulin-dependent diabetes mellitus, that is, Type I diabetes mellitus. Therefore, to conform the ''Noncovered Procedures'' Edit in the MCE to these proposed changes, we are proposing to revise Diagnosis List 1 in this edit to include only the following codes:

- 250.01, Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled.
- 250.03, Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled.
- 250.11, Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled.
- 250.13, Diabetes with ketoacidosis, type I [juvenile type], uncontrolled.
- 250.21, Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled.
- 250.23, Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled.
- 250.31, Diabetes with other coma, type I [juvenile type], not stated as uncontrolled.
- 250.33, Diabetes with other coma, type I [juvenile type], uncontrolled.
- 250.41, Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled.
- 250.43, Diabetes with renal manifestations, type I [juvenile type], uncontrolled.
- 250.51, Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled.
- 250.53, Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled.
- 250.61, Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled.
- 250.63, Diabetes with neurological manifestations, type I [juvenile type], uncontrolled.
- 250.71, Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled.
- 250.73, Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled.
- 250.81, Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled.
- 250.83, Diabetes with other specified manifestations, type I [juvenile type], uncontrolled.
- 250.91, Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled.
- 250.93, Diabetes with unspecified complication, type I [juvenile type], uncontrolled.

In addition, we are proposing to remove Diagnosis List 2 from the ''Noncovered Procedures'' edit, which is comprised of the following codes:

- 403.01, Hypertensive kidney disease, malignant, with chronic kidney disease.
- 403.11, Hypertensive kidney disease, benign, with chronic kidney disease.
- 403.91, Hypertensive kidney disease, unspecified, with chronic kidney disease.
- 404.02, Hypertensive heart and kidney disease, malignant, with chronic kidney disease.
- 404.03, Hypertensive heart and kidney disease, malignant, with heart failure and chronic kidney disease.
- 404.12, Hypertensive heart and kidney disease, benign, with chronic kidney disease.
- 404.13, Hypertensive heart and kidney disease, benign, with heart failure and chronic kidney disease.
- 404.92, Hypertensive heart and kidney disease, unspecified, with chronic kidney disease.
- 404.93, Hypertensive heart and kidney disease, unspecified, with heart failure and chronic kidney disease.
- 585.1, Chronic kidney disease, Stage I.
- 585.2, Chronic kidney disease, Stage II (mild).
- 585.3, Chronic kidney disease, Stage III (moderate).
- 585.4, Chronic kidney disease, Stage IV (severe).
- 585.5, Chronic kidney disease, Stage V.
- 585.6, End stage renal disease.
- 585.9, Chronic kidney disease, unspecified.
- V42.0, Organ or tissue replaced by transplant, kidney.
- V43.89, Organ or tissue replaced by other means, other organ or tissue, other.

i. Bilateral Procedure Edit

We are proposing to remove the following codes from the ''Bilateral Procedure'' edit, as these are adjunct codes. They are not O.R. codes recognized by the GROUPER as procedures, and the edit was created in error last year.

- 00.74, Hip replacement bearing surface, metal on polyethylene.
- 00.75, Hip replacement bearing surface, metal-on-metal.
- 00.76, Hip replacement bearing surface, ceramic-on-ceramic.

7. Surgical Hierarchies

(If you choose to comment on issues in this section, please include the caption ''DRGs: Surgical Hierarchies'' at the beginning of your comments.)

Some inpatient stays entail multiple surgical procedures, each one of which, occurring by itself, could result in assignment of the case to a different DRG within the MDC to which the principal diagnosis is assigned. Therefore, it is necessary to have a decision rule within the GROUPER by which these cases are assigned to a single DRG. The surgical hierarchy, an ordering of surgical classes from most resource-intensive to least resource-intensive, performs that function. Application of this hierarchy ensures that cases involving multiple surgical

procedures are assigned to the DRG associated with the most resource-intensive surgical class.

Because the relative resource intensity of surgical classes can shift as a function of DRG reclassification and recalibrations, we reviewed the surgical hierarchy of each MDC, as we have for previous reclassifications and recalibrations, to determine if the ordering of classes coincides with the intensity of resource utilization.

A surgical class can be composed of one or more DRGs. For example, in MDC 11, the surgical class ''kidney transplant'' consists of a single DRG (DRG 302) and the class ''kidney, ureter and major bladder procedures'' consists of three DRGs (DRGs 303, 304, and 305). Consequently, in many cases, the surgical hierarchy has an impact on more than one DRG. The methodology for determining the most resource-intensive surgical class involves weighting the average resources for each DRG by frequency to determine the weighted average resources for each surgical class. For example, assume surgical class A includes DRGs 1 and 2 and surgical class B includes DRGs 3, 4, and 5. Assume also that the average charge of DRG 1 is higher than that of DRG 3, but the average charges of DRGs 4 and 5 are higher than the average charge of DRG 2. To determine whether surgical class A should be higher or lower than surgical class B in the surgical hierarchy, we would weight the average charge of each DRG in the class by frequency (that is, by the number of cases in the DRG) to determine average resource consumption for the surgical class. The surgical classes would then be ordered from the class with the highest average resource utilization to that with the lowest, with the exception of ''other O.R. procedures'' as discussed below.

This methodology may occasionally result in assignment of a case involving multiple procedures to the lower-weighted DRG (in the highest, most resource-intensive surgical class) of the available alternatives. However, given that the logic underlying the surgical hierarchy provides that the GROUPER search for the procedure in the most resource-intensive surgical class, in cases involving multiple procedures, this result is sometimes unavoidable.

We note that, notwithstanding the foregoing discussion, there are a few instances when a surgical class with a lower average charge is ordered above a surgical class with a higher average charge. For example, the ''other O.R. procedures'' surgical class is uniformly ordered last in the surgical hierarchy of each MDC in which it occurs, regardless of the fact that the average charge for the DRG or DRGs in that surgical class may be higher than that for other surgical classes in the MDC. The ''other O.R. procedures'' class is a group of procedures that are only infrequently related to the diagnoses in the MDC, but are still occasionally performed on patients in the MDC with these diagnoses. Therefore, assignment to these surgical classes should only occur if no other surgical class more closely related to the diagnoses in the MDC is appropriate.

A second example occurs when the difference between the average charges for two surgical classes is very small. We have found that small differences generally do not warrant reordering of the hierarchy because, as a result of reassigning cases on the basis of the hierarchy change, the average charges are likely to shift such that the higher-ordered surgical class has a lower average charge than the class ordered below it.

Based on the changes under the HSVRcc weighting methodology that we are proposing for FY 2007, as discussed in section II.C.2. of this preamble, we are proposing to revise the surgical hierarchy for Pre-MDCs, MDC 1 (Diseases and Disorders of the Nervous System), MDC 2 (Diseases and Disorders of the Eye), MDC 3 (Diseases and Disorders of the Ear, Nose, Mouth and Throat), MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue), MDC 10 (Endocrine, Nutritional and Metabolic Diseases and Disorders), and MDC 13 (Diseases and Disorders of the Female Reproductive System) as follows. In our analysis, we looked at the number of cases and the arithmetic mean.

In Pre-MDCs, we are proposing to reorder DRG 481 (Bone Marrow Transplant) above DRG 513 (Pancreas Transplant).

In MDC 1, we are proposing to reorder DRGs 531–532 (Spinal Procedures, with CC and without CC, respectively) above DRGs 529–530 (Ventricular Shunt Procedures, with CC and without CC, respectively).

In MDC 2, we are proposing to reorder DRG 42 (Intraocular Procedures Except Retina, Iris and Lens) above DRG 36 (Retinal Procedures).

In MDC 3, we are proposing to reorder DRGs 168–169 (Mouth Procedures, with CC and without CC, respectively) above DRG 57 (T&A Procedures, Except Tonsillectomy and/or Adenoidectomy Only, Age > 17) and DRG 58 (T&A Procedures, Except Tonsillectomy and/or Adenoidectomy Only, Age 0–17).

In MDC 8, we are proposing to reorder DRG 213 (Amputation for Musculoskeletal System and Connective Tissue Disorders) above DRG 216 (Biopsies of Musculoskeletal System and Connective Tissue).

In MDC 10, we are proposing to reorder DRG 285 (Amputation of Lower Limb for Endocrine, Nutritional and Metabolic Diseases and Disorders) above DRG 288 (O.R. Procedures for Obesity).

In MDC 13, we are proposing to reorder DRG 363 (D&C, Conization and Radio-Implant, for Malignancy) and DRG 364 (D&C, Conization and Radio-Implant, Except for Malignancy) above DRG 360 (Vagina, Cervix, and Vulva Procedures).

8. Refinement of Complications and Comorbidities (CC) List

(If you choose to comment on issues in this section, please include the caption ''CC List'' at the beginning of your comment.)

a. Background

As indicated earlier in this preamble, under the IPPS DRG classification system, we have developed a standard list of diagnoses that are considered complications or comorbidities (CCs). Historically, we developed this list using physician panels that classified each diagnosis code based on whether the diagnosis, when present as a secondary condition, would be considered a substantial complication or comorbidity. A substantial complication or comorbidity was defined as a condition that, because of its presence with a specific principal diagnosis, would cause an increase in the length of stay by at least 1 day in at least 75 percent of the patients.

b. Comprehensive Review of the CC List

In previous years, we have made changes to the standard list of CCs, either by adding new CCs or deleting CCs already on the list, but we have never conducted a comprehensive review of the list. Given the long period of time that had elapsed since the original CC list was developed, the incremental nature of changes to it, and changes in the way inpatient care is delivered, and in partial response to recommendations in MedPAC's March 2005 Report to Congress on Physician-Owned Specialty Hospitals, for the FY 2006 IPPS final rule, we reviewed the 121-paired DRGs that were split on the presence or absence of a CC among the 3,285 diagnosis codes on the CC list. We presented the results of that review and summarized public comments that we received in the FY 2006 proposed rule on the review results in the FY 2006 IPPS final rule (70 FR 47313 through 47315). Further analysis of the CC list

and refinement to recognize the effects of differences in severity of illness among patients is discussed in section II.C. of this preamble as part of our efforts to develop a consolidated severity-adjusted DRG system for use in the IPPS. However, as further discussed in section II.C. of the preamble to this proposed rule, we are soliciting comments on whether it would be appropriate in FY 2007 to apply to an expanded set of DRGs a clinical severity concept similar to the approach we used in FY 2006 to refine cardiac DRGs based on the presence or absence of an MCV.

c. CC Exclusions List Proposed for FY 2007

In the September 1, 1987 final notice (52 FR 33143) concerning changes to the DRG classification system, we modified the GROUPER logic so that certain diagnoses included on the standard list of CCs would not be considered valid CCs in combination with a particular principal diagnosis. We created the CC Exclusions List for the following reasons: (1) To preclude coding of CCs for closely related conditions; (2) to preclude duplicative or inconsistent coding from being treated as CCs; and (3) to ensure that cases are appropriately classified between the complicated and uncomplicated DRGs in a pair. As we indicated above, we developed a list of diagnoses, using physician panels, to include those diagnoses that, when present as a secondary condition, would be considered a substantial complication or comorbidity. In previous years, we have made changes to the list of CCs, either by adding new CCs or deleting CCs already on the list. At this time, we are not proposing to delete any of the diagnosis codes on the CC list for FY 2007.

In the May 19, 1987 proposed notice (52 FR 18877) and the September 1, 1987 final notice (52 FR 33154), we explained that the excluded secondary diagnoses were established using the following five principles:

- Chronic and acute manifestations of the same condition should not be considered CCs for one another.
- Specific and nonspecific (that is, not otherwise specified (NOS)) diagnosis codes for the same condition should not be considered CCs for one another.
- Codes for the same condition that cannot coexist, such as partial/total, unilateral/bilateral, obstructed/unobstructed, and benign/malignant, should not be considered CCs for one another.
- Codes for the same condition in anatomically proximal sites should not be considered CCs for one another.
- Closely related conditions should not be considered CCs for one another.

The creation of the CC Exclusions List was a major project involving hundreds of codes. We have continued to review the remaining CCs to identify additional exclusions and to remove diagnoses from the master list that have been shown not to meet the definition of a CC.[9]

We are proposing to make limited revisions to the CC Exclusions List to take into account the changes that will be made in the ICD–9–CM diagnosis coding system effective October 1, 2006. (*See* section II.D.10. of this preamble for a discussion of ICD–9–CM changes.) We are proposing these changes in accordance with the principles established when we created the CC Exclusions List in 1987.

Tables 6G and 6H in the Addendum to this proposed rule contain the revisions to the CC Exclusions List that would be effective for discharges occurring on or after October 1, 2006. Each table shows the principal diagnoses with changes to the excluded CCs. Each of these principal diagnoses is shown with an asterisk, and the additions or deletions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.

CCs that are added to the list are in Table 6G—Additions to the CC Exclusions List. Beginning with discharges on or after October 1, 2006, the indented diagnoses will not be recognized by the GROUPER as valid CCs for the asterisked principal diagnosis.

CCs that are deleted from the list are in Table 6H—Deletions from the CC Exclusions List. Beginning with discharges on or after October 1, 2006, the indented diagnoses will be recognized by the GROUPER as valid CCs for the asterisked principal diagnosis.

Copies of the original CC Exclusions List applicable to FY 1988 can be obtained from the National Technical Information Service (NTIS) of the Department of Commerce. It is available in hard copy for $152.50 plus shipping and handling. A request for the FY 1988 CC Exclusions List (which should include the identification accession number (PB) 88–133970) should be made to the following address: National Technical Information Service, United States Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161; or by calling (800) 553–6847.

Users should be aware of the fact that all revisions to the CC Exclusions List (FYs 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2001, 2002, 2003, 2004, 2005, and 2006) and those in Tables 6G and 6H of this proposed rule for FY 2007 must be incorporated into the list purchased from NTIS in order to obtain the CC Exclusions List applicable for discharges occurring on or after October 1, 2006.

(**Note:** There was no CC Exclusions List in FY 2000 because we did not make changes to the ICD–9–CM codes for FY 2000.)

Alternatively, the complete documentation of the GROUPER logic, including the current CC Exclusions List, is available from 3M/Health Information Systems (HIS), which, under contract with CMS, is responsible for updating and maintaining the GROUPER program. The current DRG Definitions Manual, Version 23.0, is available for $225.00, which includes $15.00 for shipping and handling. Version 24.0 of this manual, which will include the final FY 2007 DRG changes, will be available in hard copy for $250.00. Version 24.0 of the manual is also available on a CD for $200.00; a combination hard copy and CD is available for $400.00. These manuals may be obtained by writing 3M/HIS at the following address: 100 Barnes Road, Wallingford, CT 06492; or by calling (203) 949–0303. Please specify the revision or revisions requested.

9. Review of Procedure Codes in DRGs 468, 476, and 477

Each year, we review cases assigned to DRG 468 (Extensive O.R. Procedure Unrelated to Principal Diagnosis), DRG 476 (Prostatic O.R. Procedure Unrelated

[9] *See* the FY 1989 final rule (53 FR 38485, September 30, 1988), for the revision made for the discharges occurring in FY 1989; the FY 1990 final rule (54 FR 36552, September 1, 1989), for the FY 1990 revision; the FY 1991 final rule (55 FR 36126, September 4, 1990), for the FY 1991 revision; the FY 1992 final rule (56 FR 43209, August 30, 1991) for the FY 1992 revision; the FY 1993 final rule (57 FR 39753),September 1, 1992), for the FY 1993 revision; the FY 1994 final rule (58 FR 46278, September 1, 1993), for the FY 1994 revisions; the FY 1995 final rule (59 FR 45334, September 1, 1994), for the FY 1995 revisions; the FY 1996 final rule (60 FR 45782, September 1, 1995), for the FY 1996 revisions; the FY 1997 final rule (61 FR 46171, August 30, 1996), for the FY 1997 revisions; the FY 1998 final rule (62 FR 45966, August 29, 1997) for the FY 1998 revisions; the FY 1999 final rule (63 FR 40954, July 31, 1998), for the FY 1999 revisions; the FY 2001 final rule (65 FR 47064, August 1, 2000), for the FY 2001 revisions; the FY 2002 final rule (66 FR 39851, August 1, 2001), for the FY 2002 revisions; the FY 2003 final rule (67 FR 49998, August 1, 2002), for the FY 2003 revisions; the FY 2004 final rule (68 FR 45364, August 1, 2003), for the FY 2004 revisions; the FY 2005 final rule (69 FR 49848, August 11, 2004), for the FY 2005 revisions; and the FY 2006 final rule (70 FR 47640, August 12, 2005), for the FY 2006 revisions. In the FY 2000 final rule (64 FR 41490, July 30, 1999, we did not modify the CC Exclusions List because we did not make any changes to the ICD–9–CM codes for FY 2000.

to Principal Diagnosis), and DRG 477 (Nonextensive O.R. Procedure Unrelated to Principal Diagnosis) to determine whether it would be appropriate to change the procedures assigned among these DRGs.

DRGs 468, 476, and 477 are reserved for those cases in which none of the O.R. procedures performed are related to the principal diagnosis. These DRGs are intended to capture atypical cases, that is, those cases not occurring with sufficient frequency to represent a distinct, recognizable clinical group. DRG 476 is assigned to those discharges in which one or more of the following prostatic procedures are performed and are unrelated to the principal diagnosis:

- 60.0, Incision of prostate.
- 60.12, Open biopsy of prostate.
- 60.15, Biopsy of periprostatic tissue.
- 60.18, Other diagnostic procedures on prostate and periprostatic tissue.
- 60.21, Transurethral prostatectomy.
- 60.29, Other transurethral prostatectomy.
- 60.61, Local excision of lesion of prostate.
- 60.69, Prostatectomy, not elsewhere classified.
- 60.81, Incision of periprostatic tissue.
- 60.82, Excision of periprostatic tissue.
- 60.93, Repair of prostate.
- 60.94, Control of (postoperative) hemorrhage of prostate.
- 60.95, Transurethral balloon dilation of the prostatic urethra.
- 60.96, Transurethral destruction of prostate tissue by microwave thermotherapy.
- 60.97, Other transurethral destruction of prostate tissue by other thermotherapy.
- 60.99, Other operations on prostate.

All remaining O.R. procedures are assigned to DRGs 468 and 477, with DRG 477 assigned to those discharges in which the only procedures performed are nonextensive procedures that are unrelated to the principal diagnosis.[10]

For FY 2007, we are not proposing to change the procedures assigned among these DRGs.

a. Moving Procedure Codes From DRG 468 or DRG 477 to MDCs

We annually conduct a review of procedures producing assignment to DRG 468 or DRG 477 on the basis of volume, by procedure, to see if it would be appropriate to move procedure codes out of these DRGs into one of the surgical DRGs for the MDC into which the principal diagnosis falls. The data are arrayed two ways for comparison purposes. We look at a frequency count of each major operative procedure code. We also compare procedures across MDCs by volume of procedure codes within each MDC.

We identify those procedures occurring in conjunction with certain principal diagnoses with sufficient frequency to justify adding them to one of the surgical DRGs for the MDC in which the diagnosis falls. Based on this year's review, we are not proposing to remove any procedures in DRGs 468 or 477 to one of the surgical DRGs for FY 2007.

b. Reassignment of Procedures Among DRGs 468, 476, and 477

We also annually review the list of ICD–9–CM procedures that, when in combination with their principal diagnosis code, result in assignment to DRGs 468, 476, and 477, to ascertain if any of those procedures should be reassigned from one of these three DRGs to another of the three DRGs based on average charges and the length of stay. We look at the data for trends such as shifts in treatment practice or reporting practice that would make the resulting DRG assignment illogical. If we find these shifts, we would propose to move cases to keep the DRGs clinically similar or to provide payment for the cases in a similar manner. Generally, we move only those procedures for which we have an adequate number of discharges to analyze the data.

We are not proposing to move any procedure codes from DRG 476 to DRGs 468 or 477, or from DRG 477 to DRGs 468 or 476 for FY 2007.

c. Adding Diagnosis or Procedure Codes to MDCs

Based on our review this year, we are not proposing to add any diagnosis codes to MDCs for FY 2007.

10. Changes to the ICD–9–CM Coding System

As described in section II.B.1. of this preamble, the ICD–9–CM is a coding system used for the reporting of diagnoses and procedures performed on a patient. In September 1985, the ICD–9–CM Coordination and Maintenance Committee was formed. This is a Federal interdepartmental committee, co-chaired by the National Center for Health Statistics (NCHS), the Centers for Disease Control and Prevention, and CMS, charged with maintaining and updating the ICD–9–CM system. The Committee is jointly responsible for approving coding changes, and developing errata, addenda, and other modifications to the ICD–9–CM to reflect newly developed procedures and technologies and newly identified diseases. The Committee is also responsible for promoting the use of Federal and non-Federal educational programs and other communication techniques with a view toward standardizing coding applications and upgrading the quality of the classification system.

The Official Version of the ICD–9–CM contains the list of valid diagnosis and procedure codes. (The Official Version of the ICD–9–CM is available from the Government Printing Office on CD–ROM for $25.00 by calling (202) 512–1800.) The Official Version of the ICD–9–CM is no longer available in printed manual form from the Federal Government; it is only available on CD–ROM. Users who need a paper version are referred to one of the many products available from publishing houses.

The NCHS has lead responsibility for the ICD–9–CM diagnosis codes included in the *Tabular List* and *Alphabetic Index for Diseases,* while CMS has lead responsibility for the ICD–9–CM procedure codes included in the *Tabular List* and *Alphabetic Index for Procedures.*

The Committee encourages participation in the above process by health-related organizations. In this regard, the Committee holds public meetings for discussion of educational issues and proposed coding changes. These meetings provide an opportunity for representatives of recognized organizations in the coding field, such as the American Health Information Management Association (AHIMA), the American Hospital Association (AHA),

[10] The original list of the ICD–9–CM procedure codes for the procedures we consider nonextensive procedures, if performed with an unrelated principal diagnosis, was published in Table 6C in section IV. of the Addendum to the FY 1989 final rule (53 FR 38591). As part of the FY 1991 final rule (55 FR 36135), the FY 1992 final rule (56 FR 43212), the FY 1993 final rule (57 FR 23625), the FY 1994 final rule (58 FR 46279), the FY 1995 final rule (59 FR 45336), the FY 1996 final rule (60 FR 45783), the FY 1997 final rule (61 FR 46173), and the FY 1998 final rule (62 FR 45981), we moved several other procedures from DRG 468 to DRG 477, and some procedures from DRG 477 to DRG 468. No procedures were moved in FY 1999, as noted in the final rule (63 FR 40962); in FY 2000 (64 FR 41496); in FY 2001 (65 FR 47064); or in FY 2002 (66 FR 39852). In the FY 2003 final rule (67 FR 49999) we did not move any procedures from DRG 477. However, we did move procedure codes from DRG 468 and placed them in more clinically coherent DRGs. In the FY 2004 final rule (68 FR 45365), we moved several procedures from DRG 468 to DRGs 476 and 477 because the procedures are nonextensive. In the FY 2005 final rule (69 FR 48950), we moved one procedure from DRG 468 to 477. In addition, we added several existing procedures to DRGs 476 and 477. In the FY 2006 (70 FR 47317), we moved one procedure from DRG 468 and assigned it to DRG 477.

and various physician specialty groups, as well as individual physicians, health information management professionals, and other members of the public, to contribute ideas on coding matters. After considering the opinions expressed at the public meetings and in writing, the Committee formulates recommendations, which then must be approved by the agencies.

The Committee presented proposals for coding changes for implementation in FY 2007 at a public meeting held on September 29–30, 2005, and finalized the coding changes after consideration of comments received at the meetings and in writing by December 2, 2005. Those coding changes are announced in Tables 6A through 6F in the Addendum to this proposed rule. The Committee held its 2006 meeting on March 23–24, 2006. Proposed new codes for which there was a consensus of public support and for which complete tabular and indexing changes can be made by May 2006 will be included in the October 1, 2006 update to ICD–9–CM. Code revisions that were discussed at the March 23–24, 2006 Committee meeting could not be finalized in time to include them in this FY 2007 IPPS proposed rule. These additional codes will be included in Tables 6A through 6F of the final rule and will be marked with an asterisk (*).

Copies of the minutes of the procedure codes discussions at the Committee's September 29–30, 2005 meeting can be obtained from the CMS Web site: *http://new.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp.* The minutes of the diagnosis codes discussions at the September 29–30, 2005 meeting are found at: *http://www.cdc.gov/nchs/icd9.htm.* Paper copies of these minutes are no longer available and the mailing list has been discontinued. These Web sites also provide detailed information about the Committee, including information on requesting a new code, attending a Committee meeting, and timeline requirements and meeting dates.

We encourage commenters to address suggestions on coding issues involving diagnosis codes to: Donna Pickett, Co-Chairperson, ICD–9–CM Coordination and Maintenance Committee, NCHS, Room 2402, 3311 Toledo Road, Hyattsville, MD 20782. Comments may be sent by E-mail to: *dfp4@cdc.gov.*

Questions and comments concerning the procedure codes should be addressed to: Patricia E. Brooks, Co-Chairperson, ICD–9–CM Coordination and Maintenance Committee, CMS, Center for Medicare Management, Hospital and Ambulatory Policy Group, Division of Acute Care, C4–08–06, 7500 Security Boulevard, Baltimore, MD 21244–1850. Comments may be sent by E-mail to: *Patricia.Brooks1@cms.hhs.gov.*

The ICD–9–CM code changes that have been approved will become effective October 1, 2006. The new ICD–9–CM codes are listed, along with their DRG classifications, in Tables 6A and 6B (New Diagnosis Codes and New Procedure Codes, respectively) in the Addendum to this proposed rule. As we stated above, the code numbers and their titles were presented for public comment at the ICD–9–CM Coordination and Maintenance Committee meetings. Both oral and written comments were considered before the codes were approved. In this proposed rule, we are only soliciting comments on the proposed classification of these new codes.

For codes that have been replaced by new or expanded codes, the corresponding new or expanded diagnosis codes are included in Table 6A. New procedure codes are shown in Table 6B. Diagnosis codes that have been replaced by expanded codes or other codes or have been deleted are in Table 6C (Invalid Diagnosis Codes). These invalid diagnosis codes will not be recognized by the GROUPER beginning with discharges occurring on or after October 1, 2006. Table 6D contains invalid procedure codes. These invalid procedure codes will not be recognized by the GROUPER beginning with discharges occurring on or after October 1, 2006. Revisions to diagnosis code titles are in Table 6E (Revised Diagnosis Code Titles), which also includes the DRG assignments for these revised codes. Table 6F includes revised procedure code titles for FY 2007.

In the September 7, 2001 final rule implementing the IPPS new technology add-on payments (66 FR 46906), we indicated we would attempt to include proposals for procedure codes that would describe new technology discussed and approved at the April meeting as part of the code revisions effective the following October. As stated previously, ICD–9–CM codes discussed at the March 23–24, 2006 Committee meeting that received consensus and that can be finalized by May 2006, will be included in Tables 6A through 6F of the Addendum to the final rule.

Section 503(a) of Pub. L. 108–173 included a requirement for updating ICD–9–CM codes twice a year instead of a single update on October 1 of each year. This requirement was included as part of the amendments to the Act relating to recognition of new technology under the IPPS. Section 503(a) amended section 1886(d)(5)(K) of the Act by adding a clause (vii) which states that the ''Secretary shall provide for the addition of new diagnosis and procedure codes in April 1 of each year, but the addition of such codes shall not require the Secretary to adjust the payment (or diagnosis-related group classification) * * * until the fiscal year that begins after such date.'' This requirement improves the recognition of new technologies under the IPPS system by providing information on these new technologies at an earlier date. Data will be available 6 months earlier than would be possible with updates occurring only once a year on October 1.

While section 1886(d)(5)(K)(vii) of the Act states that the addition of new diagnosis and procedure codes on April 1 of each year shall not require the Secretary to adjust the payment, or DRG classification under section 1886(d) of the Act until the fiscal year that begins after such date, we have to update the DRG software and other systems in order to recognize and accept the new codes. We also publicize the code changes and the need for a mid-year systems update by providers to capture the new codes. Hospitals also have to obtain the new code books and encoder updates, and make other system changes in order to capture and report the new codes.

The ICD–9–CM Coordination and Maintenance Committee holds its meetings in the Spring and Fall in order to update the codes and the applicable payment and reporting systems by October 1 of each year. Items are placed on the agenda for the ICD–9–CM Coordination and Maintenance Committee meeting if the request is received at least 2 months prior to the meeting. This requirement allows time for staff to review and research the coding issues and prepare material for discussion at the meeting. It also allows time for the topic to be publicized in meeting announcements in the **Federal Register** as well as on the CMS Web site. The public decides whether or not to attend the meeting based on the topics listed on the agenda. Final decisions on code title revisions are currently made by March 1 so that these titles can be included in the IPPS proposed rule. A complete addendum describing details of all changes to ICD–9–CM, both tabular and index, are publicized on CMS and NCHS Web pages in May of each year. Publishers of coding books and software use this information to modify their products that are used by health care providers. This 5-month time period has proved to be necessary

for hospitals and other providers to update their systems.

A discussion of this timeline and the need for changes are included in the December 4–5, 2005 ICD–9–CM Coordination and Maintenance Committee minutes. The public agreed that there was a need to hold the fall meetings earlier, in September or October, in order to meet the new implementation dates. The public provided comment that additional time would be needed to update hospital systems and obtain new code books and coding software. There was considerable concern expressed about the impact this new April update would have on providers.

In the FY 2005 IPPS final rule, we implemented section 1886(d)(5)(K)(vii) of the Act, as added by section 503(a) of Public Law 108–173, by developing a mechanism for approving, in time for the April update, diagnosis and procedure code revisions needed to describe new technologies and medical services for purposes of the new technology add-on payment process. We also established the following process for making these determinations. Topics considered during the Fall ICD–9–CM Coordination and Maintenance Committee meeting are considered for an April 1 update if a strong and convincing case is made by the requester at the Committee's public meeting. The request must identify the reason why a new code is needed in April for purposes of the new technology process. The participants at the meeting and those reviewing the Committee meeting summary report are provided the opportunity to comment on this expedited request. All other topics are considered for the October 1 update. Participants at the Committee meeting are encouraged to comment on all such requests. There were no requests for an expedited April l, 2006 implementation of an ICD–9–CM code at the September 29–30, 2005 Committee meeting. Therefore, there were no new ICD–9–CM codes implemented on April 1, 2006.

We believe that this process captures the intent of section 1886(d)(5)(K)(vii) of the Act. This requirement was included in the provision revising the standards and process for recognizing new technology under the IPPS. In addition, the need for approval of new codes outside the existing cycle (October 1) arises most frequently and most acutely where the new codes will capture new technologies that are (or will be) under consideration for new technology add-on payments. Thus, we believe this provision was intended to expedite data collection through the assignment of new ICD–9–CM codes for new technologies seeking higher payments.

Current addendum and code title information is published on the CMS Web page at: *http://www.cms.hhs.gov/icd9ProviderDiagnosticCodes.* Information on ICD–9–CM diagnosis codes, along with the Official ICD–9–CM Coding Guidelines, can be found on the Web page at: *http://www.cdc.gov/nchs/icd9.htm.* Information on new, revised, and deleted ICD–9–CM codes is also provided to the AHA for publication in the *Coding Clinic for ICD–9–CM.* AHA also distributes information to publishers and software vendors.

CMS also sends copies of all ICD–9–CM coding changes to its contractors for use in updating their systems and providing education to providers.

These same means of disseminating information on new, revised, and deleted ICD–9–CM codes will be used to notify providers, publishers, software vendors, contractors, and others of any changes to the ICD–9–CM codes that are implemented in April. The code titles are adopted as part of the ICD–9–CM Coordination and Maintenance Committee process. Thus, although we publish the code titles in the IPPS proposed and final rules, they are not subject to comment in the proposed or final rules. We will continue to publish the October code updates in this manner within the IPPS proposed and final rules. For codes that are implemented in April, we will assign the new procedure code to the same DRG in which its predecessor code was assigned so there will be no DRG impact as far as DRG assignment. This mapping was specified by section 1886(d)(5)(K)(vii) of the Act as added by section 503(a) of Pub. L. 108–173. Any midyear coding updates will be available through the websites indicated above and through the *Coding Clinic for ICD–9–CM.* Publishers and software vendors currently obtain code changes through these sources in order to update their code books and software systems. We will strive to have the April 1 updates available through these Web sites 5 months prior to implementation (that is, early November of the previous year), as is the case for the October 1 updates. Codebook publishers are evaluating how they will provide any code updates to their subscribers. Some publishers may decide to publish mid-year book updates. Others may decide to sell an addendum that lists the changes to the October 1 code book. Coding personnel should contact publishers to determine how they will update their books. CMS and its contractors will also consider developing provider education articles concerning this change to the effective date of certain ICD–9–CM codes.

*E. Proposed Recalibration of DRG Weights*

(If you choose to comment on issues in this section, please include the caption ''DRG Weights'' at the beginning of your comment.)

We are proposing to change the DRG recalibration process methodology for FY 2007 to move to an HSRV weighting method as discussed in section II.C.2. of the preamble to this proposed rule. For FY 2006 and years prior, we have recalibrated the DRG weights based on charge data for Medicare discharges using the most current charge information available (for example, the FY 2005 MedPAR file would have been used for FY 2007). Our thorough analysis of the March 2005 MedPAC recommendations regarding refinement of the DRG system used for the IPPS (see discussion of the MedPAC recommendations in section II.C.2. of this preamble) has shown that using gross charges as a basis for setting the DRG weights has introduced bias into the weighting process. Specifically, hospitals that are systematically more expensive than others (that is, teaching hospitals and specialty hospitals) tend to treat certain cases more commonly than others, causing the weights for these cases to be artificially high. In addition, hospitals may mark up their charges for routine days, intensive care days, and various ancillary services by different percentages. This practice of differential markups among hospital cost centers may also introduce bias into the weights. For instance, we have observed that ancillary service cost centers generally have higher charge markups than routine services. Thus, the charge-based relative weight methodology may result in high weights for DRGs that use more ancillary services relative to DRGs that use more routine services than would occur under a system where the weights are based on costs.

As discussed in section II.C.2. of this preamble, based on our study of the MedPAC recommendations, we have developed an alternative methodology for recalibrating the DRG weights. This method involves applying the HSRV methodology at the cost center level (HSRVcc) to remove the bias introduced by hospital characteristics (that is, teaching, disproportionate share, location, and size, among others) and then scaling the weights to costs using national cost center CCRs derived from cost report data.

In developing this proposed system of weights, we used two data sources:

Claims data and cost report data. As in previous years, the claims data source is the MedPAR file. This file is based on fully coded diagnostic and procedure data for all Medicare inpatient hospital bills. The FY 2005 MedPAR data used in this proposed rule include discharges occurring between October 1, 2004 and September 30, 2005, based on bills received by CMS through December 31, 2005, from all hospitals subject to the IPPS and short-term acute care hospitals in Maryland (which are under a waiver from the IPPS under section 1814(b)(3) of the Act). The FY 2005 MedPAR file used in calculating the relative weights includes data for approximately 12,137,358 Medicare discharges. Discharges for Medicare beneficiaries enrolled in a Medicare+Choice managed care plan are excluded from this analysis. The data exclude CAHs, including hospitals that subsequently became CAHs after the period from which the data were taken. The second data source used in the new HSRVcc weight methodology are the FY 2003 Medicare cost report data files from HCRIS, which represents the most recent full set of cost report data available. We used the December 31, 2005 update of the HCRIS cost report files for FY 2003 in setting the proposed relative weights.

Previously, the charge-based methodology used to calculate the DRG relative weights from the MedPAR data was as follows:

- To the extent possible, all the claims were regrouped using the DRG classification revisions that we would have proposed.
- The transplant cases that were used to establish the proposed relative weight for heart and heart-lung, liver and/or intestinal, and lung transplants (DRGs 103, 480, and 495) were limited to those Medicare-approved transplant centers that have cases in the FY 2005 MedPAR file. (Medicare coverage for heart, heart-lung, liver and/or intestinal, and lung transplants is limited to those facilities that have received approval from CMS as transplant centers.)
- Organ acquisition costs for kidney, heart, heart-lung, liver, lung, pancreas, and intestinal (or multivisceral organs) transplants continue to be paid on a reasonable cost basis. Because these acquisition costs are paid separately from the prospective payment rate, it would have been necessary to subtract the acquisition charges from the total charges on each transplant bill that showed acquisition charges before computing the average charge for the DRG and before eliminating statistical outliers.
- Charges would have been standardized to remove the effects of differences in area wage levels, indirect medical education and disproportionate share payments, and, for hospitals in Alaska and Hawaii, the applicable cost-of-living adjustment.
- The average standardized charge per DRG was calculated by summing the standardized charges for all cases in the DRG and dividing that amount by the number of cases classified in the DRG. A transfer case would have been counted as a fraction of a case based on the ratio of its transfer payment under the per diem payment methodology to the full DRG payment for non-transfer cases. That is, a transfer case receiving payment under the transfer methodology equal to half of what the case would receive as a non-transfer would be counted as 0.5 of a total case.
- Statistical outliers were eliminated by removing all cases that were beyond 3.0 standard deviations from the mean of the log distribution of both the charges per case and the charges per day for each DRG.
- The average charge for each DRG was then recomputed (excluding the statistical outliers) and divided by the national average standardized charge per case to determine the relative weight.

These charge-based weights were then normalized by an adjustment factor so that the average case weight after recalibration is equal to the average case weight before recalibration. We will continue to apply this normalization adjustment as it is intended to ensure that recalibration by itself neither increases nor decreases total payments under the IPPS as required by section 1886(d)(4)(C)(iii) of the Act.

The methodology we are proposing to calculate the DRG weights from the FY 2005 MedPAR and FY 2003 cost report data is as follows:

- To the extent possible, all the claims were regrouped using the proposed DRG classification revisions discussed in section II.D. of this preamble.
- The transplant cases that were used to establish the proposed relative weight for heart and heart-lung, liver and/or intestinal, and lung transplants (DRGs 103, 480, and 495) were limited to those Medicare-approved transplant centers that have cases in the FY 2005 MedPAR file. (Medicare coverage for heart, heart-lung, liver and/or intestinal, and lung transplants is limited to those facilities that have received approval from CMS as transplant centers.)
- Organ acquisition costs for kidney, heart, heart-lung, liver, lung, pancreas, and intestinal (or multivisceral organs) transplants continue to be paid on a reasonable cost basis. Because these acquisition costs are paid separately from the prospective payment rate, it is necessary to subtract the acquisition charges from the total charges on each transplant bill that showed acquisition charges before adjusting the charges under the HSRVcc methodology and before eliminating statistical outliers.
- Claims for IPPS hospitals were used in this analysis (claims for IPFs, IRFs, LTCHs, cancer and children's hospitals, and RNHCIs were dropped). Claims with total charges or total length of stay less than or equal to zero were dropped. Claims that had an amount in the total charge field that differed by more than $10.00 from the sum of the routine day charges, intensive care charges, pharmacy charges, special equipment charges, therapy services charges, operating room charges, cardiology charges, laboratory charges, radiology charges, and other service charges were also dropped. At least 96 percent of the providers in the MedPAR file had charges for 8 of the 10 cost centers. Claims for providers that did not have charges greater than zero for at least 8 of the 10 cost centers were dropped.
- Statistical outliers were eliminated by removing all cases that were beyond 3.0 standard deviations from the mean of the log distribution of both the charges per case and the charges per day for each DRG.

Once the MedPAR data were trimmed, the data were sorted by provider so that charges could be standardized under the HSRVcc methodology (discussed in section II.C.2. of this preamble). To do this, an average charge was computed for each provider for each of 10 proposed cost centers. The average charge was computed by summing the charges for each cost center and dividing by the transfer adjusted case count for each provider. A transfer case, identified by discharge code, DRG, and length of stay, was counted as a fraction of a case based on the ratio of its length of stay plus 1 day relative to the geometric mean length of stay for that DRG. That is, a transfer case with a length of stay of 2 days in a DRG with a geometric mean length of stay of 6 days would be counted as 3 (2 days plus 1 extra day) divided by 6 or 0.5 of a total case as this reflects current payment policy.

The 10 cost centers that we are proposing to use in the HSRV weight calculation are shown in the following table. In addition, the table shows the lines on the cost report that we are proposing to use to create the national cost center CCRs that will be discussed later in this section:

| Grouping | MedPAR Charge Description | Costs from HCRIS (Worksheet C, Part 1, Column 5 and line number) | Charges from HCRIS (Worksheet C, Part 1, Columns 6 & 7 and line number) |
|---|---|---|---|
| Routine Days | (1) Private Room Charges<br>(2) Semi-private Room Charges<br>(3) Ward Charges | C_1_C5_25 | C_1_C6_25<br>C_1_C7_25 |
| | | | |
| Intensive Days | (4) Intensive Care Charges | C_1_C5_26 | C_1_C6_26<br>C_1_C7_26 |
| | (5) Coronary Care Charges | C_1_C5_27 | C_1_C6_27<br>C_1_C7_27 |
| | | C_1_C5_28 | C_1_C6_28<br>C_1_C7_28 |
| | | C_1_C5_29 | C_1_C6_29<br>C_1_C7_29 |
| | | C_1_C5_30 | C_1_C6_30<br>C_1_C7_30 |
| | | | |
| Drugs | (7) Pharmacy Charges | C_1_C5_56 | C_1_C6_56<br>C_1_C7_56 |
| | | C_1_C5_48 | C_1_C6_48<br>C_1_C7_48 |
| | | | |
| Supplies & Equipment | (8) Medical/Surgical Supply Charges | C_1_C5_55 | C_1_C6_55<br>C_1_C7_55 |
| | (9) Durable Medical Equipment Charges | C_1_C5_66 | C_1_C6_66<br>C_1_C7_66 |
| | (10) Used Durable Medical Charges | C_1_C5_67 | C_1_C6_67<br>C_1_C7_67 |
| | | | |
| Therapeutic Services | (11) Physical Therapy Charges | C_1_C5_50 | C_1_C6_50<br>C_1_C7_50 |
| | (12) Occupational Therapy Charges | C_1_C5_51 | C_1_C6_51<br>C_1_C7_51 |
| | (13) Speech Pathology Charges | C_1_C5_52 | C_1_C6_52<br>C_1_C7_52 |
| | (14) Inhalation Therapy Charges | C_1_C5_49 | C_1_C6_49<br>C_1_C7_49 |
| | | | |
| Operating Room | (17) Operating Room Charges | C_1_C5_37 | C_1_C6_37<br>C_1_C7_37 |
| | (20) Anesthesia Charges | C_1_C5_38 | C_1_C6_38<br>C_1_C7_38 |
| | | C_1_C5_39 | C_1_C6_39<br>C_1_C7_39 |
| | | C_1_C5_40 | C_1_C6_40<br>C_1_C7_40 |
| | | | |
| Cardiology | (19) Cardiology Charges | C_1_C5_53 | C_1_C6_53<br>C_1_C7_53 |
| | | C_1_C5_54 | C_1_C6_54<br>C_1_C7_54 |
| | | | |

| Grouping | MedPAR Charge Description | Costs from HCRIS (Worksheet C, Part 1, Column 5 and line number) | Charges from HCRIS (Worksheet C, Part 1, Columns 6 & 7 and line number) |
|---|---|---|---|
| Laboratory | (21) Laboratory Charges | C_1_C5_44 | C_1_C6_44<br>C_1_C7_44 |
| | | C_1_C5_45 | C_1_C6_45<br>C_1_C7_45 |
| | | | |
| Radiology | (22) Radiology Charges | C_1_C5_41 | C_1_C6_41<br>C_1_C7_41 |
| | (23) MRI Charges | C_1_C5_42 | C_1_C6_42<br>C_1_C7_42 |
| | (18) Lithotripsy Charges | C_1_C5_43 | C_1_C6_43<br>C_1_C7_43 |
| | | | |
| Other Services and Charges | (6) Other Services | C_1_C5_46 | C_1_C6_46<br>C_1_C7_46 |
| | (15) Blood Charges | C_1_C5_47 | C_1_C6_47<br>C_1_C7_47 |
| | (16) Blood Administration Charges | C_1_C5_58 | C_1_C6_58<br>C_1_C7_58 |
| | (24) Outpatient Services Charges | C_1_C5_61 | C_1_C6_61<br>C_1_C7_61 |
| | (25) Emergency Room Charges | C_1_C5_65 | C_1_C6_65<br>C_1_C7_65 |
| | (26) Ambulance Charges | C_1_C5_57 | C_1_C6_57<br>C_1_C7_57 |
| | (29) ESRD Revenue Setting Charges | C_1_C5_60 | C_1_C6_60<br>C_1_C7_60 |
| | (30) Clinic Visit Charges | C_1_C5_63 | C_1_C6_63<br>C_1_C7_63 |
| | | C_1_C5_59 | C_1_C6_59<br>C_1_C7_59 |
| | | C_1_C5_64 | C_1_C6_64<br>C_1_C7_64 |
| | | C_1_C5_65 | C_1_C6_65<br>C_1_C7_65 |

BILLING CODE 4120–01–C

After computing the average charge for each provider for each cost center, the cost center charges on each claim are divided by the provider's average charge for the matching cost center. For example, the routine day charges on the claim are divided by the average routine day charge for the provider, the intensive care unit charges on the claim are divided by the average intensive care unit charge for the provider, and so on. By using a hospital's relative charge structure, the resulting weights from this step do not reflect differences in charges among providers for factors such as location, size, wages, relative efficiency, average markup, IME, DSH and the variety of cases treated. Once these charges are adjusted by the average charge for the cost center, they are then multiplied by the provider's CMI.

This adjustment for CMI is needed to rescale the hospital-specific relative charge values which, by definition, will average to 1.0 for each cost center. Because the average relative weight for a provider is that provider's CMI, we believe CMI is a reasonable scale factor to use to further adjust the relative charges to reflect the complexity of cases treated by the provider. A starting CMI of one was assigned to each cost center for each provider.

After the relative charges (cost center claim charge divided by the average cost center charge for the provider) are multiplied by the hospital's matching cost center CMI, they are summed by DRG. The transfer adjusted case count for each DRG is also summed. Average charges by DRG are calculated for each cost center by taking the sum of the relative, CMI adjusted charges for that DRG and dividing by the transfer adjusted case count for that DRG.

A national average charge is calculated for each cost center by summing all relative CMI adjusted charges in the trimmed MedPAR data set and dividing by the total transfer-adjusted case count. The first set of DRG weights is created by dividing the average charge for each DRG for each cost center by the national average charge for that cost center. The result is a set of 10 weights for each DRG. These 10 weights are then assigned to each claim, a new CMI is created for each provider, the relative charges for each cost center on the claim (total charge for cost center is divided by the provider's

average charge for that cost center) are multiplied by the new CMI and the weights are iterated until the national average CMI for each cost center stops changing between iterations. In preparing the proposed weights for this proposed rule, we used a straight CMI calculation where each case was given a full weight and counted as a full case regardless of transfer status.

Alternatively, we could use the method we applied in our study of the MedPAC recommendations (see section II.C. of this preamble) where we used a CMI that was computed by taking the sum of the transfer-adjusted weights and dividing by a full case count, where the transfer-adjusted weight is computed by multiplying the transfer-adjusted case count (length of stay for claim plus one day divided by geometric mean length of stay for the DRG) by the DRG weight. We are soliciting public comment on which CMI calculation would be the most appropriate to use in this weighting methodology.

After the iteration process is completed, we remove the effects of differential markups within cost centers. To do this, we are proposing to use national average departmental CCRs in conjunction with the total charges from the trimmed MedPAR file to create scaling factors for each cost center. The first step in this process is to develop national cost center CCRs.

Taking the FY 2003 cost report data, we removed CAHs, Maryland hospitals, Indian Health Service hospitals, all-inclusive rate hospitals, and cost reports that represented time periods of less than 1 year (365 days). We then created CCRs for each provider for each cost center (see prior table for line items used in the calculations) and removed any cost CCRs that were greater than 10 or less than .01. We then took the logs of all of the cost center CCRs and removed any cost center CCRs where the log of the cost center CCR was greater or less than the mean log plus/minus 1.96 times the standard deviation for the log of that cost center CCR. We are proposing to use 1.96 times the standard deviation as a trim factor because the logs of the cost center CCRs are normally distributed and 1.96 times the standard deviation represents the 95 percentile of the T-Distribution for large sample size, for which 2,000 to 3,000 hospitals should qualify. Once the cost report data was trimmed, we calculated the geometric mean CCR for each cost center.

We are proposing to use these geometric mean CCRs to create cost scaling factors to apply to the DRG weights. Once the national average CCRs are computed, they are multiplied by the total unadjusted charges for the matching group of cost centers in MedPAR. The resulting costs for each group of cost centers are then summed to derive a total cost for all cases across the Nation. The percentage that each cost center is contributing to the overall total costs is calculated by dividing the individual cost center cost by the total amount. For example, the total cost for routine days is divided by the total cost for all cases to arrive at 0.29, which indicates that routine costs are responsible for approximately 29 percent of total cost. We are proposing to use these percentages as scaling factors to apply to the relative weights. For each DRG, the cost center weights are multiplied by these scaling factors (that is, routine day weight is multiplied by the routine day scaling factor, intensive care unit weight is multiplied by the intensive care unit scaling factor, and so on). After the weights are adjusted by the scaling factor, they are summed by DRG to create one final weight for each DRG. Following that, they are normalized by a factor of 1.49216 so that the weights so that the average case weight after recalibration is equal to the average case weight before recalibration. This normalization adjustment was intended to ensure that recalibration by itself neither increases nor decreases total payments under the IPPS.

When we recalibrated the DRG weights for previous years, we set a threshold of 10 cases as the minimum number of cases required to compute a reasonable weight. We are proposing to use that same case threshold in recalibrating the DRG weights for FY 2007. Using the FY 2005 MedPAR data set, there are 40 DRGs that contain fewer than 10 cases. Because we believe that we do not have sufficient MedPAR data to set accurate and stable HSRVcc weights for these low-volume DRGs, we are proposing to assign them the weights of similar DRGs for which we have more complete data. The crosswalk we are proposing to use is shown below. We are soliciting comment on this crosswalk.

| Low volume DRG | DRG title | Crosswalk to DRG |
|---|---|---|
| 3 | Craniotomy Age 0–17 | 2 (Craniotomy Age >17 Without CC). |
| 30 | Traumatic Stupor & Coma, Coma <1 HR Age 0–17 | 29 (Traumatic Stupor & Coma, Coma <1 HR Age >17 Without CC). |
| 33 | Concussion Age 0–17 | 32 (Concussion Age >17 Without CC). |
| 41 | Extraocular Procedures Except Orbit Age 0–17 | 40 (Extraocular Procedures Except Orbit Age >17). |
| 48 | Other Disorders Of The Eye Age 0–17 | 47 (Other Disorders of The Eye Age >17 Without CC). |
| 54 | Sinus and Mastoid Procedures Age 0–17 | 53 (Sinus and Mastoid Procedures Age >17). |
| 58 | T&A Proc, Except Tonsillectomy &/or Adenoidectomy Only, Age 0–17. | 57 (T&A Proc, Except Tonsillectomy &/or Adenoidectomy Only, Age >17). |
| 60 | Tonsillectomy and/or Adenoidectomy Only, Age 0–17 | 59 (Tonsillectomy and/or Adenoidectomy Only, Age >17). |
| 62 | Myringotomy W Tube Insertion Age 0–17 | 61 (Myringotomy With Tube Insertion Age >17). |
| 74 | Other Ear, Nose, Mouth & Throat Diagnoses Age 0–17 | 73 (Other Ear, Nose, Mouth & Throat Diagnoses Age >17). |
| 81 | Respiratory Infections & Inflammations Age 0–17 | 79 (Respiratory Infections & Inflammations Age >17 With CC). |
| 137 | Cardiac Congental & Valvular Disorders Age 0–17 | 135 (Cardiac Congental & Valvular Disorders Age >17 With CC). |
| 156 | Stomach, Esophageal & Duodenal Procedures Age 0–17 | 155 (Stomach, Esophageal & Duodenal Procedures Age >17 Without CC). |
| 163 | Hernia Procedures Age 0–17 | 162 (Inguinal & Femoral Hernia Procedures Age >17 Without CC). |
| 186 | Dental & Oral Disease Except Extractions & Restorations Age 0–17. | 185 (Dental & Oral Disease Except Extractions & Restorations, Age >17). |
| 220 | Lower Extrem & Humer Proc Except Hip, Foot, Femur Age 0–17. | 219 (Lower Extrem & Humer Proc Except Hip, Foot, Femur Age >17 Without CC). |
| 252 | Fx, Sprn, Strn & Disl Of Foreman, Hand, Foot Age 0–17 | 251 (Fx, Sprn, Strn & Disl of Foreman, Hand, Foot Age >17 Without CC). |

| Low volume DRG | DRG title | Crosswalk to DRG |
|---|---|---|
| 255 | Fx, Sprn, Strn & Disl Of Uparm, Lowleg Ex Foot Age 0–17 | 254 Fx, Sprn, Strn & Disl of Uparm, Lowleg Ex Foot Age >17 Without CC). |
| 279 | Cellulitis Age 0–17 | 278 (Cellulitis Age >17 Without CC). |
| 282 | Trauma To The Skin, Subcut Tiss & Breast Age 0–17 | 281 (Trauma To The Skin, Subcut Tiss & Breast Age >17 Without CC). |
| 314 | Urethral Procedures, Age 0–17 | 313 (Urethral Procedures, Age >17 Without CC). |
| 330 | Urethral Stricture Age 0–17 | 329 (Urethral Stricture Age >17 Without CC). |
| 340 | Testes Procedures, Non-Malignancy Age 0–17 | 339 (Testes Procedures, Non-Malignancy Age >17). |
| 343 | Circumcism Age 0–17 | 342 (Circumcism Age >17). |
| 351 | Sterilization, Male | 352 (Other Male Reproductive System Diagnoses). |
| 362 | Endoscopic Tubal Interruption | 361 (Laparoscopy & Incisional Tubal Interruption). |
| 385 | Neonates, Died Or Transferred To Another Acute Care Facility. | FY 2006 FR weight (adjusted by percent change in average weight of the cases in other DRGs). |
| 386 | Extreme Immaturity Or Respiratory Distress Syndrome, Neonate. | FY 2006 FR weight (adjusted by percent change in average weight of the cases in other DRGs). |
| 387 | Prematurity With Major Problems | FY 2006 FR weight (adjusted by percent change in average weight of the cases in other DRGs). |
| 388 | Prematurity Without Major Problems | FY 2006 FR weight (adjusted by percent change in average weight of the cases in other DRGs). |
| 389 | Full Term Neonate With Major Problems | FY 2006 FR weight (adjusted by percent change in average weight of the cases in other DRGs). |
| 390 | Neonate With Other Significant Problems | FY 2006 FR weight (adjusted by percent change in average weight of the cases in other DRGs). |
| 391 | Normal Newborn | FY 2006 FR weight (adjusted by percent change in average weight of the cases in other DRGs). |
| 393 | Splenectomy Age 0–17 | 392 (Splenectomy Age >17). |
| 405 | Acute Leukemia Without Major O.R. Procedure Age 0–17 | 473 (Acute Leukemia Without Major O.R. Procedure Age >17). |
| 411 | History Of Malignancy Without Endoscopy | 465 (Aftercare With History of Malignancy As Secondary Diagnosis). |
| 412 | History Of Malignancy With Endoscopy | 465 (Aftercare With History of Malignancy As Secondary Diagnosis). |
| 446 | Traumatic Injury Age 0–17 | 445 (Traumatic Injury Age >17 Without CC). |
| 448 | Allergic Reactions Age 0–17 | 447 (Allergic Reactions Age >17). |
| 451 | Poisoning and Toxic Effects Of Drugs Age 0–17 | 450 (Poisoning and Toxic Effects of Drugs Age >17 Without CC). |

Section 1886(d)(4)(C)(iii) of the Act requires that, beginning with FY 1991, reclassification and recalibration changes be made in a manner that assures that the aggregate payments are neither greater than nor less than the aggregate payments that would have been made without the changes. Although normalization is intended to achieve this effect, equating the average case weight after recalibration to the average case weight before recalibration does not necessarily achieve budget neutrality with respect to aggregate payments to hospitals because payments to hospitals are affected by factors other than average case weight. Therefore, as we have done in past years, and as discussed in section II.A.4.a. of the Addendum to this proposed rule, we are making a budget neutrality adjustment to ensure that the requirement of section 1886(d)(4)(C)(iii) of the Act is met.

*F. Proposed LTC–DRG Reclassifications and Relative Weights for LTCHs for FY 2007*

(If you choose to comment on issues in this section, please include the caption ''LTC–DRGs'' at the beginning of your comment.)

1. Background

In the June 6, 2003 LTCH PPS final rule (68 FR 34122), we changed the LTCH PPS annual payment rate update cycle to be effective July 1 through June 30 instead of October 1 through September 30. In addition, because the patient classification system utilized under the LTCH PPS uses the same DRGs as those currently used under the IPPS for acute care hospitals, in that same final rule, we explained that the annual update of the long-term care diagnosis-related group (LTC–DRG) classifications and relative weights will continue to remain linked to the annual reclassification and recalibration of the DRGs used under the IPPS. In that same final rule, we specified that we will continue to update the LTC–DRG classifications and relative weights to be effective for discharges occurring on or after October 1 through September 30 each year. Furthermore, we stated that we will publish the annual update of the LTC–DRGs in the proposed and final rules for the IPPS.

In the past, the annual update to the IPPS DRGs has been based on the annual revisions to the ICD–9–CM codes and was effective each October 1. As discussed in the FY 2006 IPPS final rule (70 FR 47323 through 47341) and in the Rate Year (RY) 2007 LTCH PPS proposed rule (71 FR 4652 through 4658), with the implementation of section 503(a) of Pub. L. 108–173, there is the possibility that one feature of the GROUPER software program may be updated twice during a Federal fiscal year (October 1 and April 1) as required by the statute for the IPPS. Specifically, ICD–9–CM diagnosis and procedure codes for new medical technology may be created and added to existing DRGs in the middle of the Federal fiscal year on April 1. However, this policy change will have no effect on the LTC–DRG relative weights, which will continue to be updated only once a year (October 1), nor will there be any impact on Medicare payments under the LTCH PPS. The use of the ICD–9–CM code set is also compliant with the current requirements of the Transactions and Code Sets Standards regulations at 45 CFR Parts 160 and 162, promulgated in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104–191.

As we explained in the RY 2007 LTCH PPS proposed rule (71 FR 4654

through 4658), in the health care industry, historically annual changes to the ICD–9–CM codes were effective for discharges occurring on or after October 1 each year. Thus, the manual and electronic versions of the GROUPER software, which are based on the ICD–9–CM codes, were also revised annually and effective for discharges occurring on or after October 1 each year. As noted above, the patient classification system used under the LTCH PPS (LTC–DRGs) is based on the patient classification system used under the IPPS (CMS DRGs), which historically had been updated annually and effective for discharges occurring on or after October 1 through September 30 each year. As also mentioned above, the ICD–9–CM coding update process was revised as a result of implementing section 503(a) of Pub. L. 108–173, which includes a requirement for updating ICD–9–CM codes as often as twice a year instead of the current process of annual updates on October 1 of each year (as discussed in greater detail in section II.D.10. of the preamble of this proposed rule). This requirement is included as part of the amendments to the Act relating to recognition of new medical technology under the IPPS. Section 503(a) of Pub. L. 108–173 amended section 1886(d)(5)(K) of the Act by adding a new clause (vii) which states that ''the Secretary shall provide for the addition of new diagnosis and procedure codes in [sic] April 1 of each year, but the addition of such codes shall not require the Secretary to adjust the payment (or diagnosis-related group classification) * * * until the fiscal year that begins after such date.'' This requirement improves the recognition of new technologies under the IPPS by accounting for those ICD–9–CM codes in the MedPAR claims data at an earlier date.

Despite the fact that aspects of the GROUPER software may be updated to recognize any new technology ICD–9–CM codes, as discussed most recently in the RY 2007 LTCH PPS proposed rule (71 FR 4654 through 4655), there will be no impact on either LTC–DRG assignments or payments under the LTCH PPS at that time. That is, changes to the LTC–DRGs (such as the creation or deletion of LTC–DRGs) and the relative weights will continue to be updated in the manner and timing (October 1) as they are now. As noted above and as described in the RY 2007 LTCH PPS proposed rule (71 FR 4655), updates to the GROUPER for both the IPPS and the LTCH PPS (with respect to relative weights and the creation or deletion of DRGs) are made in the annual IPPS proposed and final rules and are effective each October 1. We also explained that because we do not publish a midyear IPPS rule, any April 1 code updates will not be published in a midyear IPPS rule. Rather, we will assign any new diagnosis or procedure codes to the same DRG in which its predecessor code was assigned, so that there will be no impact on the DRG assignments (as also discussed in section II.D.10. of this preamble). Any coding updates will be available through the Web sites provided in section II.D.10. of this preamble and through the *Coding Clinic for ICD–9–CM.* Publishers and software vendors currently obtain code changes through these sources in order to update their code books and software system. If new codes are implemented on April 1, revised code books and software systems, including the GROUPER software program, will be necessary because we must use current ICD–9–CM codes. Therefore, for purposes of the LTCH PPS, because each ICD–9–CM code must be included in the GROUPER algorithm to classify each case into a LTC–DRG, the GROUPER software program used under the LTCH PPS would need to be revised to accommodate any new codes.

In implementing section 503(a) of Pub. L. 108–173, there will only be an April 1 update if new technology codes are requested and approved. We note that any new codes created for April 1 implementation will be limited to those diagnosis and procedure code revisions primarily needed to describe new technologies and medical services. However, we reiterate that the process of discussing updates to the ICD–9–CM has been an open process through the ICD–9–CM Coordination and Maintenance Committee since 1995. Requestors will be given the opportunity to present the merits for a new code and make a clear and convincing case for the need to update ICD–9–CM codes for purposes of the IPPS new technology add-on payment process through an April 1 update (as also discussed in section II.D.10. of this preamble).

However, as we discussed in the RY 2007 LTCH PPS proposed rule (71 FR 4655), at the September 29–30, 2005 ICD–9–CM Coordination and Maintenance Committee meeting, there were no requests for an April 1, 2006 implementation of ICD–9–CM codes, and, therefore, the next update to the ICD–9–CM coding system would not occur until October 1, 2006 (FY 2007). Presently, as there were no coding changes suggested for an April 1, 2006 update, the ICD–9–CM coding set implemented on October 1, 2005, will continue through September 30, 2006 (FY 2006). The proposed update to the ICD–9–CM coding system for FY 2007 is discussed above in section II.D.10. of this preamble. Accordingly, in this proposed rule, as discussed in greater detail below, we are proposing revisions to the LTC–DRG classifications and relative weights, and to the extent that they are finalized, we will publish them in the corresponding IPPS final rule, to be effective October 1, 2006 through September 30, 2007 (FY 2007). Furthermore, we would notify LTCHs of any revisions to the GROUPER software used under the IPPS and the LTCH PPS that would be implemented April 1, 2007. The proposed LTC–DRGs and relative weights for FY 2007 in this proposed rule are based on the proposed IPPS DRGs (GROUPER Version 24.0) discussed in section II.B. of the preamble to this proposed rule.

2. Proposed Changes in the LTC–DRG Classifications

a. Background

Section 123 of Pub. L. 106–113 specifically requires that the agency implement a PPS for LTCHs be a per discharge system with a DRG-based patient classification system reflecting the differences in patient resources and costs in LTCHs while maintaining budget neutrality. Section 307(b)(1) of Pub. L. 106–554 modified the requirements of section 123 of Pub. L. 106–113 by specifically requiring that the Secretary examine ''the feasibility and the impact of basing payment under such a system [the LTCH PPS] on the use of existing (or refined) hospital diagnosis-related groups (DRGs) that have been modified to account for different resource use of long-term care hospital patients as well as the use of the most recently available hospital discharge data.''

In accordance with section 307(b)(1) of Pub. L. 106–554 and § 412.515 of our existing regulations, the LTCH PPS uses information from LTCH patient records to classify patient cases into distinct LTC–DRGs based on clinical characteristics and expected resource needs. The LTC–DRGs used as the patient classification component of the LTCH PPS correspond to the DRGs under the IPPS for acute care hospitals. Thus, in this proposed rule, we are proposing to use the IPPS GROUPER Version 24.0 for FY 2007 to process LTCH PPS claims for LTCH discharges occurring from October 1, 2006 through September 30, 2007. The proposed changes to the CMS–DRG classification system used under the IPPS for FY 2007

(GROUPER Version 24.0) are discussed in section II.D. of the preamble to this proposed rule.

We note that, as we discuss in section II.C.6. of the preamble to this proposed rule, MedPAC, in its 2005 Report to Congress on Physician-Owned Specialty Hospitals, recommended that CMS, among other things, refine the current DRGs under the IPPS to more fully capture differences in severity of illness among patients. As we also discuss in that same section, in evaluating the MedPAC recommendation for the IPPS, we are evaluating the APR DRG GROUPER used by MedPAC in its analysis. Based on this analysis, we concur with MedPAC that the modified version of the APR DRGs would account more completely for differences in severity of illness and associated costs among hospitals. Therefore, as discussed in greater detail in section II.C.6. of the preamble of this proposed rule, we are proposing to adopt the consolidated severity adjusted DRGs for implementation in the IPPS in FY 2008 (if not earlier). As discussed above in this section, the LTCH PPS uses the same patient classification system (DRGs). In response to MedPAC's recommendation that severity adjusted DRGs, such as the APR DRGs or a modified version of the APR DRGs, be adopted under the IPPS (as discussed in greater detail in section II.C. of this preamble), we are proposing to adopt consolidated severity-adjusted DRGs under the IPPS in FY 2008 (if not earlier). At that time, we would need to consider whether to propose revisions to the patient classification system under the LTCH PPS. Any proposed changes to the patient classification system would be done through notice and comment rulemaking.

Under the LTCH PPS, we determine relative weights for each of the DRGs to account for the difference in resource use by patients exhibiting the case complexity and multiple medical problems characteristic of LTCH patients. In a departure from the IPPS, as we discussed in the August 30, 2002 LTCH PPS final rule (67 FR 55985), which implemented the LTCH PPS, and the FY 2006 IPPS final rule (70 FR 47324), we use low-volume quintiles in determining the LTC–DRG relative weights for LTC–DRGs with less than 25 LTCH cases, because LTCHs do not typically treat the full range of diagnoses as do acute care hospitals. Specifically, we group those low-volume LTC–DRGs (that is, LTC–DRGs with fewer than 25 cases) into 5 quintiles based on average charge per discharge. (A listing of the composition of low-volume quintiles for the FY 2006 LTC–DRGs (based on FY 2004 MedPAR data) appears in section II.G.3. of the FY 2006 IPPS final rule (70 FR 47325 through 47332).) We also adjust for cases in which the stay at the LTCH is less than or equal to five-sixths of the geometric average length of stay; that is, short-stay outlier cases (§ 412.529), as discussed below in section II.F.4. of this preamble.

b. Patient Classifications Into DRGs

Generally, under the LTCH PPS, Medicare payment is made at a predetermined specific rate for each discharge; that is, payment varies by the LTC–DRG to which a beneficiary's stay is assigned. Just as cases are classified into DRGs for acute care hospitals under the IPPS (see section II.B. of this preamble), cases are classified into LTC–DRGs for payment under the LTCH PPS based on the principal diagnosis, up to eight additional diagnoses, and up to six procedures performed during the stay, as well as age, sex, and discharge status of the patient. The diagnosis and procedure information is reported by the hospital using the ICD–9–CM codes.

As discussed in section II.B. of this preamble, the CMS–DRGs are organized into 25 major diagnostic categories (MDCs), most of which are based on a particular organ system of the body; the remainder involve multiple organ systems (such as MDC 22, Burns). Accordingly, the principal diagnosis determines MDC assignment. Within most MDCs, cases are then divided into surgical DRGs and medical DRGs. Some surgical and medical DRGs are further differentiated based on the presence or absence of CCs. (See section II.B. of this preamble for further discussion of surgical DRGs and medical DRGs.)

Because the assignment of a case to a particular LTC–DRG will determine the amount that is paid for the case, it is important that the coding is accurate. As used under the IPPS, classifications and terminology used under the LTCH PPS are consistent with the ICD–9–CM and the Uniform Hospital Discharge Data Set (UHDDS), as recommended to the Secretary by the National Committee on Vital and Health Statistics (''Uniform Hospital Discharge Data: Minimum Data Set, National Center for Health Statistics, April 1980'') and as revised in 1984 by the Health Information Policy Council (HIPC) of the U.S. Department of Health and Human Services. We point out again that the ICD–9–CM coding terminology and the definitions of principal and other diagnoses of the UHDDS are consistent with the requirements of the Transactions and Code Sets Standards under HIPAA (45 CFR Parts 160 and 162).

The emphasis on the need for proper coding cannot be overstated. Inappropriate coding of cases can adversely affect the uniformity of cases in each LTC–DRG and produce inappropriate weighting factors at recalibration and result in inappropriate payments under the LTCH PPS. LTCHs are to follow the same coding guidelines used by acute care hospitals to ensure accuracy and consistency in coding practices. There will be only one LTC–DRG assigned per long-term care hospitalization; it will be assigned at the time of discharge of the patient. Therefore, it is mandatory that the coders continue to report the same principal diagnosis on all claims and include all diagnosis codes for conditions that coexist at the time of admission, for conditions that are subsequently developed, or for conditions that affect the treatment received. Similarly, all procedures performed in a LTCH, or paid for under arrangements by a LTCH, during that stay are to be reported on each claim.

Upon the discharge of the patient from a LTCH, the LTCH must assign appropriate diagnosis and procedure codes from the ICD–9–CM. Completed claim forms are to be submitted electronically to the LTCH's Medicare fiscal intermediary. Medicare fiscal intermediaries enter the clinical and demographic information into their claims processing systems and subject this information to a series of automated screening processes called the Medicare Code Editor (MCE). These screens are designed to identify cases that require further review before assignment into an LTC–DRG can be made.

After screening through the MCE, each LTCH claim will be classified into the appropriate LTC–DRG by the Medicare LTCH GROUPER. The LTCH GROUPER is specialized computer software and is the same GROUPER used under the IPPS. After the LTC–DRG is assigned, the Medicare fiscal intermediary determines the prospective payment by using the Medicare LTCH PPS PRICER program, which accounts for LTCH hospital-specific adjustments and payment rates. As provided for under the IPPS, we provide an opportunity for the LTCH to review the LTC–DRG assignments made by the fiscal intermediary and to submit additional information within a specified timeframe (§ 412.513(c)).

The LTCH GROUPER is used both to classify past cases in order to measure relative hospital resource consumption to establish the LTC–DRG weights and to classify current cases for purposes of determining payment. The records for all Medicare hospital inpatient

discharges are maintained in the MedPAR file. The data in this file are used to evaluate possible DRG classification changes and to recalibrate the DRG weights during our annual update (as discussed in section II.E. of this preamble). The LTC–DRG relative weights are based on data for the population of LTCH discharges, reflecting the fact that LTCH patients represent a different patient-mix than patients in short-term acute care hospitals.

3. Development of the Proposed FY 2007 LTC–DRG Relative Weights

a. General Overview of Development of the LTC–DRG Relative Weights

As we stated in the August 30, 2002 LTCH PPS final rule (67 FR 55981), one of the primary goals for the implementation of the LTCH PPS is to pay each LTCH an appropriate amount for the efficient delivery of care to Medicare patients. The system must be able to account adequately for each LTCH's case-mix in order to ensure both fair distribution of Medicare payments and access to adequate care for those Medicare patients whose care is more costly. To accomplish these goals, we adjust the LTCH PPS standard Federal prospective payment system rate by the applicable LTC–DRG relative weight in determining payment to LTCHs for each case. Under the LTCH PPS, relative weights for each LTC–DRG are a primary element used to account for the variations in cost per discharge and resource utilization among the payment groups (§ 412.515). To ensure that Medicare patients classified to each LTC–DRG have access to an appropriate level of services and to encourage efficiency, we calculate a relative weight for each LTC–DRG that represents the resources needed by an average inpatient LTCH case in that LTC–DRG. For example, cases in an LTC–DRG with a relative weight of 2 will, on average, cost twice as much as cases in an LTC–DRG with a weight of 1.

b. Data

To calculate the proposed LTC–DRG relative weights for FY 2007 in this proposed rule, we obtained total Medicare allowable charges from FY 2005 Medicare LTCH bill data from the December 2005 update of the MedPAR file, which are the best available data at this time, and we used the proposed Version 24.0 of the CMS GROUPER used under the IPPS (as discussed in section II.B. of this preamble) to classify cases. To calculate the final LTC–DRG relative weights for FY 2007, we are proposing that, if more recent data are available (that is, data from the March 2006 update of the MedPAR file, for example), we would use that data and use the finalized Version 24.0 of the CMS GROUPER used under the IPPS.

As we discussed in the FY 2006 IPPS final rule (70 FR 47325), we have excluded the data from LTCHs that are all-inclusive rate providers and LTCHs that are reimbursed in accordance with demonstration projects authorized under section 402(a) of Pub. L. 90–248 (42 U.S.C. 1395b–1) or section 222(a) of Pub. L. 92–603 (42 U.S.C. 1395b–1). Therefore, in the development of the proposed FY 2007 LTC–DRG relative weights, we have excluded the data of the 19 all-inclusive rate providers and the 3 LTCHs that are paid in accordance with demonstration projects that had claims in the FY 2005 MedPAR file.

c. Hospital-Specific Relative Value Methodology

By nature, LTCHs often specialize in certain areas, such as ventilator-dependent patients and rehabilitation and wound care. Some case types (DRGs) may be treated, to a large extent, in hospitals that have, from a perspective of charges, relatively high (or low) charges. This nonarbitrary distribution of cases with relatively high (or low) charges in specific LTC–DRGs has the potential to inappropriately distort the measure of average charges. To account for the fact that cases may not be randomly distributed across LTCHs, we use a hospital-specific relative value method to calculate the LTC–DRG relative weights instead of the methodology used to determine the DRG relative weights under the IPPS described in section II.E. of this preamble. We believe this method will remove this hospital-specific source of bias in measuring LTCH average charges. Specifically, we reduce the impact of the variation in charges across providers on any particular LTC–DRG relative weight by converting each LTCH's charge for a case to a relative value based on that LTCH's average charge.

Under the hospital-specific relative value method, we standardize charges for each LTCH by converting its charges for each case to hospital-specific relative charge values and then adjusting those values for the LTCH's case-mix. The adjustment for case-mix is needed to rescale the hospital-specific relative charge values (which, by definition, averages 1.0 for each LTCH). The average relative weight for a LTCH is its case-mix, so it is reasonable to scale each LTCH's average relative charge value by its case-mix. In this way, each LTCH's relative charge value is adjusted by its case-mix to an average that reflects the complexity of the cases it treats relative to the complexity of the cases treated by all other LTCHs (the average case-mix of all LTCHs).

In accordance with the methodology established under § 412.523, as implemented in the August 30, 2002 LTCH PPS final rule (67 FR 55989 through 55991), we standardize charges for each case by first dividing the adjusted charge for the case (adjusted for short-stay outliers under § 412.529 as described in section II.F.4. (step 3) of this preamble) by the average adjusted charge for all cases at the LTCH in which the case was treated. Short-stay outliers under § 412.529 are cases with a length of stay that is less than or equal to five-sixths the average length of stay of the LTC–DRG. The average adjusted charge reflects the average intensity of the health care services delivered by a particular LTCH and the average cost level of that LTCH. The resulting ratio is multiplied by that LTCH's case-mix index to determine the standardized charge for the case.

Multiplying by the LTCH's case-mix index accounts for the fact that the same relative charges are given greater weight at a LTCH with higher average costs than they would at a LTCH with low average costs, which is needed to adjust each LTCH's relative charge value to reflect its case-mix relative to the average case-mix for all LTCHs. Because we standardize charges in this manner, we count charges for a Medicare patient at a LTCH with high average charges as less resource intensive than they would be at a LTCH with low average charges. For example, a $10,000 charge for a case at a LTCH with an average adjusted charge of $17,500 reflects a higher level of relative resource use than a $10,000 charge for a case at a LTCH with the same case-mix, but an average adjusted charge of $35,000. We believe that the adjusted charge of an individual case more accurately reflects actual resource use for an individual LTCH because the variation in charges due to systematic differences in the markup of charges among LTCHs is taken into account.

d. Proposed Low-Volume LTC–DRGs

In order to account for LTC–DRGs with low-volume (that is, with fewer than 25 LTCH cases), in accordance with the methodology established in the August 30, 2002 LTCH PPS final rule (67 FR 55984), we group those ''low-volume LTC–DRGs'' (that is, DRGs that contained between 1 and 24 cases annually) into one of five categories (quintiles) based on average charges, for the purposes of determining relative weights. For this FY 2007 IPPS

proposed rule, we are proposing to continue to employ this treatment of low-volume LTC–DRGs in determining the FY 2007 LTC–DRG relative weights using the best available LTCH data. In this proposed rule, using LTCH cases from the December 2005 update of the FY 2005 MedPAR file, we identified 173 LTC–DRGs that contained between 1 and 24 cases. This list of LTC–DRGs was then divided into one of the 5 low-volume quintiles, each containing a minimum of 34 LTC–DRGs (173/5 = 34 with 3 LTC–DRGs as the remainder). In accordance with our established methodology, we are proposing to make an assignment to a specific low-volume quintile by sorting the low-volume LTC–DRGs in ascending order by average charge. For this proposed rule, this results in an assignment to a specific low-volume quintile of the sorted 173 low-volume LTC–DRGs by ascending order by average charge. Because the number of LTC–DRGs with less than 25 LTCH cases is not evenly divisible by five, the average charge of the low-volume LTC–DRG was used to determine which low-volume quintile received the additional LTC–DRG. After sorting the 173 low-volume LTC–DRGs in ascending order, we are proposing to group the first fifth of low-volume LTC–DRGs with the lowest average charge into Quintile 1. The highest average charge cases would be grouped into Quintile 5. Because the average charge of the 35th LTC–DRG in the sorted list is closer to the 34th proposed LTC–DRG's average charge (assigned to Quintile 1) than to the average charge of the proposed 36th LTC–DRG in the sorted list (to be assigned to Quintile 2), we are proposing to place it into Quintile 1. This process was repeated through the remaining proposed low-volume LTC–DRGs so that 3 proposed low-volume quintile contain 35 proposed LTC–DRGs and 2 proposed low-volume quintiles contain 34 proposed LTC–DRGs.

In order to determine the proposed relative weights for the proposed LTC–DRGs with low volume for FY 2007, in accordance with the methodology established in the August 30, 2002 LTCH PPS final rule (67 FR 55984), we are proposing to use the five low-volume quintiles described above. The composition of each of the proposed five low-volume quintiles shown in the chart below was used in determining the proposed LTC–DRG relative weights for FY 2007. We would determine a proposed relative weight and (geometric) average length of stay for each of the five proposed low-volume quintiles using the formula that we apply to the regular proposed LTC–DRGs (25 or more cases), as described below in section II.F.4. of this preamble. We are proposing to assign the same relative weight and average length of stay to each of the proposed LTC–DRGs that make up that proposed low-volume quintile. We note that, as this system is dynamic, it is possible that the number and specific type of LTC–DRGs with a low volume of LTCH cases will vary in the future. We use the best available claims data in the MedPAR file to identify low-volume LTC–DRGs and to calculate the relative weights based on our methodology.

BILLING CODE 4120–01–P

## Proposed Composition of Low-Volume Quintiles for FY 2007

| LTC-DRG | DRG Description |
|---|---|
| | **QUINTILE 1** |
| 17 | NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC |
| 29 | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC |
| 31 | CONCUSSION AGE >17 W CC |
| 45 | NEUROLOGICAL EYE DISORDERS |
| 65 | DYSEQUILIBRIUM |
| 69 | OTITIS MEDIA & URI AGE >17 W/O CC |
| 83 | MAJOR CHEST TRAUMA W CC |
| 93 | INTERSTITIAL LUNG DISEASE W/O CC |
| 102 | OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC |
| 125 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG |
| 129 | CARDIAC ARREST, UNEXPLAINED |
| 136 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC |
| 143 | CHEST PAIN |
| 160 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC |
| 181 | G.I. OBSTRUCTION W/O CC |
| 208 | DISORDERS OF THE BILIARY TRACT W/O CC |
| 224 | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/O CC |
| 237 | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH |
| 241 | CONNECTIVE TISSUE DISORDERS W/O CC |
| 250 | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC |
| 254 | FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC |
| 273 | MAJOR SKIN DISORDERS W/O CC |
| 323 | URINARY STONES W CC, &/OR ESW LITHOTRIPSY |
| 324 | URINARY STONES W/O CC |
| 332 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC |
| 335 | MAJOR MALE PELVIC PROCEDURES W/O CC |
| 347 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC |
| 367 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC |

| LTC-DRG | DRG Description |
|---|---|
| 383 | OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS |
| 399 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC |
| 425 | ACUTE ADJUSTMENT REACTION & PSYCHOLOGICAL DYSFUNCTION |
| 432 | OTHER MENTAL DISORDER DIAGNOSES |
| 509 | FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA |
| 511 | NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA |
| 523 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O CC |
| | **QUINTILE 2** |
| 8 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC |
| 11 | NERVOUS SYSTEM NEOPLASMS W/O CC |
| 25 | SEIZURE & HEADACHE AGE >17 W/O CC |
| 46 | OTHER DISORDERS OF THE EYE AGE >17 W CC |
| 77 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC |
| 122 | CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE |
| 128 | DEEP VEIN THROMBOPHLEBITIS |
| 133 | ATHEROSCLEROSIS W/O CC |
| 139 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC |
| 140 | ANGINA PECTORIS |
| 173 | DIGESTIVE MALIGNANCY W/O CC |
| 175 | G.I. HEMORRHAGE W/O CC |
| 177 | UNCOMPLICATED PEPTIC ULCER W CC |
| 206 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC |
| 246 | NON-SPECIFIC ARTHROPATHIES |
| 261 | BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION |
| 276 | NON-MALIGANT BREAST DISORDERS |
| 281 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC |
| 284 | MINOR SKIN DISORDERS W/O CC |
| 295 | DIABETES AGE 0-35 |
| 301 | ENDOCRINE DISORDERS W/O CC |
| 325 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC |
| 348 | BENIGN PROSTATIC HYPERTROPHY W CC |
| 419 | FEVER OF UNKNOWN ORIGIN AGE >17 W CC |
| 420 | FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC |
| 427 | NEUROSES EXCEPT DEPRESSIVE |
| 431 | CHILDHOOD MENTAL DISORDERS |
| 441 | HAND PROCEDURES FOR INJURIES |
| 445 | TRAUMATIC INJURY AGE >17 W/O CC |
| 447 | ALLERGIC REACTIONS AGE >17 |
| 479 | OTHER VASCULAR PROCEDURES W/O CC |
| 492 | CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS |
| 502 | KNEE PROCEDURES W PDX OF INFECTION W/O CC |

| LTC-DRG | DRG Description |
|---|---|
| 521 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC |
| 524 | TRANSIENT ISCHEMIA |
| | **QUINTILE 3** |
| 21 | VIRAL MENINGITIS |
| 22 | HYPERTENSIVE ENCEPHALOPATHY |
| 44 | ACUTE MAJOR EYE INFECTIONS |
| 67 | EPIGLOTTITIS |
| 72 | NASAL TRAUMA & DEFORMITY |
| 97* | BRONCHITIS & ASTHMA AGE >17 W/O CC |
| 100 | RESPIRATORY SIGNS & SYMPTOMS W/O CC |
| 117 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT |
| 118 | CARDIAC PACEMAKER DEVICE REPLACEMENT |
| 119 | VEIN LIGATION & STRIPPING |
| 142* | SYNCOPE & COLLAPSE W/O CC |
| 171 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC |
| 199 | HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY |
| 227 | SOFT TISSUE PROCEDURES W/O CC |
| 228 | MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC |
| 235 | FRACTURES OF FEMUR |
| 259 | SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC |
| 266 | SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC |
| 270 | OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC |
| 299 | INBORN ERRORS OF METABOLISM |
| 312 | URETHRAL PROCEDURES, AGE >17 W CC |
| 338 | TESTES PROCEDURES, FOR MALIGNANCY |
| 339 | TESTES PROCEDURES, NON-MALIGNANCY AGE >17 |
| 344 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY |
| 346 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC |
| 369 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS |
| 404 | LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC |
| 414 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC |
| 424 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS |
| 449 | POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC |
| 454 | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC |
| 467 | OTHER FACTORS INFLUENCING HEALTH STATUS |
| 486 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA |
| 532 | SPINAL PROCEDURES WITHOUT CC |
| 555 | PERCUTANEOUS CARDIOVASCULAR PROC WITH MAJOR CV DIAGNOSIS |
| | **QUINTILE 4** |
| 55 | MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES |
| 63 | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES |

| LTC-DRG | DRG Description |
|---|---|
| 95* | PNEUMOTHORAX W/O CC |
| 110 | MAJOR CARDIOVASCULAR PROCEDURES W CC |
| 124 | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG |
| 157 | ANAL & STOMAL PROCEDURES W CC |
| 197 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC |
| 223 | MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC |
| 257 | TOTAL MASTECTOMY FOR MALIGNANCY W CC |
| 262 | BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY |
| 268 | SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES |
| 288 | O.R. PROCEDURES FOR OBESITY |
| 306 | PROSTATECTOMY W CC |
| 308 | MINOR BLADDER PROCEDURES W CC |
| 310 | TRANSURETHRAL PROCEDURES W CC |
| 336 | TRANSURETHRAL PROSTATECTOMY W CC |
| 345 | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY |
| 365 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES |
| 376 | POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE |
| 394 | OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS |
| 401 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC |
| 408 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC |
| 487 | OTHER MULTIPLE SIGNIFICANT TRAUMA |
| 488 | HIV W EXTENSIVE O.R. PROCEDURE |
| 493 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC |
| 496 | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION |
| 500 | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC |
| 503 | KNEE PROCEDURES W/O PDX OF INFECTION |
| 506 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA |
| 519 | CERVICAL SPINAL FUSION W CC |
| 538 | LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC |
| 539 | LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC |
| 552 | OTHER PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT MAJOR CV DIAGNOSIS |
| 557 | PERCUTANEOUS CARDIOVASCULAR PROC WITH DRUG-ELUTING STENT WITH MAJOR CV DIAGNOSIS |
| | **QUINTILE 5** |
| 1 | CRANIOTOMY AGE >17 W CC |
| 146 | RECTAL RESECTION W CC |
| 150 | PERITONEAL ADHESIOLYSIS W CC |
| 152 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC |
| 154 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC |
| 159 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC |

| LTC-DRG | DRG Description |
|---|---|
| 168 | MOUTH PROCEDURES W CC |
| 191 | PANCREAS, LIVER & SHUNT PROCEDURES W CC |
| 193 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC |
| 195 | CHOLECYSTECTOMY W C.D.E. W CC |
| 200 | HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY |
| 218 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC |
| 230 | LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR |
| 232 | ARTHROSCOPY |
| 293* | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC |
| 304 | KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC |
| 341 | PENIS PROCEDURES |
| 406 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC |
| 471 | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY |
| 476 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS |
| 482 | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES |
| 491 | MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY |
| 497 | SPINAL FUSION W CC |
| 499 | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC |
| 504 | EXTENSIVE BURN OR FULL THICKNESS BURNS WITH MECH VENT 96+ HOURS WITH SKIN GRAFT |
| 505 | EXTENSIVE BURN OR FULL THICKNESS BURNS WITH MECH VENT 96+ HOURS WITHOUT SKIN GRAFT |
| 515 | CARDIAC DEFIBRILATOR IMPLANT W/O CARDIAC CATH |
| 529 | VENTRICULAR SHUNT PROCEDURES W CC |
| 531 | SPINAL PROCEDURES WITH CC |
| 533 | EXTRACRANIAL VASCULAR PROCEDURES WITH CC |
| 535 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK |
| 543 | CRANIOTOMY W IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PDX |
| 544 | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY |
| 545 | REVISION OF HIP OR KNEE REPLACEMENT |

* One of the original 173 proposed low-volume LTC-DRGs initially assigned to this low-volume quintile; removed from this low-volume quintile in addressing nonmonotonicity (see step 4 below).

BILLING CODE 4120–01–C

We note that we will continue to monitor the volume (that is, the number of LTCH cases) in these low-volume quintiles to ensure that our proposed quintile assignment results in appropriate payment for such cases and does not result in an unintended financial incentive for LTCHs to inappropriately admit these types of cases.

4. Steps for Determining the Proposed FY 2007 LTC–DRG Relative Weights

As we noted previously, the proposed FY 2007 LTC–DRG relative weights are determined in accordance with the methodology established in the August 30, 2002 LTCH PPS final rule (67 FR 55989 through 55991). In summary, LTCH cases must be grouped in the appropriate LTD–DRG, while taking into account the proposed low-volume LTD–DRGs as described above, before the proposed FY 2007 LTD–DRG relative weights can be determined. After grouping the cases in the appropriate proposed LTD–DRG, we are proposing to calculate the relative weights for FY 2007 in this proposed rule by first removing statistical outliers and cases with a length of stay of 7 days or less, as discussed in greater detail below. Next, we are proposing to adjust the number of cases in each proposed LTD–DRG for the effect of short-stay outlier cases under § 412.529, as also discussed in greater detail below. The short-stay adjusted discharges and corresponding charges are used to calculate ''relative adjusted weights'' in each proposed LTD–DRG using the hospital-specific relative value method described above.

Below we discuss in detail the steps for calculating the proposed FY 2007 LTD–DRG relative weights. We note that, as we stated above in section II.F.3.b. of this preamble, we have excluded the data of all-inclusive rate LTCHs and LTCHs that are paid in accordance with demonstration projects that had claims in the FY 2005 MedPAR file.

*Step 1*—Remove statistical outliers.

The first step in the calculation of the proposed FY 2007 LTD–DRG relative weights is to remove statistical outlier cases. We define statistical outliers as cases that are outside of 3.0 standard deviations from the mean of the log distribution of both charges per case and the charges per day for each proposed LTD–DRG. These statistical outliers are removed prior to calculating the proposed relative weights. As noted above, we believe that they may represent aberrations in the data that distort the measure of average resource use. Including those LTCH cases in the calculation of the proposed relative weights could result in an inaccurate proposed relative weight that does not truly reflect relative resource use among the proposed LTD–DRGs.

*Step 2*—Remove cases with a length of stay of 7 days or less.

The proposed FY 2007 LTD–DRG relative weights reflect the average of resources used on representative cases of a specific type. Generally, cases with a length of stay 7 days or less do not belong in a LTCH because these stays do not fully receive or benefit from treatment that is typical in a LTCH stay, and full resources are often not used in the earlier stages of admission to a LTCH. As explained above, if we were to include stays of 7 days or less in the computation of the proposed FY 2007 LTD–DRG relative weights, the value of many proposed relative weights would decrease and, therefore, payments would decrease to a level that may no longer be appropriate.

We do not believe that it would be appropriate to compromise the integrity of the payment determination for those LTCH cases that actually benefit from and receive a full course of treatment at a LTCH, in order to include data from these very short-stays.

Thus, as explained above, in determining the proposed FY 2007 LTD–DRG relative weights, we remove LTCH cases with a length of stay of 7 days or less.

*Step 3*—Adjust charges for the effects of short-stay outliers.

After removing cases with a length of stay of 7 days or less, we are left with cases that have a length of stay of greater than or equal to 8 days. The next step in the calculation of the proposed FY 2007 LTD–DRG relative weights is to adjust each LTCH's charges per discharge for those remaining cases for the effects of short-stay outliers as defined in § 412.529(a). (However, we note that even if a case was removed in Step 2 (that is, cases with a length of stay of 7 days or less), it was paid as a short-stay outlier if its length of stay was less than or equal to five-sixths of the average length of stay of the LTD–DRG, in accordance with § 412.529.)

We make this adjustment by counting a short-stay outlier as a fraction of a discharge based on the ratio of the length of stay of the case to the average length of stay for the proposed LTD–DRG for nonshort-stay outlier cases. This has the effect of proportionately reducing the impact of the lower charges for the short-stay outlier cases in calculating the average charge for the proposed LTD–DRG. This process produces the same result as if the actual charges per discharge of a short-stay outlier case were adjusted to what they would have been had the patient's length of stay been equal to the average length of stay of the proposed LTD–DRG.

As we explained in the FY 2006 IPPS final rule (70 FR 47336), counting short-stay outlier cases as full discharges with no adjustment in determining the proposed LTC–DRG relative weights would lower the proposed LTC–DRG relative weight for affected proposed LTC–DRGs because the relatively lower charges of the short-stay outlier cases would bring down the average charge for all cases within a proposed LTC–DRG. This would result in an ''underpayment'' for nonshort-stay outlier cases and an ''overpayment'' for short-stay outlier cases. Therefore, in this proposed rule, we adjust for short-stay outlier cases under § 412.529 in this manner because it results in more appropriate payments for all LTCH cases.

*Step 4*—Calculate the proposed FY 2007 LTC–DRG relative weights on an iterative basis.

The process of calculating the proposed LTC–DRG relative weights using the hospital-specific relative value methodology is iterative. First, for each LTCH case, we calculate a hospital-specific relative charge value by dividing the short-stay outlier adjusted charge per discharge (see step 3) of the LTCH case (after removing the statistical outliers (see step 1)) and LTCH cases with a length of stay of 7 days or less (see step 2) by the average charge per discharge for the LTCH in which the case occurred. The resulting ratio is then multiplied by the LTCH's case-mix index to produce an adjusted hospital-specific relative charge value for the case. An initial case-mix index value of 1.0 is used for each LTCH.

For each proposed LTC–DRG, the proposed FY 2007 LTC–DRG relative weight is calculated by dividing the average of the adjusted hospital-specific relative charge values (from above) for the proposed LTC–DRG by the overall average hospital-specific relative charge value across all cases for all LTCHs. Using these recalculated proposed LTC–DRG relative weights, each LTCH's average relative weight for all of its cases (case-mix) is calculated by dividing the sum of all the LTCH's proposed LTC–DRG relative weights by its total number of cases. The LTCHs' hospital-specific relative charge values above are multiplied by these hospital-specific case-mix indexes. These hospital-specific case-mix adjusted relative charge values are then used to calculate a new set of proposed LTC–DRG relative weights across all LTCHs. In this proposed rule, this iterative process is continued until there is convergence between the weights produced at adjacent steps, for example, when the maximum difference is less than 0.0001.

*Step 5*—Adjust the proposed FY 2007 LTC–DRG relative weights to account for nonmonotonically increasing relative weights.

As explained in section II.B. of this preamble, the proposed FY 2007 CMS DRGs, on which the proposed FY 2007 LTC–DRGs are based, contain ''pairs'' that are differentiated based on the presence or absence of CCs. The proposed LTC–DRGs with CCs are defined by certain secondary diagnoses not related to or inherently a part of the disease process identified by the principal diagnosis, but the presence of additional diagnoses does not automatically generate a CC. As we discussed in the FY 2006 IPPS final rule (70 FR 47336), the value of monotonically increasing relative weights rises as the resource use increases (for example, from uncomplicated to more complicated). The presence of CCs in a proposed LTC–DRG means that cases classified into a ''without CC'' proposed LTC–DRG are expected to have lower resource use (and lower costs). In other words, resource use (and costs) are expected to decrease across ''with CC/without CC'' pairs of proposed LTC–DRGs.

For a case to be assigned to a proposed LTC–DRG with CCs, more coded information is called for (that is, at least one relevant secondary diagnosis), than for a case to be assigned to a proposed LTC–DRG ''without CCs'' (which is based on only one principal diagnosis and no relevant secondary diagnoses). Currently, the LTCH claims data include both accurately coded cases without complications and cases that have complications (and cost more), but were not coded completely. Both types of cases are grouped to a proposed LTC–DRG ''without CCs'' when only the principal diagnosis was coded. Since the LTCH PPS was only implemented

for cost reporting periods beginning on or after October 1, 2002 (FY 2003), and LTCHs were previously paid under cost-based reimbursement, which is not based on patient diagnoses, coding by LTCHs for these cases may not have been as detailed as possible.

Thus, in developing the FY 2003 LTC–DRG relative weights for the LTCH PPS based on FY 2001 claims data, as we discussed in the August 30, 2002 LTCH PPS final rule (67 FR 55990), we found on occasion that the data suggested that cases classified to the LTC–DRG ''with CCs'' of a ''with CC''/''without CC'' pair had a lower average charge than the corresponding LTC–DRG ''without CCs.'' Similarly, as discussed in the FY 2006 IPPS final rule (70 FR 47336 through 47337), based on FY 2004 claims data, we also found on occasion that the data suggested that cases classified to the LTC–DRG ''with CCs'' of a ''with CC''/''without CC'' pair have a lower average charge than the corresponding LTC–DRG ''without CCs'' for the FY 2006 LTC–DRG relative weights.

We believe this anomaly may be due to coding that may not have fully reflected all comorbidities that were present. Specifically, LTCHs may have failed to code relevant secondary diagnoses, which resulted in cases that actually had CCs being classified into a ''without CC'' LTC–DRG. It would not be appropriate to pay a lower amount for the ''with CC'' LTC–DRG because, in general, cases classified into a ''with CC'' LTC–DRG are expected to have higher resource use (and higher cost) as discussed above. Therefore, previously when we determined the LTC–DRG relative weights in accordance with the methodology established in the August 30, 2002 LTCH PPS final rule (67 FR 55990), we grouped both the cases ''with CCs'' and ''without CCs'' together for the purpose of calculating the LTC–DRG relative weights since the implementation of the LTCH PPS in FY 2003. As we stated in that same final rule, we will continue to employ this methodology to account for nonmonotonically increasing relative weights until we have adequate data to calculate appropriate separate weights for these anomalous LTC–DRG pairs. We expect that, as was the case when we first implemented the IPPS, this problem will be self-correcting, as LTCHs submit more completely coded data in the future.

There are three types of ''with CC'' and ''without CC'' pairs that could be nonmonotonic; that is, where the ''without CC'' LTC–DRG would have a higher average charge than the ''with CC'' proposed LTC–DRG. For this proposed rule, using the LTCH cases in the December 2005 update of the FY 2005 MedPAR file (the most recent and complete data available at this time), we identified one of the three types of nonmonotonic LTC–DRG pairs. As we stated in the August 30, 2002 LTCH PPS final rule (67 FR 55990), we believe this anomaly may be due to coding inaccuracies and expect that, as was the case when we first implemented the acute care hospital IPPS, this problem will be self-correcting, as LTCHs submit more completely coded data in the future.

The first category of nonmonotonically increasing relative weights for LTC–DRG pairs ''with and without CCs'' contains one pair of LTC–DRGs in which both the proposed LTC–DRG ''with CCs'' and the proposed LTC–DRG ''without CCs'' had 25 or more LTCH cases and, therefore, did not fall into one of the 5 low-volume quintiles. For those nonmonotonic LTC–DRG pairs, based on our established methodology (67 FR 55983 through 55990), we would combine the LTCH cases and compute a new relative weight based on the case-weighted average of the combined LTCH cases of the LTC–DRGs. The case-weighted average charge is determined by dividing the total charges for all LTCH cases by the total number of LTCH cases for the combined LTC–DRG. This new relative weight would then be assigned to both of the LTC–DRGs in the pair. In this proposed rule, for FY 2007, there were no LTC–DRGs that fell into this category.

The second category of nonmonotonically increasing relative weights for LTC–DRG pairs ''with and without CCs'' consists of one pair of LTC–DRGs that has fewer than 25 cases, and each LTC–DRG would be grouped to different low-volume quintiles in which the ''without CC'' LTC–DRG is in a higher-weighted low-volume quintile than the ''with CC'' LTC–DRG. For those pairs, based on our established methodology, we would combine the LTCH cases and determine the case-weighted average charge for all LTCH cases. The case-weighted average charge is determined by dividing the total charges for all LTCH cases by the total number of LTCH cases for the combined proposed LTC–DRG. Based on the case-weighted average LTCH charge, we determine within which low-volume quintile the ''combined LTC–DRG'' is grouped. Both LTC–DRGs in the pair are then grouped into the same low-volume quintile, thus have the same relative weight. In this proposed rule, for FY 2007, there are no LTC–DRGs that fell into this category.

The third category of nonmonotonically increasing proposed relative weights for proposed LTC–DRG pairs ''with and without CCs'' consists of one pair of proposed LTC–DRGs where one of the proposed LTC–DRGs has fewer than 25 LTCH cases and is grouped to a low-volume quintile and the other proposed LTC–DRG has 25 or more LTCH cases and has its own proposed LTC–DRG relative weight, and the proposed LTC–DRG ''without CCs'' has the proposed higher relative weight. Based on our established methodology, we removed the proposed low-volume LTC–DRG from the proposed low-volume quintile and combined it with the other proposed LTC–DRG for the computation of a proposed new relative weight for each of these proposed LTC–DRGs. This proposed new relative weight is assigned to both proposed LTC–DRGs, so they each have the same proposed relative weight. In this proposed rule, for FY 2007, 4 ''pairs'' of proposed LTC–DRGs fall into this category: LTC–DRGs 94 and 95; LTC–DRGs 96 and 97; LTC–DRGs 141 and 142; and LTC–DRGs 292 and 293.

*Step 6*—Determine a proposed FY 2007 LTC–DRG relative weight for proposed LTC–DRGs with no LTCH cases.

As we stated above, we determine the proposed relative weight for each proposed LTC–DRG using charges reported in the December 2005 update of the FY 2005 MedPAR file. Of the 526 proposed LTC–DRGs for FY 2007, we identified 191 proposed LTC–DRGs for which there were no LTCH cases in the database. That is, based on data from the FY 2005 MedPAR file used in this proposed rule, no patients who would have been classified to those proposed LTC–DRGs were treated in LTCHs during FY 2005 and, therefore, no charge data were reported for those proposed LTC–DRGs. Thus, in the process of determining the proposed LTC–DRG relative weights, we are unable to determine weights for these 191 proposed LTC–DRGs using the methodology described in Steps 1 through 5 above. However, because patients with a number of the diagnoses under these proposed LTC–DRGs may be treated at LTCHs beginning in FY 2007, we are proposing to assign proposed relative weights to each of the 191 proposed ''no volume'' LTC–DRGs based on clinical similarity and relative costliness to one of the remaining 335 (526 − 191 = 335) proposed LTC–DRGs for which we are able to determine proposed relative weights, based on FY 2005 LTCH claims data.

As there are currently no LTCH cases in these proposed ''no volume'' LTC–

DRGs, we determined proposed relative weights for the 191 proposed LTC–DRGs with no LTCH cases in the FY 2005 MedPAR file used in this proposed rule by grouping them to the appropriate proposed low-volume quintile. This methodology is consistent with our methodology used in determining proposed relative weights to account for the proposed low-volume LTC–DRGs described above.

Our methodology for determining the proposed relative weights for the proposed ''no volume'' LTC–DRGs is as follows: We crosswalk the proposed no volume LTC–DRGs by matching them to other similar proposed LTC–DRGs for which there were LTCH cases in the FY 2005 MedPAR file based on clinical similarity and intensity of use of resources as determined by care provided during the period of time surrounding surgery, surgical approach (if applicable), length of time of surgical procedure, post-operative care, and length of stay. We assign the proposed relative weight for the applicable proposed low-volume quintile to the proposed no volume LTC–DRG if the proposed LTC–DRG to which it is crosswalked is grouped to one of the proposed low-volume quintiles. If the proposed LTC–DRG to which the proposed no volume LTC–DRG is crosswalked is not one of the proposed LTC–DRGs to be grouped to one of the proposed low-volume quintiles, we compare the proposed relative weight of the proposed LTC–DRG to which the proposed no volume LTC–DRG is crosswalked to the proposed relative weights of each of the proposed five quintiles and we assign the proposed no volume LTC–DRG the relative weight of the proposed low-volume quintile with the closest weight. For this proposed rule, a list of the proposed no volume FY 2007 LTC–DRGs and the proposed FY 2007 LTC–DRG to which it is crosswalked in order to determine the appropriate proposed low-volume quintile for the assignment of a proposed relative weight for FY 2007 is shown in the chart below.

BILLING CODE 4120–01–P

## Proposed No Volume LTC-DRG Crosswalk and Proposed Quintile Assignment for FY 2007

| LTC-DRG | Description | Proposed Cross-Walked LTC-DRG | Proposed Low-Volume Quintile Assignment |
|---|---|---|---|
| 2 | CRANIOTOMY AGE > 17 W/O CC | 1 | Quintile 5 |
| 3 | CRANIOTOMY AGE 0-17 | 1 | Quintile 5 |
| 6 | CARPAL TUNNEL RELEASE | 237 | Quintile 1 |
| 26 | SEIZURE & HEADACHE AGE 0-17 | 25 | Quintile 2 |
| 30 | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17 | 29 | Quintile 1 |
| 32 | CONCUSSION AGE >17 W/O CC | 25 | Quintile 2 |
| 33 | CONCUSSION AGE 0-17 | 25 | Quintile 2 |
| 36 | RETINAL PROCEDURES | 46 | Quintile 2 |
| 37 | ORBITAL PROCEDURES | 46 | Quintile 2 |
| 38 | PRIMARY IRIS PROCEDURES | 46 | Quintile 2 |
| 39 | LENS PROCEDURES WITH OR WITHOUT VITRECTOMY | 46 | Quintile 2 |
| 40 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17 | 46 | Quintile 2 |
| 41 | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17 | 46 | Quintile 2 |
| 42 | INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS | 46 | Quintile 2 |
| 43 | HYPHEMA | 45 | Quintile 1 |
| 47 | OTHER DISORDERS OF THE EYE AGE >17 W/O CC | 45 | Quintile 1 |
| 48 | OTHER DISORDERS OF THE EYE AGE 0-17 | 45 | Quintile 1 |
| 49 | MAJOR HEAD & NECK PROCEDURES | 64 | Quintile 4 |
| 50 | SIALOADENECTOMY | 63 | Quintile 4 |
| 51 | SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY | 63 | Quintile 4 |
| 52 | CLEFT LIP & PALATE REPAIR | 63 | Quintile 4 |
| 53 | SINUS & MASTOID PROCEDURES AGE >17 | 63 | Quintile 4 |
| 54 | SINUS & MASTOID PROCEDURES AGE 0-17 | 63 | Quintile 4 |
| 56 | RHINOPLASTY | 63 | Quintile 4 |
| 57 | T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17 | 69 | Quintile 1 |
| 58 | T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17 | 69 | Quintile 1 |
| 59 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17 | 69 | Quintile 1 |
| 60 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17 | 69 | Quintile 1 |
| 61 | MYRINGOTOMY W TUBE INSERTION AGE >17 | 69 | Quintile 1 |
| 62 | MYRINGOTOMY W TUBE INSERTION AGE 0-17 | 69 | Quintile 1 |
| 66 | EPISTAXIS | 69 | Quintile 1 |
| 70 | OTITIS MEDIA & URI AGE 0-17 | 69 | Quintile 1 |
| 71 | LARYNGOTRACHEITIS | 97 | Quintile 2 |
| 74 | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17 | 69 | Quintile 1 |
| 81 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17 | 69 | Quintile 1 |
| 84 | MAJOR CHEST TRAUMA W/O CC | 93 | Quintile 1 |
| 86 | PLEURAL EFFUSION W/O CC | 102 | Quintile 1 |
| 91 | SIMPLE PNEUMONIA & PLEURISY AGE 0-17 | 90 | Quintile 2 |
| 98 | BRONCHITIS & ASTHMA AGE 0-17 | 97 | Quintile 2 |
| 104 | CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH | 110 | Quintile 4 |
| 105 | CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH | 110 | Quintile 4 |
| 106 | CORONARY BYPASS W PTCA | 110 | Quintile 4 |
| 108 | OTHER CARDIOTHORACIC PROCEDURES | 110 | Quintile 4 |
| 111 | MAJOR CARDIOVASCULAR PROCEDURES W/O CC | 110 | Quintile 4 |

| LTC-DRG | Description | Proposed Cross-Walked LTC-DRG | Proposed Low-Volume Quintile Assignment |
|---|---|---|---|
| 137 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17 | 136 | Quintile 1 |
| 147 | RECTAL RESECTION W/O CC | 148 | Quintile 5 |
| 149 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 176 | Quintile 3 |
| 151 | PERITONEAL ADHESIOLYSIS W/O CC | 160 | Quintile 1 |
| 153 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 152 | Quintile 5 |
| 155 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC | 154 | Quintile 5 |
| 156 | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17 | 154 | Quintile 5 |
| 158 | ANAL & STOMAL PROCEDURES W/O CC | 157 | Quintile 4 |
| 161 | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC | 160 | Quintile 1 |
| 162 | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC | 160 | Quintile 1 |
| 163 | HERNIA PROCEDURES AGE 0-17 | 160 | Quintile 1 |
| 164 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC | 148 | Quintile 5 |
| 165 | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC | 148 | Quintile 5 |
| 166 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC | 148 | Quintile 5 |
| 167 | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC | 148 | Quintile 5 |
| 169 | MOUTH PROCEDURES W/O CC | 185 | Quintile 2 |
| 178 | UNCOMPLICATED PEPTIC ULCER W/O CC | 160 | Quintile 1 |
| 184 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17 | 183 | Quintile 1 |
| 186 | DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17 | 185 | Quintile 2 |
| 187 | DENTAL EXTRACTIONS & RESTORATIONS | 185 | Quintile 2 |
| 190 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17 | 189 | Quintile 2 |
| 192 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC | 191 | Quintile 5 |
| 194 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC | 193 | Quintile 5 |
| 196 | CHOLECYSTECTOMY W C.D.E. W/O CC | 197 | Quintile 4 |
| 198 | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC | 197 | Quintile 4 |
| 211 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC | 210 | Quintile 5 |
| 212 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17 | 210 | Quintile 5 |
| 219 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC | 210 | Quintile 5 |
| 220 | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0-17 | 218 | Quintile 5 |

| LTC-DRG | Description | Proposed Cross-Walked LTC-DRG | Proposed Low-Volume Quintile Assignment |
|---|---|---|---|
| 229 | HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC | 237 | Quintile 1 |
| 234 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC | 237 | Quintile 1 |
| 251 | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC | 237 | Quintile 1 |
| 252 | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17 | 253 | Quintile 2 |
| 255 | FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE 0-17 | 253 | Quintile 2 |
| 258 | TOTAL MASTECTOMY FOR MALIGNANCY W/O CC | 274 | Quintile 3 |
| 260 | SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC | 274 | Quintile 3 |
| 267 | PERIANAL & PILONIDAL PROCEDURES | 270 | Quintile 3 |
| 275 | MALIGNANT BREAST DISORDERS W/O CC | 274 | Quintile 3 |
| 279 | CELLULITIS AGE 0-17 | 273 | Quintile 1 |
| 282 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17 | 281 | Quintile 2 |
| 286 | ADRENAL & PITUITARY PROCEDURES | 292 | Quintile 4 |
| 289 | PARATHYROID PROCEDURES | 63 | Quintile 4 |
| 290 | THYROID PROCEDURES | 63 | Quintile 4 |
| 291 | THYROGLOSSAL PROCEDURES | 63 | Quintile 4 |
| 298 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17 | 297 | Quintile 1 |
| 303 | KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM | 318 | Quintile 3 |
| 305 | KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC | 318 | Quintile 3 |
| 307 | PROSTATECTOMY W/O CC | 306 | Quintile 4 |
| 309 | MINOR BLADDER PROCEDURES W/O CC | 308 | Quintile 4 |
| 311 | TRANSURETHRAL PROCEDURES W/O CC | 310 | Quintile 4 |
| 313 | URETHRAL PROCEDURES, AGE >17 W/O CC | 312 | Quintile 3 |
| 314 | URETHRAL PROCEDURES, AGE 0-17 | 312 | Quintile 3 |
| 319 | KIDNEY & URINARY TRACT NEOPLASMS W/O CC | 318 | Quintile 3 |
| 322 | KIDNEY & URINARY TRACT INFECTIONS AGE 0-17 | 321 | Quintile 1 |
| 326 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC | 321 | Quintile 1 |
| 327 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17 | 321 | Quintile 1 |
| 328 | URETHRAL STRICTURE AGE >17 W CC | 325 | Quintile 2 |
| 329 | URETHRAL STRICTURE AGE >17 W/O CC | 325 | Quintile 2 |
| 330 | URETHRAL STRICTURE AGE 0-17 | 325 | Quintile 2 |
| 333 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17 | 332 | Quintile 1 |
| 334 | MAJOR MALE PELVIC PROCEDURES W CC | 335 | Quintile 1 |
| 337 | TRANSURETHRAL PROSTATECTOMY W/O CC | 306 | Quintile 4 |
| 340 | TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17 | 339 | Quintile 3 |
| 342 | CIRCUMCISION AGE >17 | 339 | Quintile 3 |
| 343 | CIRCUMCISION AGE 0-17 | 339 | Quintile 3 |

| LTC-DRG | Description | Proposed Cross-Walked LTC-DRG | Proposed Low-Volume Quintile Assignment |
|---|---|---|---|
| 349 | BENIGN PROSTATIC HYPERTROPHY W/O CC | 339 | Quintile 3 |
| 351 | STERILIZATION, MALE | 339 | Quintile 3 |
| 353 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY | 365 | Quintile 4 |
| 354 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 365 | Quintile 4 |
| 355 | UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC | 365 | Quintile 4 |
| 356 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 365 | Quintile 4 |
| 357 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY | 365 | Quintile 4 |
| 358 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC | 365 | Quintile 4 |
| 359 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC | 365 | Quintile 4 |
| 360 | VAGINA, CERVIX & VULVA PROCEDURES | 365 | Quintile 4 |
| 361 | LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION | 383 | Quintile 1 |
| 362 | ENDOSCOPIC TUBAL INTERRUPTION | 383 | Quintile 1 |
| 363 | D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY | 383 | Quintile 1 |
| 364 | D&C, CONIZATION EXCEPT FOR MALIGNANCY | 383 | Quintile 1 |
| 370 | CESAREAN SECTION W CC | 383 | Quintile 1 |
| 371 | CESAREAN SECTION W/O CC | 383 | Quintile 1 |
| 372 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES | 383 | Quintile 1 |
| 373 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES | 383 | Quintile 1 |
| 374 | VAGINAL DELIVERY W STERILIZATION &/OR D&C | 383 | Quintile 1 |
| 375 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 383 | Quintile 1 |
| 377 | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 383 | Quintile 1 |
| 378 | ECTOPIC PREGNANCY | 383 | Quintile 1 |
| 379 | THREATENED ABORTION | 383 | Quintile 1 |
| 380 | ABORTION W/O D&C | 383 | Quintile 1 |
| 381 | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 383 | Quintile 1 |
| 382 | FALSE LABOR | 383 | Quintile 1 |
| 384 | OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS | 383 | Quintile 1 |
| 385 | NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 383 | Quintile 1 |
| 386 | EXTREME IMMATURITY | 383 | Quintile 1 |
| 387 | PREMATURITY W MAJOR PROBLEMS | 383 | Quintile 1 |
| 388 | PREMATURITY W/O MAJOR PROBLEMS | 383 | Quintile 1 |
| 389 | FULL TERM NEONATE W MAJOR PROBLEMS | 383 | Quintile 1 |
| 390 | NEONATE W OTHER SIGNIFICANT PROBLEMS | 383 | Quintile 1 |
| 391 | NORMAL NEWBORN | 383 | Quintile 1 |

| LTC-DRG | Description | Proposed Cross-Walked LTC-DRG | Proposed Low-Volume Quintile Assignment |
|---|---|---|---|
| 392 | SPLENECTOMY AGE >17 | 197 | Quintile 4 |
| 393 | SPLENECTOMY AGE 0-17 | 197 | Quintile 4 |
| 396 | RED BLOOD CELL DISORDERS AGE 0-17 | 399 | Quintile 1 |
| 402 | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC | 395 | Quintile 2 |
| 405 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17 | 404 | Quintile 3 |
| 407 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC | 408 | Quintile 4 |
| 411 | HISTORY OF MALIGNANCY W/O ENDOSCOPY | 173 | Quintile 2 |
| 412 | HISTORY OF MALIGNANCY W ENDOSCOPY | 173 | Quintile 2 |
| 417 | SEPTICEMIA AGE 0-17 | 416 | Quintile 3 |
| 422 | VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17 | 426 | Quintile 1 |
| 433 | ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 523 | Quintile 1 |
| 443 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC | 445 | Quintile 2 |
| 446 | TRAUMATIC INJURY AGE 0-17 | 445 | Quintile 2 |
| 448 | ALLERGIC REACTIONS AGE 0-17 | 447 | Quintile 2 |
| 450 | POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC | 449 | Quintile 3 |
| 451 | POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17 | 449 | Quintile 3 |
| 455 | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC | 449 | Quintile 3 |
| 481 | BONE MARROW TRANSPLANT | 394 | Quintile 4 |
| 484 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 1 | Quintile 5 |
| 485 | LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TR | 487 | Quintile 4 |
| 494 | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC | 493 | Quintile 4 |
| 498 | SPINAL FUSION W/O CC | 497 | Quintile 5 |
| 507 | FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA | 511 | Quintile 1 |
| 518 | PERCUTANEOUS CARDIVASCULAR PROC W/O CORONARY ARTERY STENT OR AMI | 125 | Quintile 1 |
| 520 | CERVICAL SPINAL FUSION W/O CC | 497 | Quintile 5 |
| 522 | ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY W/O CC | 521 | Quintile 2 |
| 525 | OTHER HEART ASSIST SYSTEM IMPLANT | 468 | Quintile 5 |
| 528 | INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE | 1 | Quintile 5 |
| 530 | VENTRICULAR SHUNT PROCEDURES W/O CC | 529 | Quintile 5 |
| 534 | EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC | 500 | Quintile 4 |
| 536 | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK | 517 | Quintile 5 |
| 540 | LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC | 399 | Quintile 1 |

| LTC-DRG | Description | Proposed Cross-Walked LTC-DRG | Proposed Low-Volume Quintile Assignment |
|---|---|---|---|
| 546 | SPINAL FUSION EXCEPT CERVICAL WITH CURVATURE OF SPINE OR MALIGNANCY | 499 | Quintile 5 |
| 547 | CORONARY BYPASS WITH CARDIAC CATH WITH MAJOR CV DIAGNOSIS | 517 | Quintile 5 |
| 548 | CORONARY BYPASS WITH CARDIAC CATH WITHOUT MAJOR CV DIAGNOSIS | 517 | Quintile 5 |
| 549 | CORONARY BYPASS WITHOUT CARDIAC CATH WITH MAJOR CV DIAGNOSIS | 517 | Quintile 5 |
| 550 | CORONARY BYPASS WITHOUT CARDIAC CATH WITHOUT MAJOR CV DIAGNOSIS | 517 | Quintile 5 |
| 556 | PERCUTANEOUS CARDIOVASCULAR PROC WITH NON-DRUG-ELUTING STENT WITHOUT MAJOR CV DIAGNOSIS | 125 | Quintile 1 |
| 558 | PERCUTANEOUS CARDIOVASCULAR PROC WITH DRUG-ELUTING STENT WITHOUT MAJOR CV DIAGNOSIS | 125 | Quintile 1 |
| 559 | ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT | 16 | Quintile 3 |

BILLING CODE 4120–01–C

To illustrate this methodology for determining the proposed relative weights for the proposed 191 LTC–DRGs with no LTCH cases, we are providing the following examples, which refer to the proposed no volume LTC–DRGs crosswalk information for FY 2007 provided in the chart above.

*Example 1:* There were no cases in the FY 2005 MedPAR file used for this proposed rule for proposed LTC–DRG 3 (Craniotomy Age 0–17). Since the procedure is similar in resource use and the length and complexity of the procedures and the length of stay are similar, we determined that proposed LTC–DRG 1 (Craniotomy Age >17 with CC), which is assigned to proposed low-volume Quintile 1 for the purpose of determining the proposed FY 2007 relative weights, would display similar clinical and resource use. Therefore, we assign the same proposed relative weight of proposed LTC–DRG 1 of 1.6479 (Quintile 5) for FY 2007 (Table 11 in the Addendum to this proposed rule) to LTC–DRG 3.

*Example 2:* There were no LTCH cases in the FY 2005 MedPAR file used in this proposed rule for LTC–DRG 91 (Simple Pneumonia and Pleurisy Age 0–17). Since the severity of illness in patients with bronchitis and asthma is similar in patients regardless of age, we determined that proposed LTC–DRG 90 (Simple Pneumonia and Pleurisy Age >17 Without CC) would display similar clinical and resource use characteristics and have a similar length of stay to proposed LTC–DRG 91. There were over 25 cases in proposed LTC–DRG 90. Therefore, it would not be assigned to a proposed low-volume quintile for the purpose of determining the proposed LTC–DRG relative weights. However, under our established methodology, proposed LTC–DRG 91, with no LTCH cases, would need to be grouped to a proposed low-volume quintile. We determined that the proposed low-volume quintile with the closest weight to proposed LTC–DRG 90 (0.4981) (refer to Table 11 in the Addendum to this proposed rule) would be proposed low-volume Quintile 2 (0.5655) (refer to Table 11 in the Addendum to this proposed rule). Therefore, we assign proposed LTC–DRG 91 a proposed relative weight of 0.5655 for FY 2007. We note that we will continue to monitor the volume (that is, the number of LTCH cases) that have few or no LTCH cases to ensure that our proposed no volume LTC–DRG crosswalking and relative weight assignment results in appropriate payments for such cases and does not result in an unintended financial incentive for LTCHs to inappropriately admit these types of cases.

Furthermore, we are proposing to establish proposed LTC–DRG relative weights of 0.0000 for heart, kidney, liver, lung, pancreas, and simultaneous pancreas/kidney transplants (LTC–DRGs 103, 302, 480, 495, 512, and 513, respectively) for FY 2007 because Medicare will only cover these procedures if they are performed at a hospital that has been certified for the specific procedures by Medicare and presently no LTCH has been so certified. Based on our research, we found that most LTCHs only perform minor surgeries, such as minor small and large bowel procedures, to the extent any surgeries are performed at all. Given the extensive criteria that must be met to become certified as a transplant center for Medicare, we believe it is unlikely that any LTCHs would become certified as a transplant center. In fact, in the nearly 20 years since the implementation of the IPPS, there has never been a LTCH that even expressed an interest in becoming a transplant center.

However, if in the future a LTCH applies for certification as a Medicare-approved transplant center, we believe that the application and approval procedure would allow sufficient time for us to determine appropriate weights for the LTC–DRGs affected. At the present time, we would only include these six transplant LTC–DRGs in the GROUPER program for administrative purposes. Because we use the same GROUPER program for LTCHs as is used under the IPPS, removing these LTC–DRGs would be administratively burdensome.

Again, we note that as this system is dynamic, it is entirely possible that the number of proposed LTC–DRGs with a zero volume of LTCH cases based on the system will vary in the future. We used the best most recent available claims data in the MedPAR file to identify zero

volume LTC–DRGs and to determine the proposed relative weights in this proposed rule.

Table 11 in the Addendum to this proposed rule lists the proposed LTC–DRGs and their respective proposed relative weights, geometric mean length of stay, and five-sixths of the geometric mean length of stay (to assist in the determination of short-stay outlier payments under § 412.529) for FY 2007.

We also wish to point out that in section VI.A.5. of the preamble of this proposed rule, we discuss our proposal to revise the regulations for grandfathered HwHs, grandfathered hospital satellite facilities, and grandfathered satellite units at §§ 412.22(f), 412.22(h)(3); and 412.25(e)(3), respectively. In addition, in section VI.A.6. of the preamble of this proposed rule, we discuss our proposal to revise and clarify the existing policies governing the determination of LTCHs' CCRs and the reconciliation of high-cost and short-stay outlier payments under the LTCH PPS. (We note that these proposed changes concerning the determination of LTCHs' CCRs and the reconciliation of LTCH PPS high-cost and short-stay outlier payments are the same as the changes proposed in the RY 2007 LTCH PPS proposed rule (71 FR 674 through 4676 and 4690 through 4692). As discussed in greater detail in that section, in response to comments and requests, in this IPPS proposed rule, we are presenting the same proposed changes to the policies governing the determination of LTCHs' CCRs and the reconciliation of high-cost and short-stay outlier payments, and providing additional information on the values of the proposed LTCH CCR ceiling and the proposed statewide average LTCH CCRs that would be effective October 1, 2006, rather than responding to comments or finalizing any policy changes in the RY 2007 LTCH PPS final rule.)

*G. Proposed Add-On Payments for New Services and Technologies*

(If you choose to comment on issues in this section, please include the caption ''New Technology'' at the beginning of your comment.)

1. Background

Sections 1886(d)(5)(K) and (L) of the Act establish a process of identifying and ensuring adequate payment for new medical services and technologies (sometimes collectively referred to in this section as ''new technologies'') under the IPPS. Section 1886(d)(5)(K)(vi) of the Act specifies that a medical service or technology will be considered new if it meets criteria established by the Secretary after notice and opportunity for public comment. Section 1886(d)(5)(K)(ii)(I) of the Act specifies that the process must apply to a new medical service or technology if, ''based on the estimated costs incurred with respect to discharges involving such service or technology, the DRG prospective payment rate otherwise applicable to such discharges under this subsection is inadequate.''

The regulations implementing this provision establish three criteria for new medical services and technologies to receive an additional payment. First, § 412.87(b)(2) defines when a specific medical service or technology will be considered new for purposes of new medical service or technology add-on payments. The statutory provision contemplated the special payment treatment for new medical services or technologies until such time as data are available to reflect the cost of the technology in the DRG weights through recalibration. There is a lag of 2 to 3 years from the point a new medical service or technology is first introduced on the market and when data reflecting the use of the medical service or technology are used to calculate the DRG weights. For example, data from discharges occurring during FY 2005 are used to calculate the proposed FY 2007 DRG weights in this proposed rule. Section 412.87(b)(2) provides that a ''medical service or technology may be considered new within 2 or 3 years after the point at which data begin to become available reflecting the ICD–9–CM code assigned to the new medical service or technology (depending on when a new code is assigned and data on the new medical service or technology become available for DRG recalibration). After CMS has recalibrated the DRGs, based on available data, to reflect the costs of an otherwise new medical service or technology, the medical service or technology will no longer be considered 'new' under the criterion for this section.''

The 2-year to 3-year period during which a medical service or technology can be considered new would ordinarily begin with FDA approval, unless there was some documented delay in bringing the product onto the market after that approval (for instance, component production or drug production had been postponed until FDA approval due to shelf life concerns or manufacturing issues). After the DRGs have been recalibrated to reflect the costs of an otherwise new medical service or technology, the special add-on payment for new medical services or technology ceases (§ 412.87(b)(2)).

For example, an approved new technology that received FDA approval in October 2005 and entered the market at that time may be eligible to receive add-on payments as a new technology until FY 2008 (discharges occurring before October 1, 2007), when data reflecting the costs of the technology would be used to recalibrate the DRG weights. Because the FY 2008 DRG weights will be calculated using FY 2006 MedPAR data, the costs of such a new technology would likely be reflected in the FY 2008 DRG weights.

Section 412.87(b)(3) further provides that, to receive special payment treatment, new medical services or technologies must be inadequately paid otherwise under the DRG system. To assess whether technologies would be inadequately paid under the DRGs, we establish thresholds to evaluate applicants for new technology add-on payments. In the FY 2004 IPPS final rule (68 FR 45385, August 1, 2003), we established the threshold at the geometric mean standardized charge for all cases in the DRG plus 75 percent of 1 standard deviation above the geometric mean standardized charge (based on the logarithmic values of the charges and transformed back to charges) for all cases in the DRG to which the new medical service or technology is assigned (or the case-weighted average of all relevant DRGs, if the new medical service or technology occurs in many different DRGs). Table 10 in the Addendum to the FY 2004 IPPS final rule (68 FR 45648) listed the qualifying threshold by DRG, based on the discharge data that we used to calculate the FY 2004 DRG weights.

However, section 503(b)(1) of Pub. L. 108–173 amended section 1886(d)(5)(K)(ii)(I) of the Act to provide for ''applying a threshold * * * that is the lesser of 75 percent of the standardized amount (increased to reflect the difference between cost and charges) or 75 percent of 1 standard deviation for the diagnosis-related group involved.'' The provisions of section 503(b)(1) apply to classification for fiscal years beginning with FY 2005. We updated Table 10 from the **Federal Register** document that corrected the FY 2004 final rule (68 FR 57753, October 6, 2003), which contained the thresholds that we used to evaluate applications for new service or technology add-on payments for FY 2005, using the section 503(b)(1) measures stated above, and posted these new thresholds on our Web site at: *http://www.cms.hhs.gov/AcuteInpatientPPS/08_newtech.asp.* In the FY 2005 IPPS final rule (in Table 10 of the Addendum), we included the final thresholds that were being used to evaluate applicants for new technology add-on payments for FY 2006. (Refer to

section IV.D. of the preamble to the FY 2005 IPPS final rule (69 FR 49084, August 11, 2004) for a discussion of a revision of the regulations to incorporate the change made by section 503(b)(1) of Pub. L. 108–173.) Table 10 of the Addendum to the FY 2006 final rule (70 FR 47680) contained the final thresholds that are being used to evaluate applications for new technology add-on payments for FY 2007.

Section 412.87(b)(1) of our existing regulations provides that a new technology is an appropriate candidate for an additional payment when it represents ''an advance that substantially improves, relative to technologies previously available, the diagnosis or treatment of Medicare beneficiaries.'' For example, a new technology represents a substantial clinical improvement when it reduces mortality, decreases the number of hospitalizations or physician visits, or reduces recovery time compared to the technologies previously available. (Refer to the September 7, 2001 final rule (66 FR 46902) for a complete discussion of this criterion.)

The new medical service or technology add-on payment policy provides additional payments for cases with high costs involving eligible new medical services or technologies while preserving some of the incentives under the average-based payment system. The payment mechanism is based on the cost to hospitals for the new medical service or technology. Under § 412.88, Medicare pays a marginal cost factor of 50 percent for the costs of a new medical service or technology in excess of the full DRG payment. If the actual costs of a new medical service or technology case exceed the DRG payment by more than the 50-percent marginal cost factor of the newmedical service or technology, Medicare payment is limited to the DRG payment plus 50 percent of the estimated costs of the new technology.

The report language accompanying section 533 of Pub. L. 106–554 indicated Congressional intent that the Secretary implement the new mechanism on a budget neutral basis (H.R. Conf. Rep. No. 106–1033, 106th Cong., 2nd Sess. at 897 (2000)). Section 1886(d)(4)(C)(iii) of the Act requires that the adjustments to annual DRG classifications and relative weights must be made in a manner that ensures that aggregate payments to hospitals are not affected. Therefore, in the past, we accounted for projected payments under the new medical service and technology provision during the upcoming fiscal year at the same time we estimated the payment effect of changes to the DRG classifications and recalibration. The impact of additional payments under this provision was then included in the budget neutrality factor, which was applied to the standardized amounts and the hospital-specific amounts.

Section 1886(d)(5)(K)(ii)(III) of the Act, as amended by section 503(d)(2) of Pub. L. 108–173, provides that there shall be no reduction or adjustment in aggregate payments under the IPPS due to add-on payments for new medical services and technologies. Therefore, add-on payments for new medical services or technologies for FY 2005 and later years are not budget neutral.

Applicants for add-on payments for new medical services or technologies for FY 2008 must submit a formal request, including a full description of the clinical applications of the medical service or technology and the results of any clinical evaluations demonstrating that the new medical service or technology represents a substantial clinical improvement, along with a significant sample of data to demonstrate the medical service or technology meets the high-cost threshold, no later than October 15, 2006. Applicants must submit a complete database no later than December 30, 2006. Complete application information, along with final deadlines for submitting a full application, will be available at our Web site: *http://www.cms.hhs.gov/AcuteInpatientPPS/08_newtech.asp.* To allow interested parties to identify the new medical services or technologies under review before the publication of the proposed rule for FY 2008, the Web site will also list the tracking forms completed by each applicant.

2. Public Input Before Publication of This Notice of Proposed Rulemaking on Add-On Payments

Section 1886(d)(5)(K)(viii) of the Act, as amended by section 503(b)(2) of Pub. L. 108–173, provides for a mechanism for public input before publication of a notice of proposed rulemaking regarding whether a medical service or technology represents a substantial clinical improvement or advancement. The process for evaluating new medical service and technology applications requires the Secretary to—

- Provide, before publication of a proposed rule, for public input regarding whether a new service or technology represents an advance in medical technology that substantially improves the diagnosis or treatment of Medicare beneficiaries.
- Make public and periodically update a list of the services and technologies for which applications for add-on payments are pending.
- Accept comments, recommendations, and data from the public regarding whether a service or technology represents a substantial clinical improvement.
- Provide, before publication of a proposed rule, for a meeting at which organizations representing hospitals, physicians, manufacturers, and any other interested party may present comments, recommendations, and data regarding whether a new service or technology represents a substantial clinical improvement to the clinical staff of CMS.

In order to provide an opportunity for public input regarding add-on payments for new medical services and technologies for FY 2007 before publication of this FY 2007 IPPS proposed rule, we published a notice in the **Federal Register** on December 23, 2005 (70 FR 76315) and held a town hall meeting at the CMS Headquarters Office in Baltimore, MD, on February 16, 2006. In the announcement notice for the meeting, we stated that the opinions and alternatives provided during the meeting would assist us in our evaluations of applications by allowing public discussions of the substantial clinical improvement criterion for each of the FY 2007 new medical service and technology add-on payment applications before the publication of this FY 2007 IPPS proposed rule.

Approximately 35 participants registered and attended the town hall meeting in person, while additional participants listened over an open telephone line. The participants focused on presenting data on the substantial clinical improvement aspect of their products, as well as the need for additional payments to ensure access to Medicare beneficiaries. In addition, we received written comments regarding the substantial clinical improvement criterion for the applicants. We considered these comments in our evaluation of each new application for FY 2007 in this proposed rule. We have summarized these comments or, if applicable, indicated that no comments were received, at the end of the discussion of the individual applications. We received two general comments about application of the newness and substantial clinical improvement criteria.

*Comment:* AdvaMed encouraged CMS to amend the definition of substantial clinical improvement for the IPPS new technology provision to conform with the outpatient definition of substantial clinical improvement used in 2001. Specifically, AdvaMed requests that

after ''decreased pain, bleeding, or other quantifiable symptom,'' CMS should insert, the following language: ''such as convenience, durability, ease of operation or make other improvements in quality of life.''

*Response:* We believe we addressed this concern in the FY 2006 IPPS final rule (70 FR 47360). We use similar standards to evaluate substantial clinical improvement in the IPPS and OPPS and, in both systems, we employ identical language to explain and elaborate on the kinds of considerations that are taken into account in determining whether a new technology represents a substantial clinical improvement. We do not believe a change to the regulations text is necessary.

*Comment:* AdvaMed commented that CMS should not use ''substantial similarity'' to evaluate newness without also determining whether the product is a substantial clinical improvement. AdvaMed argues that CMS is applying a concept that is not defined in regulations. If CMS applies the concept as part of determining whether a product is new without evaluating substantial clinical improvement, AdvaMed commented that we should define substantial similarity through notice and comment rulemaking.

*Response:* We addressed this comment in the FY 2006 IPPS final rule (70 FR 47350 through 47351). We refer readers to that final rule for a detailed response to this comment.

Section 1886(d)(5)(K)(ix) of the Act, as added by section 503(c) of Pub. L. 108–173, requires that, before establishing any add-on payment for a new medical service or technology, the Secretary shall seek to identify one or more DRGs associated with the new technology, based on similar clinical or anatomical characteristics and the costs of the technology and assign the new technology into a DRG where the average costs of care most closely approximate the costs of care using the new technology. No add-on payment shall be made if the new technology is assigned to a DRG that most closely approximates its costs.

At the time an application for new technology add-on payments is submitted, the DRGs associated with the new technology are identified. We only determine that a new DRG assignment is necessary or a new technology add-on payment is appropriate when the payment under these currently assigned DRGs is not adequate and the technology otherwise meets the newness, cost, and substantial clinical improvement criteria.

In this proposed rule, we evaluate whether new technology add-on payments will continue in FY 2007 for the three technologies that currently receive such payments. In addition, we present our evaluations of three applications for add-on payments in FY 2007.

3. FY 2007 Status of Technologies Approved for FY 2006 Add-On Payments

a. Kinetra® Implantable Neurostimulator for Deep Brain Stimulation

Medtronic, Inc. submitted an application for approval of the Kinetra® implantable neurostimulator device for new technology add-on payments for FY 2005. In the IPPS final rule for FY 2005 (69 FR 49019, August 11, 2004), we approved Kinetra® for new technology add-on payments.

As noted above, the period for which technologies are eligible to receive new technology add-on payments is 2 to 3 years after the product becomes available on the market and data reflecting the cost of the technology are reflected in the DRG weights. This technology received FDA approval on December 16, 2003. Therefore, the technology will be beyond the 2- to 3-year period during which it can be considered new during FY 2007. Therefore, we are proposing to discontinue add-on payments for the Kinetra® rechargeable, implantable neurostimulator device for FY 2007.

The manufacturer has submitted a request that we consider a higher paying DRG assignment for dual array neurostimulator pulse generator cases. We have taken this request into consideration and have reviewed the FY 2005 Medicare charge data for cases that use implantable neurostimulator for deep brain stimulation. Our findings and a full discussion of this issue can be found in Section II.D.2.a. of the preamble of this proposed rule.

b. Endovascular Graft Repair of the Thoracic Aorta

W. L. Gore & Associates, Inc. submitted an application for consideration of its Endovascular Graft Repair of the Thoracic Aorta (GORE TAG) for new technology add-on payments for FY 2006. The manufacturer argued that endovascular stent-grafting of the descending thoracic aorta provides a less invasive alternative to the traditional open surgical approach required for the management of descending thoracic aortic aneurysms. The GORE TAG device is a tubular stent-graft mounted on a catheter-based delivery system, and it replaces the synthetic graft normally sutured in place during open surgery. The device was initially identified using ICD–9–CM procedure code 39.79 (Other endovascular repair (of aneurysm) of other vessels). The applicant also requested a unique ICD–9–CM procedure code. As noted in Table 6B of the FY 2006 IPPS final rule (70 FR 47637), new procedure code 39.73 (Endovascular implantation of graft in thoracic aorta) was assigned to this technology.

In the FY 2006 IPPS final rule (70 FR 47356), we approved the GORE TAG device for new technology add-on payment for FY 2006. We noted that any substantially similar device that is FDA-approved before or during FY 2006 that uses the same ICD–9–CM procedure code as GORE TAG and falls into the same DRGs as those approved for new technology add-on payments may also receive the new technology add-on payment associated with this technology in FY 2006.

FDA approved GORE TAG on March 23, 2005. The technology remains within the 2-to 3-year period during which it can be considered new. Therefore, we are proposing to continue add-on payments for the endovascular graft repair of the thoracic aorta for FY 2007.

c. Restore® Rechargeable Implantable Neurostimulator

Medtronic Neurological submitted an application for new technology add-on payments for its Restore® Rechargeable Implantable Neurostimulator for FY 2006. The Restore® Rechargeable Implantable Neurostimulator is designed to deliver electrical stimulation to the spinal cord to block the sensation of pain. The technology standard for neurostimulators uses internal sealed batteries as the power source to generate the electrical current. These internal batteries have finite lives, and require replacement when their power has been completely discharged. According to the manufacturer, the Restore® Rechargeable Implantable Neurostimulator ''represents the next generation of neurostimulator technology, allowing the physician to set the voltage parameters in such a way that fully meets the patient's requirements to achieve adequate pain relief without fear of premature depletion of the battery.'' The applicant stated that the expected life of the Restore rechargeable battery is 9 years, compared to an average life of 3 years for conventional neurostimulator batteries. We approved new technology add-on payments for all rechargeable, implantable neurostimulators for FY

2006. Cases involving these devices, made by any manufacturer, are identified by the presence of newly created ICD–9–CM code 86.98 (Insertion or replacement of dual array rechargeable neurostimulator pulse generator).

As noted above, the period for which technologies are eligible to receive new technology add-on payments is 2 to 3 years after the product becomes available on the market and data reflecting the cost of the technology are reflected in the DRG weights. The FDA approved the Restore® Rechargeable Implantable Neurostimulator in 2005. However, as noted above and in the FY 2006 IPPS final rule (70 FR 47357), at least one similar product was approved by the FDA as early as April 2004. Nevertheless, consistent with current policy (70 FR 47362) and decisions for prior products (that is, bone morphogenetic products and CRT–D devices), we are proposing to continue new technology add-on payments for rechargeable, implantable neurostimulators in FY 2007 because the product will be beyond the 3-year period only in the latter 6 months of the fiscal year.

4. FY 2007 Applications for New Technology Add-On Payments

a. C–Port® Distal Anastomosis System

Cardica, Inc. submitted an application for new technology add-on payments for FY 2007 for its Cardica C–Port® Distal Anastomosis System. The manufacturer states that the C–Port® System is indicated for all patients requiring a vein as a conduit during a coronary bypass operation for bypassing a coronary artery stenosis or occlusion. The manufacturer contends that the C–Port® System is specifically designed to create a reliable and consistent end-to-side anastomosis between a conduit, such as a venous graft, and a small arterial vessel during the bypass surgery. The device consists of eight stainless steel clips and a delivery system. Once the vein graft has been loaded into the device and the device positioned against the target vessel, the anastomosis is created by pushing a single button. Cardica, Inc. states the main purpose of the device is to replace a conventional hand-sewn, distal anastomosis with an automated, compliant, mechanical anastomosis.

The C–Port® System was granted section 510(K) approval from the FDA on November 10, 2005. While the device appears to meet the criteria for being considered new based on its FDA approval date, we are concerned that various forms of surgical staples and clips have been used for more than a decade in a wide range of surgical procedures. In fact, the FDA found that the C–Port® System ''is substantially equivalent to the predicate devices with regard to indications, device characteristics, method of use, labeling and materials.'' Thus, given its similarity to other devices currently on the market, we are concerned that the C–Port® System may not qualify as new. We welcome comments on whether this device is new and how it can be distinguished from predicate devices that perform the same or a similar function.

We also note that there is currently no ICD–9–CM code used to identify how the anastomosis is performed. The surgical technique used to graft the bypass to the arterial vessel is part of the surgical procedure itself and is not separately identified in our current coding structure. Thus, if a new code is created, we would be creating a code that is a subset of the surgical procedure that identifies whether the graft was performed by hand-sewing or using a device like the C–Port® System, a distinction that has been unnecessary to date for inpatient hospital payments. Furthermore, we note that such a coding distinction would only be necessary for the new technology add-on payment period if the device met all of the criteria. Once the new technology add-on payments are completed, the surgical technique used for the anasotomosis would not need to be identified because the code that describes the grafting procedure would be the same whether or not this technology is used.

The applicant made several arguments in support of the device meeting the cost criterion. Cardica, Inc. estimates that the cost of each device will be approximately $1,200. The applicant assumes a hospital markup of 100 percent, with an average use of 2.5 C–Port devices per case. Therefore it estimates that the total average charge per patient will be $6,000. The C–Port® System would be used when a coronary artery bypass graft is performed. Thus, we are assessing whether it meets the cost criterion in relation to the threshold for DRGs 106 (Coronary Bypass with Percutaneous Transluminal Coronary Angioplasty), 547 (Coronary Bypass with Cardiac Catheter with Major CV Diagnosis), 548 (Coronary Bypass with Cardiac Catheter without Major CV Diagnosis), 549 (Coronary Bypass without Cardiac Catheter with Major CV Diagnosis), and 550 (Coronary Bypass without Cardiac Catheter without Major CV Diagnosis). We note that the data analysis for this technology is slightly unusual, as the DRGs to which the technology would have been assigned in FY 2005 (the MedPAR data we are currently using) are DRGs 107 and 109. These DRGs were terminated in FY 2006, and 4 new coronary bypass DRGs were created for these cases (DRGs 547, 548, 549, and 550). The manufacturer provided estimates showing a case-weighted threshold for DRGs 106, 547, 548, 549 and 550 of $75,373. The applicant projects a 20-percent market penetration for the device in FY 2007 or its use in approximately 23,000 cases across the 5 DRGs. The applicant submitted data showing average standardized charges for cases using the C–Port® System of $80,887. Therefore, the applicant argued that the device meets the cost threshold for a new technology add-on payment. Our internal data analysis of the technology, using the FY 2005 MedPAR data and Table 10 thresholds for FY 2005, shows a case-weighted threshold of $68,416. We identified cases using coronary bypass procedure codes 36.10, 36.11, 36.12, 36.13 and 36.14, and concluded that the case-weighted average standardized charge for these bypass cases was $79,394. Thus, our internal data also suggest that the device may meet the cost threshold.

The applicant made several arguments in support of the device meeting the substantial clinical improvement criterion. The manufacturer argues that the C–Port® creates a reliable and fully compliant end-to-side anastomosis between a vein graft and a coronary artery, in less time than is required to create a hand-sewn distal anastomosis. The applicant also states that the C–Port® System integrates deployment of the anastomotic clips and creation of the arteriotomy, thus enabling deployment to occur without occlusion of blood flow through the target vessel. However, we note that the applicant submitted evidence suggesting that the device does not always produce reliable anastomoses; specifically, a study of 130 patients receiving 132 devices reported 13 incomplete anastomoses in 12 patients, and the study also noted that additional manual stitches were required in the majority of the patients studied. Therefore, we are concerned that these studies suggest that the C–Port® System may not represent a substantial clinical improvement over the traditional hand-sewn technique. At the town hall meeting, the applicant noted that these results were associated with inexperience preparing the target vessel, vein thickness assessment, proper device alignment and anastomosis site selection rather than problems with the

device itself. The applicant believes that these problems will become infrequent as surgeons have more experience with the device. We welcome further information from commenters that would suggest how the product meets the substantial clinical improvement criterion.

We received the following public comments at the new technology town hall meeting regarding whether this technology meets the substantial clinical improvement criteria:

*Comment:* The manufacturer argued that this technology meets the substantial clinical improvement criterion because:

- It achieves higher patency rates at 6 months compared to conventional hand-sown anastomoses.
- Use of the device will result in less surgeon-to-surgeon variability in the quality of the anastomosis compared to hand sewing.
- The device leads to reduced operative time.
- The product allows for the creation of an anastomosis during minimally invasive surgery.

In addition, we received written comments expressing support for approval of new technology add-on payments for the C–Port® System. These commenters noted that:

- The device allows the anastomosis to be completed quickly, reducing patient complications during surgery from ischemia.
- The device will allow for smaller incisions during heart surgery and physicians will not have to position their hands in the chest cavity in order to hand-sew the anastomosis.
- The rapidly deployed anastomosis clamp provides patients with a surgical alternative where one would otherwise not be available due to the comorbidities associated with the more invasive CABG procedures.

*Response:* We appreciate the time and effort the applicant took to present at the town hall meeting. We will consider the information presented in the written comments and at the town hall meeting, and welcome objective data that will support the assertions presented above by the commenters.

b. NovoSeven® for Intracerebral Hemorrhage

The Pinnacle Health Group in conjunction with Novo Nordisk Inc. (the manufacturer) submitted an application for new technology add-on payments for FY 2007 for NovoSeven® for Intracerebral Hemorrhage. The technology is a drug that promotes hemostasis by activating clotting factors. The applicant is seeking new technology add-on payments for the use of its product in the treatment of intracerebral hemorrhage (ICH) using ICD–9–CM diagnosis code 431 (Intracerebral hemorrhage).

On March 25, 1999, the FDA approved NovoSeven® for the treatment of bleeding episodes in patients with hemophilia A or B with inhibitors to Factor VIII or Factor IX. The applicant is now seeking FDA approval for the additional indication of ICH in patients without hemophilia or other clotting abnormalities. The applicant noted that it expects FDA approval sometime in the first quarter of 2007. Because the technology is not currently FDA approved, we are not presenting our full analysis on whether the technology meets the criteria for the new technology add-on payment in this proposed rule. However, we note that the applicant did submit the information below on the cost and substantial clinical improvement criteria.

Cases using the NovoSeven® are assigned to DRG 14 (Intracranial Hemorrhage or Cerebral Infraction). The applicant expects NovoSeven® to be used in 20 to 35 percent of patients with ICH diagnosis code 431 in FY 2007. The applicant searched the FY 2004 MedPAR and found a total of 31,407 cases with a principal diagnosis code of ICH. The condition was present as a secondary diagnosis in 32,730 cases. The average standardized charge per case was $18,752.12 when ICH was the principal diagnosis and $19,045.58 when ICH was the secondary diagnosis. The applicant submitted data demonstrating that the technology costs a total of $7,265, including the costs for the drug, sterile water, IV supplies, nursing services, pharmaceuticals, and followup CT scan. However, some of these costs (for example, nursing and pharmacy) are not part of the drug or technology itself and are normal operating costs included in the Medicare DRG payment for the inpatient stay and cannot be considered ''new.'' Therefore, based on data from the applicant, the total cost for this technology is $5,997. We then added the revised cost of the technology to determine a total average standardized charge per case of $24,749.12 when ICH was the principal diagnosis and $25,455.58 when it was the secondary diagnosis. The threshold for DRG 14 is $23,807. Based on the analysis above, the applicant maintains that NovoSeven® meets the cost criterion because the average standardized charge per case exceeds the threshold for DRG 14.

The applicant also maintained that the technology meets the substantial clinical improvement criterion. The applicant explained that several studies have shown a correlation between the size of the intracranial hematoma and the mortality rate of patients with ICH within 30 days. As a result, Recombinant Coagulation Factors VIIa (rFVIIa), such as NovoSeven®, are being explored as a treatment option for ICH.

The applicant further explained that NovoSeven® activates prothrombin to thrombin by binding factor VIIa to exposed tissue factor, which then activates Factor IX into IXa and Factor X into Xa. The applicant noted that use of rFVIIa for hemophilia patients showed an 84-percent efficacy rate, with only one fatality and no major adverse events or evidence of disseminated intravascular coagulation. The applicant stated that the use of rFVIIa in a nonhemophilia population was safe across a wide range of doses.

In addition, a recent randomized trial published in the *New England Journal of Medicine*[11] researched 399 patients with ICH diagnosed by CT within 3 hours after onset who received either placebo or one of three doses of NovoSeven® (40µg, 80µg, or 160µg). Some of the outcomes reported from the study for those patients treated with NovoSeven® compared to placebo include: Mortality was reduced by 38 percent; the odds of improving by one level on the modified Rankin Scale at 90 days doubled; and the proportion of patients who died or were severely disabled declined from 69 percent in the placebo group to 53 percent in the treatment group (combined for all three levels of doses). The applicant noted that the study concluded that ultra early hemostatic therapy within 4 hours after the onset of ICH with rFVIIa significantly reduced the growth of the hemorrhage, reduced mortality, and improved the functional outcomes at 3 months, thus demonstrating substantial clinical improvement.

We received no public comments regarding this application for new technology add-on payments at the town hall meeting.

c. X STOP Interspinous Process Decompression System

St. Francis Medical Technologies submitted an application for new technology add-on payments for the X STOP Interspinous Process Decompression System for FY 2007.

[11] Mayer, S.A., et al. ''Recombinant Activated Factor VII for Acute Intracerebral Hemorrhage.'' *New England Journal of Medicine*, Vol. 352, No. 8, pp. 777–785, 2005.

Lumbar spinal stenosis describes a condition that occurs when the spaces between bones in the spine become narrowed due to arthritis and other age-related conditions. This narrowing, or stenosis, causes nerves coming from the spinal cord to be compressed, thereby causing symptoms including pain, numbness, and weakness. It particularly causes symptoms when the spine is in extension, as occurs when a patient stands fully upright or leans back. The X STOP device is inserted between the spinous processes of adjacent vertebrae in order to provide a minimally invasive alternative to conservative treatment (exercise and physical therapy) and invasive surgery (spinal fusion). It works by limiting the spine extension that compresses the nerve roots while still preserving as much motion as possible. The device is inserted in a relatively simple, primarily outpatient procedure using local anesthesia. However, in some circumstances, the physician may prefer to admit the patient for an inpatient stay. The manufacturer has described the device as providing ''a new minimally invasive, stand-alone alternative treatment for lumbar spinal stenosis.''

The X STOP Interspinous Process Decompression system received premarket approval from the FDA on November 21, 2005. The device is currently described by ICD–9–CM code 84.58 (Implantation of Interspinous process decompression device) (excluding: fusion of spine (codes 81.00 through 81.08, and 81.30 through 81.39)). This ICD–9–CM code went into effect on October 1, 2005.

The manufacturer provided data in support of the device meeting the cost threshold criterion. The applicant stated that there would be an average of 1.6 units used per case. Each unit costs $5,500; therefore, the technology is expected to cost $8,800 per case. The device is currently assigned to DRGs 499 (Back and Neck Procedures Except Spinal Fusion with CC) and 500 (Back and Neck Procedures Except Spinal Fusion without CC). The manufacturer projected that there would be approximately 424 patients eligible to receive the device in DRG 499 in FY 2007, while there may be approximately 1,700 patients who receive the device in DRG 500. The manufacturer also provided data for cases involved in the clinical trials. The average standardized charge for the cases in FY 2004 was $24,065. The weighted threshold for DRGs 499 and 500 is $20,096. However, the manufacturer argued that because significantly less than 20 percent of patients receiving the X STOP experienced complications or had comorbidities, the threshold should be calculated by estimating that 20 percent of patients would be assigned to DRG 499 and 80 percent would to DRG 500. The manufacturer stated in its application that, using this methodology, the applicable threshold should be $19,796. Using either calculation, it appears that the technology meets the cost threshold for new technology add-on payments.

The applicant also submitted information in support of its claim of substantial clinical improvement. The manufacturer stated that the X STOP device is placed between the spinous processes to limit extension of the symptomatic level(s), yet allowing flexion, axial rotation, and lateral bending (that is, the device limits pressure on the spinal nerves and the resulting pain symptoms when the patient is in an upright position or leans backward while also preserving the patient's ability to turn side-to-side, bend forward, and to turn to either side). The applicant contends that this technology provides an alternative with improved clinical outcomes to conservative and surgical treatments. The manufacturer further stated that the device may offer a new alternative to lumbar spinal decompression procedures such as laminectomy and laminotomy. Additional information included in the application suggests that the device preserves spinal motion and is superior to a spinal decompression procedure that requires concomitant fusion (with or without instrumentation). The applicant argued that the advantages over spinal decompression include reduced risk, shorter hospital stay, and earlier improvement in pain and function. The manufacturer further contends that disease progression at adjacent levels is minimal following X STOP implantation compared to the known risk associated with surgical decompression and concomitant fusion. The applicant stated that the X STOP is comparable to traditional surgical decompression of lumbar spinal stenosis with respect to improved quality of life postoperatively. According to the applicant, the device provides advantages over nonoperative care, including better symptom relief, improved function, and increased patient satisfaction.

We believe that the device satisfies the newness and cost threshold criteria for new technology add-on payments. However, we are concerned that the information included with the application may raise issues about substantial clinical improvement. During the FDA approval process, the Center for Devices and Radiological Health (CDRH) Advisory Panel voted against premarket approval (PMA) in August 2004 because of concerns about proper patient selection as well as the lack of objective endpoints, especially radiographic endpoints. The Panel also mentioned the overall low clinical efficacy rate in the study population. The device subsequently received PMA approval, but only on the condition that it be used in the context of a long term (5 year) follow-up study. We welcome information from commenters that addresses the concerns raised by the CDRH Advisory Panel or other information bearing on the issue of whether this product meets the substantial clinical improvement criterion.

We received the following public comments through the new technology town hall meeting process regarding this application for add-on payments.

*Comment:* The applicant asserted that the X STOP Interspinous Process Decompression system has the following advantages:

- It retains spinal anatomy and all spinal structures.
- The device allows for increased function and less pain after implantation as evidenced by radiographic measures that showed increases in the spinal canal area by 18 percent, diameter by 9 percent, and subarticular diameter (the route that the nerves exit the spine) by 50 percent. In lateral view: area increased by 25 percent and width by 41 percent.
- The X STOP is a reversible procedure that causes no damage to facets or disks.
- The device allows for a treatment option for patients that cannot undergo surgeries with general anesthesia.
- The rate of complications associated with implantation of the device is below 1 percent.

*Response:* We will evaluate these assertions as we further consider this application for new technology add-on payments for the final rule. We also note that the study that the applicant summarized at the town hall meeting for the X STOP used a randomized study that targeted lumbar spinal stenosis patients with mild to moderate symptoms. The control group did not require operative care. We welcome information from the comments that demonstrates how the study populations showed substantial clinical improvement compared to the control group.

We note that the town hall meeting produced contradictory information regarding whether this procedure is generally performed in inpatient or

outpatient settings. The presenter indicated that over 90 percent of his patients were treated as outpatients. The manufacturer noted 90 percent of non-U.S. patients and approximately two-thirds of U.S. patients since FDA approval have been treated in inpatient settings. While the setting where the procedure is typically performed has no bearing on whether the product represents a substantial clinical improvement, we note that we believe the physician should select the most appropriate site to perform the procedure based on the clinical needs of the patient.

## III. Proposed Changes to the Hospital Wage Index

### *A. Background*

Section 1886(d)(3)(E) of the Act requires that, as part of the methodology for determining prospective payments to hospitals, the Secretary must adjust the standardized amounts ''for area differences in hospital wage levels by a factor (established by the Secretary) reflecting the relative hospital wage level in the geographic area of the hospital compared to the national average hospital wage level.'' In accordance with the broad discretion conferred under the Act, we currently define hospital labor market areas based on the definitions of statistical areas established by the Office of Management and Budget (OMB). A discussion of the proposed FY 2007 hospital wage index based on the statistical areas, including OMB's revised definitions of Metropolitan Areas, appears under section III.B. of this preamble.

Beginning October 1, 1993, section 1886(d)(3)(E) of the Act requires that we update the wage index annually. Furthermore, this section provides that the Secretary base the update on a survey of wages and wage-related costs of short-term, acute care hospitals. The survey should measure the earnings and paid hours of employment by occupational category, and must exclude the wages and wage-related costs incurred in furnishing skilled nursing services. This provision also requires us to make any updates or adjustments to the wage index in a manner that ensures that aggregate payments to hospitals are not affected by the change in the wage index. The proposed adjustment for FY 2007 is discussed in section II.B. of the Addendum to this proposed rule.

As discussed below in section III.H. of this preamble, we also take into account the geographic reclassification of hospitals in accordance with sections 1886(d)(8)(B) and 1886(d)(10) of the Act when calculating the wage index. Under section 1886(d)(8)(D) of the Act, the Secretary is required to adjust the standardized amounts so as to ensure that aggregate payments under the IPPS after implementation of the provisions of sections 1886(d)(8)(B) and (C) and 1886(d)(10) of the Act are equal to the aggregate prospective payments that would have been made absent these provisions. The proposed budget neutrality adjustment for FY 2007 is discussed in section II.A.4.b. of the Addendum to this proposed rule.

Section 1886(d)(3)(E) of the Act also provides for the collection of data every 3 years on the occupational mix of employees for short-term, acute care hospitals participating in the Medicare program, in order to construct an occupational mix adjustment to the wage index. A discussion of the occupational mix adjustment that we propose to apply beginning October 1, 2006 (the proposed FY 2007 wage index) appears under section III.C. of this preamble.

### *B. Core-Based Statistical Areas for the Proposed Hospital Wage Index*

(If you choose to comment on issues in this section, please include the caption ''CBSAs'' at the beginning of your comment.)

The wage index is calculated and assigned to hospitals on the basis of the labor market area in which the hospital is located. In accordance with the broad discretion under section 1886(d)(3)(E) of the Act, beginning with FY 2005, we define hospital labor market areas based on the Core-Based Statistical Areas (CBSAs) established by OMB and announced in December 2003 (69 FR 49027). OMB defines a CBSA, beginning in 2003, as ''a geographic entity associated with at least one core of 10,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.'' The standards designate and define two categories of CBSAs: Metropolitan Statistical Areas (MSAs) and Micropolitan Statistical Areas (65 FR 82235).

According to OMB, MSAs are based on urbanized areas of 50,000 or more population, and Micropolitan Statistical Areas (referred to in this discussion as Micropolitan Areas) are based on urban clusters with a population of at least 10,000 but less than 50,000. Counties that do not fall within CBSAs are deemed ''Outside CBSAs.'' In the past, OMB defined MSAs around areas with a minimum core population of 50,000, and smaller areas were ''Outside MSAs.''

The general concept of the CBSAs is that of an area containing a recognized population nucleus and adjacent communities that have a high degree of integration with that nucleus. The purpose of the standards is to provide nationally consistent definitions for collecting, tabulating, and publishing Federal statistics for a set of geographic areas. CBSAs include adjacent counties that have a minimum of 25 percent commuting to the central counties of the area. (This is an increase over the minimum commuting threshold of 15 percent for outlying counties applied in the previous MSA definition.)

The revised CBSAs established by OMB comprised MSAs and Micropolitan Areas based on Census 2000 data. (A copy of the announcement may be obtained at the following Internet address: *http://www.whitehouse.gov/omb/bulletins/fy04/b04-03.html*.) The revised definitions recognize 49 MSAs and 565 Micropolitan Areas, and extensively changed the composition of many of the MSAs that existed prior to the revisions.

The revised area designations resulted in a higher wage index for some areas and a lower wage index for others. Further, some hospitals that were previously classified as urban are now in rural areas. Given the significant payment impacts upon some hospitals because of these changes, we provided a transition period to the new labor market areas in the FY 2005 IPPS final rule (69 FR 49027 through 49034). As part of that transition, we allowed urban hospitals that became rural under the new definitions to maintain their assignment to the MSA where they were previously located for the 3-year period of FY 2005, FY 2006, and FY 2007. Specifically, these hospitals were assigned the wage index of the urban area to which they previously belonged. (For purposes of the wage index computation, the wage data of these hospitals remained assigned to the statewide rural area in which they are located.) The hospitals receiving this transition will not be considered urban hospitals; rather, they will maintain their status as rural hospitals. Thus, the hospital would not be eligible, for example, for a large urban add-on payment under the capital PPS. In other words, it is the wage index, but not the urban or rural status, of these hospitals that is being affected by this transition. The higher wage indices that these hospitals are receiving are also being taken into consideration in determining whether they qualify for the out-migration adjustment discussed in section III.I. of this preamble and the amount of any adjustment.

FY 2007 will be the third year of this transition period. We will continue to assign the wage index for the urban area in which the hospital was previously located through FY 2007. In order to ensure this provision remains budget neutral, we will continue to adjust the standardized amount by a transition budget neutrality factor to account for these hospitals. Doing so is consistent with the requirement of section 1886(d)(3)(E) of the Act that any ''adjustments or updates [to the adjustment for different area wage levels] * * * shall be made in a manner that assures that aggregate payments * * * are not greater or less than those that would have been made in the year without such adjustment.''

Beginning in FY 2008, these hospitals will receive their statewide rural wage index, although they will be eligible to apply for reclassification by the MGCRB both during this transition period and in subsequent years. These hospitals will be considered rural for reclassification purposes.

Consistent with the FY 2005 and FY 2006 IPPS final rules, as we did beginning in FY 2006, for FY 2007 we are proposing to provide that hospitals receive 100 percent of their wage index based upon the CBSA configurations. Specifically, we will determine for each hospital a proposed wage index for FY 2007 employing wage index data from FY 2003 hospital cost reports and using the CBSA labor market definitions.

*C. Proposed Occupational Mix Adjustment to the Proposed FY 2007 Index*

(If you choose to comment on issues in this section, please include the caption ''Occupational Mix Adjustment'' at the beginning of your comment.)

As stated earlier, section 1886(d)(3)(E) of the Act provides for the collection of data every 3 years on the occupational mix of employees for each short-term, acute care hospital participating in the Medicare program, in order to construct an occupational mix adjustment to the wage index, for application beginning October 1, 2004 (the FY 2005 wage index). The purpose of the occupational mix adjustment is to control for the effect of hospitals' employment choices on the wage index. For example, hospitals may choose to employ different combinations of registered nurses, licensed practical nurses, nursing aides, and medical assistants for the purpose of providing nursing care to their patients. The varying labor costs associated with these choices reflect hospital management decisions rather than geographic differences in the costs of labor.

1. Development of Data for the Proposed Occupational Mix Adjustment

In the FY 2005 IPPS final rule (69 FR 49034), we discussed in detail the data we used to calculate the occupational mix adjustment to the FY 2005 wage index. For the proposed FY 2007 wage index, we are proposing to use the same CMS Wage Index Occupational Mix Survey and Bureau of Labor Statistics (BLS) data that we used for the FYs 2005 and 2006 wage indices, with two exceptions. The CMS survey requires hospitals to report the number of total paid hours for directly hired and contract employees in occupations that provide the following services: Nursing, physical therapy, occupational therapy, respiratory therapy, pharmacy, dietary and medical and clinical laboratory. These services each include several standard occupational classifications (SOCs), as defined by the BLS' Occupational Employment Statistics (OES) survey. For the proposed FY 2007 wage index, we are using revised survey data for 16 hospitals that took advantage of the opportunity we afforded hospitals to submit changes to their occupational mix data during the FY 2007 wage index data collection process (see the discussion of wage data corrections process under section III.J. of this preamble). We also excluded survey data for hospitals that became designated as CAHs since the original survey data were collected and for hospitals for which there are no corresponding cost report data for the FY 2007 wage index. The proposed FY 2007 wage index includes occupational mix data from 3,362 out of 3,580 hospitals (93.9 percent response rate). The results of the occupational mix survey are included in the chart below.

BILLING CODE 4120–01–P

## Medicare Occupational Mix Survey Results

| General Service Categories | Number of Employee Hours | Percent of Service Category Hours | Percent of Total Employee Hours |
|---|---|---|---|
| **Nursing Services and Medical Assistant Services** | | | |
| Registered Nurses | 1,406,943,816.04 | 70.58% | 26.77% |
| Licensed Practical Nurses | 147,248,647.16 | 7.39% | 2.80% |
| Nursing Aides, Orderlies, & Attendants | 367,384,061.22 | 18.43% | 6.99% |
| Medical Assistants | 71,927,415.82 | 3.61% | 1.37% |
| **Total** | **1,993,503,940.24** | **100.00%** | **37.93%** |
| | | | |
| **Physical Therapy Services** | | | |
| Physical Therapists | 43,868,232.78 | 61.21% | 0.83% |
| Physical Therapist Assistants | 16,510,140.36 | 23.04% | 0.31% |
| Physical Therapist Aides | 11,287,769.88 | 15.75% | 0.21% |
| **Total** | **71,666,143.02** | **100.00%** | **1.36%** |
| | | | |
| **Occupational Therapy Services** | | | |
| Occupational Therapists | 18,631,855.38 | 79.00% | 0.35% |
| Occupational Therapist Assistants | 3,987,039.84 | 16.90% | 0.08% |
| Occupational Therapist Aides | 966,376.26 | 4.10% | 0.02% |
| **Total** | **23,585,271.49** | **100.00%** | **0.45%** |
| | | | |
| **Respiratory Therapy Services** | | | |
| Respiratory Therapists | 82,951,713.38 | 80.27% | 1.58% |
| Respiratory Therapy Technicians | 20,386,118.54 | 19.73% | 0.39% |
| **Total** | **103,337,831.91** | **100.00%** | **1.97%** |

| General Service Categories | Number of Employee Hours | Percent of Service Category Hours | Percent of Total Employee Hours |
|---|---|---|---|
| | | | |
| **Pharmacy Services** | | | |
| Pharmacists | 54,398,555.85 | 48.03% | 1.03% |
| Pharmacy Technicians | 54,460,106.46 | 48.09% | 1.04% |
| Pharmacy Assistants/Aides | 4,394,780.65 | 3.88% | 0.08% |
| **Total** | **113,253,442.97** | **100.00%** | **2.15%** |
| | | | |
| **Dietary Services** | | | |
| Dieticians | 18,608,487.10 | 42.77% | 0.35% |
| Dietetic Technicians | 24,895,354.27 | 57.23% | 0.47% |
| **Total** | **43,503,841.37** | **100.00%** | **0.83%** |
| | | | |
| **Medical & Clinical Lab Services** | | | |
| Medical & Clinical Lab Technologists | 113,393,109.40 | 58.66% | 2.16% |
| Medical & Clinical Lab Technicians | 79,923,513.56 | 41.34% | 1.52% |
| **Total** | **193,316,622.96** | **100.00%** | **3.68%** |
| | | | |
| **Total Nursing, Therapy, Pharmacy, Dietary, and Medical & Clinical Occupations** | **2,542,167,094.54** | | **48.37%** |
| | | | |
| **All Other Occupations** | **2,695,755,787.22** | | **51.29%** |
| | | | |
| **Total Hospital Employees** | **5,255,922,881.51** | | **100.00%** |

Source: Medicare Wage Index Occupational Mix Survey, Form CMS-10079.

BILLING CODE 4120–01–C

2. Calculation of the Proposed FY 2007 Occupational Mix Adjustment Factor and the Proposed FY 2007 Occupational Mix Adjusted Wage Index

For the proposed FY 2007 wage index, we are proposing to use the same methodology that we used to calculate the occupational mix adjustment to the FY 2005 and FY 2006 wage indices (69 FR 49042 and 70 FR 47367). We are proposing to use the following steps for calculating the proposed FY 2007 occupational mix adjustment factor and the proposed FY 2007 occupational mix adjusted wage index:

*Step 1*—For each hospital, the percentage of the general service category attributable to an SOC is determined by dividing the SOC hours by the general service category's total hours. Repeat this calculation for each of the 19 SOCs.

*Step 2*—For each hospital, the weighted average hourly rate for an SOC is determined by multiplying the percentage of the general service category (from Step 1) by the national average hourly rate for that SOC from the 2001 BLS OES survey, which was used in calculating the occupational mix adjustment for the FY 2005 wage index. The 2001 OES survey is BLS' latest available hospital-specific survey. (See Chart 4 in the FY 2005 IPPS final rule, 69 FR 49038.) Repeat this calculation for each of the 19 SOCs.

*Step 3*—For each hospital, the hospital's adjusted average hourly rate for a general service category is computed by summing the weighted hourly rate for each SOC within the general category. Repeat this calculation for each of the seven general service categories.

*Step 4*—For each hospital, the occupational mix adjustment factor for a general service category is calculated by dividing the national adjusted average hourly rate for the category by the hospital's adjusted average hourly rate for the category. (The national adjusted average hourly rate is computed in the same manner as Steps 1 through 3, using instead, the total SOC and general service category hours for all hospitals in the occupational mix survey database.) Repeat this calculation for each of the seven general service categories. If the hospital's adjusted rate is less than the national adjusted rate (indicating the hospital employs a less costly mix of employees within the category), the occupational mix adjustment factor will be greater than 1.0000. If the hospital's adjusted rate is greater than the national adjusted rate, the occupational mix adjustment factor will be less than 1.0000.

*Step 5*—For each hospital, the occupational mix adjusted salaries and wage-related costs for a general service category are calculated by multiplying the hospital's total salaries and wage-related costs (from Step 5 of the unadjusted wage index calculation in section III.F. of this preamble) by the percentage of the hospital's total workers attributable to the general service category and by the general service category's occupational mix adjustment factor (from Step 4 above). Repeat this calculation for each of the seven general service categories. The remaining portion of the hospital's total salaries and wage-related costs that is attributable to all other employees of the hospital is not adjusted for occupational mix.

*Step 6*—For each hospital, the total occupational mix adjusted salaries and wage-related costs for a hospital are calculated by summing the occupational mix adjusted salaries and wage-related costs for the seven general service categories (from Step 5) and the unadjusted portion of the hospital's salaries and wage-related costs for all other employees. To compute a hospital's occupational mix adjusted average hourly wage, divide the hospital's total occupational mix adjusted salaries and wage-related costs by the hospital's total hours (from Step 4 of the unadjusted wage index calculation in section III.F. of this preamble).

*Step 7*—To compute the occupational mix adjusted average hourly wage for an urban or rural area, sum the total occupational mix adjusted salaries and wage-related costs for all hospitals in the area, then sum the total hours for all hospitals in the area. Next, divide the area's occupational mix adjusted salaries and wage-related costs by the area's hours.

*Step 8*—To compute the national occupational mix adjusted average hourly wage, sum the total occupational mix adjusted salaries and wage-related costs for all hospitals in the Nation, then sum the total hours for all hospitals in the Nation. Next, divide the national occupational mix adjusted salaries and wage-related costs by the national hours. The proposed national occupational mix adjusted average hourly wage for FY 2007 is $29.6213. (This figure represents a 100 percent adjustment for occupational mix.)

*Step 9*—To compute the occupational mix adjusted wage index, divide each area's occupational mix adjusted average hourly wage (Step 7) by the national occupational mix adjusted average hourly wage (Step 8).

*Step 10*—To compute the Puerto Rico specific occupational mix adjusted wage index, follow Steps 1 through 9 above. The proposed Puerto Rico occupational mix adjusted average hourly wage for FY 2007 is $12.9490. (This figure represents a 100 percent adjustment for occupational mix.)

An example of the occupational mix adjustment was included in the FY 2005 IPPS final rule (69 FR 49043).

For the FY 2006 final wage index, we used the unadjusted wage data for hospitals that did not submit occupational mix survey data. For calculation purposes, this equates to applying the national SOC mix to the wage data for these hospitals, because hospitals having the same mix as the Nation would have an occupational mix adjustment factor equaling 1.0000. In the FYs 2005 and 2006 IPPS final rule (69 FR 49035 and 70 FR 47368), we noted that we would revisit this matter with subsequent collections of the occupational mix data. Because we are using essentially the same survey data for the proposed FY 2007 occupational mix adjustment that we used for FYs 2005 and 2006, with the only exceptions as stated in section III.C.1. of this preamble, we are treating the wage data for hospitals that did not respond to the survey in this same manner for the proposed FY 2007 wage index.

In implementing an occupational mix adjusted wage index based on the above calculation, the proposed wage index values for 17 rural areas (36.2 percent) and 204 urban areas (52.8 percent) would decrease as a result of the adjustment. Five rural areas (10.6 percent) and 106 urban areas (27.5 percent) would experience a decrease of 1 percent or greater in their wage index values. The largest negative impact for a rural area would be 1.8 percent and for an urban area, 4.2 percent. Meanwhile, 30 rural areas (63.8 percent) and 178 urban areas (46.1 percent) would experience an increase in their wage index values. Although these results show that rural hospitals would gain the most from an occupational mix adjustment to the wage index, their gains may not be as great as might have been expected. Further, it might not have been anticipated that approximately one-third of rural hospitals would actually fare worse under the adjustment. Overall, a fully implemented occupational mix adjusted wage index would have a redistributive effect on Medicare payments to hospitals.

In the FY 2006 IPPS final rule (70 FR 47368), we indicated that, for future data collections, we would revise the occupational mix survey to allow hospitals to provide both salaries and hours data for each of the employment categories that are included on the survey. We also indicated that we would assess whether future occupational mix surveys should be based on the calendar year or if the data should be collected on a fiscal year basis as part of the Medicare cost report. (One logistical problem is that cost report data are collected yearly, but occupational mix survey data are collected only every 3 years.)

In a document published in the **Federal Register** on October 14, 2005 (70 FR 60092), we proposed a new survey, the 2006 Medicare Wage Index Occupational Mix Survey. The 2006 survey provides for the collection of data on hospital-specific wages and hours for a 6-month reporting period (January 1, 2006 through June 30, 2006), as well as additional clarification of the definitions for the occupational categories, an expansion of the registered nurse category to include functional subcategories, the exclusion of average hourly rate data associated with advance practice nurses, and the transfer of each general service category that comprised less than 4 percent of total hospital employees in the 2003 survey to the ''all other occupations'' category. The results of the 2006 occupational mix survey will be used to adjust the IPPS wage index beginning with FY 2008. On February 10, 2006, we

published in the **Federal Register** a notice with a 30-day comment period for the 2006 survey (71 FR 7047). We will provide a full discussion of the 2006 survey design, the survey results, and the methodology for calculating and applying the new occupational mix adjustment in the FY 2008 IPPS proposed rule.

In our continuing efforts to meet the information needs of the public, we are providing via the Internet three additional public use files (PUFs) for the proposed occupational mix adjusted wage index concurrently with the publication of this proposed rule: (1) A file including each hospital's unadjusted and adjusted average hourly wage (FY 2007 Proposed Rule Occupational Mix Adjusted and Unadjusted Average Hourly Wage by Provider); (2) a file including each CBSA's adjusted and unadjusted average hourly wage (FY 2007 Proposed Rule Occupational Mix Adjusted and Unadjusted Average Hourly Wage and Pre-Reclassified Wage Index by CBSA); and (3) a file including each hospital's occupational mix adjustment factors by occupational category (Provider Occupational Mix Adjustment Factors for Each Occupational Category). These additional files are posted on the Internet at *http://www.cms.hhs.gov/AcuteInpatientPPS.* We also plan to post these files via the Internet with future applications of the occupational mix adjustment.

*D. Worksheet S–3 Wage Data for the Proposed FY 2007 Wage Index Update*

(If you choose to comment on issues in this section, please include the caption ''Wage Data'' at the beginning of your comment.)

The proposed FY 2007 wage index values (effective for hospital discharges occurring on or after October 1, 2006 and before October 1, 2007) in section II.B. of the Addendum to this proposed rule are based on the data collected from the Medicare cost reports submitted by hospitals for cost reporting periods beginning in FY 2003 (the FY 2006 wage index was based on FY 2002 wage data).

The proposed FY 2007 wage index includes the following categories of data associated with costs paid under the IPPS (as well as outpatient costs):

- Salaries and hours from short-term, acute care hospitals (including paid lunch hours and hours associated with military leave and jury duty).
- Home office costs and hours.
- Certain contract labor costs and hours (which includes direct patient care, certain top management, pharmacy, laboratory, and nonteaching physician Part A services).
- Wage-related costs, including pensions and other deferred compensation costs.

Consistent with the wage index methodology for FY 2006, the proposed wage index for FY 2007 also excludes the direct and overhead salaries and hours for services not subject to IPPS payment, such as SNF services, home health services, costs related to GME (teaching physicians and residents) and certified registered nurse anesthetists (CRNAs), and other subprovider components that are not paid under the IPPS. The proposed FY 2007 wage index also excludes the salaries, hours, and wage-related costs of hospital-based rural health clinics (RHCs), and Federally qualified health centers (FQHCs) because Medicare pays for these costs outside of the IPPS (68 FR 45395). In addition, salaries, hours, and wage-related costs of CAHs are excluded from the wage index, for the reasons explained in the FY 2004 IPPS final rule (68 FR 45397).

Data collected for the IPPS wage index are also currently used to calculate wage indices applicable to other providers, such as SNFs, home health agencies, and hospices. In addition, they are used for prospective payments to IRFs, IPFs, and LTCHs, and for hospital outpatient services. We note that, in the IPPS rules, we do not address comments pertaining to the wage indices for non-IPPS providers. Such comments should be made in response to separate proposed rules for those providers.

*E. Verification of Worksheet S–3 Wage Data*

(If you choose to comment on this section, please include the caption ''Wage Data'' at the beginning of your comment.)

The wage data for the proposed FY 2007 wage index were obtained from Worksheet S–3, Parts II and III of the FY 2003 Medicare cost reports. Instructions for completing the Worksheet S–3, Parts II and III are in the Provider Reimbursement Manual, Part I, sections 3605.2 and 3605.3. The data file used to construct the proposed wage index includes FY 2003 data submitted to us as of March 1, 2006. As in past years, we performed an intensive review of the wage data, mostly through the use of edits designed to identify aberrant data.

We asked our fiscal intermediaries to revise or verify data elements that resulted in specific edit failures. Some unresolved data elements are included in the calculation of the proposed FY 2007 wage index. We instructed the fiscal intermediaries to complete their data verification of questionable data elements and to transmit any changes to the wage data no later than April 14, 2006. We believe all unresolved data elements will be resolved by the date the final rule is issued. The revised data will be reflected in the final rule.

Also, as part of our editing process, we removed the data for 215 hospitals from our database: 178 hospitals designated as CAHs between February 18, 2005, the cutoff date for exclusion of CAHs from the FY 2006 wage index, and February 17, 2006, the cutoff date for CAH exclusion for the FY 2007 wage index (that is, 7 or more days prior to the posting of the preliminary February 24, 2006 PUF), and 30 hospitals were low Medicare utilization hospitals or failed edits that could not be corrected because the hospitals terminated the program or changed ownership. In addition, we removed the wage data for 7 hospitals with incomplete or inaccurate data resulting in zero or negative, or otherwise aberrant, average hourly wages. We have notified the fiscal intermediaries of these hospitals and will continue to work with the fiscal intermediaries to correct these data until we finalize our database to compute the final wage index. The data for these hospitals will be included in the final wage index if we receive corrected data that pass our edits. As a result, the proposed FY 2007 wage index is calculated based on FY 2003 wage data from 3,580 hospitals.

In constructing the proposed FY 2007 wage index, we include the wage data for facilities that were IPPS hospitals in FY 2003, even for those facilities that have since terminated their participation in the program as hospitals, as long as those data do not fail any of our edits for reasonableness. We believe that including the wage data for these hospitals is, in general, appropriate to reflect the economic conditions in the various labor market areas during the relevant past period. However, we exclude the wage data for CAHs as discussed in 68 FR 45397.

Section 4410 of Pub. L. 105–33 provides that, for the purposes of section 1886(d)(3)(E) of the Act, for discharges occurring on or after October 1, 1997, the area wage index applicable to any hospital that is located in an urban area of a State may not be less than the area wage index applicable to hospitals located in rural areas in the State. This provision is commonly referred to as the ''rural floor.'' In the August 11, 2004 IPPS final rule (69 FR 49109), we discussed situations where a State has only urban areas and no geographically rural areas, or a State has geographically rural areas but no IPPS hospitals are located in those rural

areas. As a result, these States did not have rural IPPS hospitals from which to compute and apply a ''rural floor.'' In that final rule, we developed a policy for imputing a ''rural floor'' for these States, effective for the FYs 2005, 2006, and 2007 wage indices, so that a ''rural floor'' could be applicable to IPPS urban hospitals in those States in the same manner that a ''rural floor'' is applicable to IPPS urban hospitals in States that have IPPS rural hospitals. We revised the regulations at § 412.64(h) to describe the methodology for computing the imputed ''rural floors'' for these States and to define an all-urban State. Specifically, § 412.64(h)(5) defines an all-urban State as ''a State with no rural areas * * * or a State in which there are no hospitals classified as rural. A State with rural areas and with hospitals reclassified as rural under § 412.103 is not an all-urban State.''

We have received questions as to what area wage index CMS would apply in the instance where a new rural IPPS hospital opens in a State that has an imputed ''rural floor'' because it has rural areas but had no hospitals classified as rural. In addition, we have been asked whether a new IPPS hospital could submit its wages and hours data to be used in computing the wage index, even though the hospital did not file a cost report as an IPPS provider for the cost report base year that is used in calculating that wage index.

A new hospital can be an entirely new facility that did not exist before, or it can be a hospital that participated in Medicare under a previous provider number, but has acquired a new Medicare provider number (such as when a CAH converts to IPPS status, or vice versa). As a new IPPS hospital (in this case, rural), the hospital would not yet have filed any wages and hours data on a Medicare cost report. Even in the situation where a new IPPS hospital previously participated in Medicare as another provider type (such as a CAH) and was able to develop its wages and hours data for the wage index base year, consistent with section 1886(d)(3)(E) of the Act which specifies that the wage index must be based on data from short-term, acute care hospitals, CMS could not include the hospital's wages and hours from a period during which the hospital was not an IPPS provider. Furthermore, even once the hospital files its first Medicare cost report under the new IPPS provider number, that first cost report is not used in computing the wage index for the hospital's geographic area until 4 years later. This is because a current fiscal year's wage index is computed from cost reports that are 4 years prior to that current fiscal year. Consequently, the only wage index that would be available for such a new IPPS rural hospital in the first 3 years of the hospital's existence is the imputed ''rural floor.'' Therefore, if a new rural IPPS hospital opens in a State that has an imputed ''rural floor'' and has rural areas, the hospital would receive the imputed ''rural floor'' as its wage index until its first cost report is contemporaneous with the cost reporting period being used to develop a given fiscal year's wage index.

*F. Computation of the Proposed FY 2007 Unadjusted Wage Index*

(If you choose to comment on issues in this section, please include the caption ''Unadjusted Wage Index'' at the beginning of your comment.)

The method used to compute the proposed FY 2007 wage index without an occupational mix adjustment follows:

*Step 1*—As noted above, we based the proposed FY 2007 wage index on wage data reported on the FY 2003 Medicare cost reports. We gathered data from each of the non-Federal, short-term, acute care hospitals for which data were reported on the Worksheet S–3, Parts II and III of the Medicare cost report for the hospital's cost reporting period beginning on or after October 1, 2002 and before October 1, 2003. In addition, we included data from some hospitals that had cost reporting periods beginning before October 2002 and reported a cost reporting period covering all of FY 2003. These data were included because no other data from these hospitals would be available for the cost reporting period described above, and because particular labor market areas might be affected due to the omission of these hospitals. However, we generally describe these wage data as FY 2003 data. We note that, if a hospital had more than one cost reporting period beginning during FY 2003 (for example, a hospital had two short cost reporting periods beginning on or after October 1, 2002 and before October 1, 2003), we included wage data from only one of the cost reporting periods, the longer, in the wage index calculation. If there was more than one cost reporting period and the periods were equal in length, we included the wage data from the later period in the wage index calculation.

*Step 2*—Salaries—The method used to compute a hospital's average hourly wage excludes certain costs that are not paid under the IPPS. In calculating a hospital's average salaries plus wage-related costs, we subtracted from Line 1 (total salaries) the GME and CRNA costs reported on Lines 2, 4.01, 6, and 6.01, the Part B salaries reported on Lines 3, 5 and 5.01, home office salaries reported on Line 7, and excluded salaries reported on Lines 8 and 8.01 (that is, direct salaries attributable to SNF services, home health services, and other subprovider components not subject to the IPPS). We also subtracted from Line 1 the salaries for which no hours were reported. To determine total salaries plus wage-related costs, we added to the net hospital salaries the costs of contract labor for direct patient care, certain top management, pharmacy, laboratory, and nonteaching physician Part A services (Lines 9 and 10), home office salaries and wage-related costs reported by the hospital on Lines 11 and 12, and nonexcluded area wage-related costs (Lines 13, 14, and 18).

We note that contract labor and home office salaries for which no corresponding hours are reported were not included. In addition, wage-related costs for nonteaching physician Part A employees (Line 18) are excluded if no corresponding salaries are reported for those employees on Line 4.

*Step 3*—Hours—With the exception of wage-related costs, for which there are no associated hours, we computed total hours using the same methods as described for salaries in Step 2.

*Step 4*—For each hospital reporting both total overhead salaries and total overhead hours greater than zero, we then allocated overhead costs to areas of the hospital excluded from the wage index calculation. First, we determined the ratio of excluded area hours (sum of Lines 8 and 8.01 of Worksheet S–3, Part II) to revised total hours (Line 1 minus the sum of Part II, Lines 2, 3, 4.01, 5, 5.01, 6, 6.01, 7, and Part III, Line 13 of Worksheet S–3). We then computed the amounts of overhead salaries and hours to be allocated to excluded areas by multiplying the above ratio by the total overhead salaries and hours reported on Line 13 of Worksheet S–3, Part III. Next, we computed the amounts of overhead wage-related costs to be allocated to excluded areas using three steps: (1) We determined the ratio of overhead hours (Part III, Line 13) to revised hours (Line 1 minus the sum of Lines 2, 3, 4.01, 5, 5.01, 6, 6.01, 7, 8, and 8.01); (2) we computed overhead wage-related costs by multiplying the overhead hours ratio by wage-related costs reported on Part II, Lines 13, 14, and 18; and (3) we multiplied the computed overhead wage-related costs by the above excluded area hours ratio. Finally, we subtracted the computed overhead salaries, wage-related costs, and hours associated with excluded areas from the

total salaries (plus wage-related costs) and hours derived in Steps 2 and 3.

*Step 5*—For each hospital, we adjusted the total salaries plus wage-related costs to a common period to determine total adjusted salaries plus wage-related costs. To make the wage adjustment, we estimated the percentage change in the employment cost index (ECI) for compensation for each 30-day increment from October 14, 2002, through April 15, 2004, for private industry hospital workers from the BLS' *Compensation and Working Conditions*. We use the ECI because it reflects the price increase associated with total compensation (salaries plus fringes) rather than just the increase in salaries. In addition, the ECI includes managers as well as other hospital workers. This methodology to compute the monthly update factors uses actual quarterly ECI data and assures that the update factors match the actual quarterly and annual percent changes. The factors used to adjust the hospital's data were based on the midpoint of the cost reporting period, as indicated below.

MIDPOINT OF COST REPORTING PERIOD

| After | Before | Adjustment factor |
|---|---|---|
| 10/14/2002 .... | 11/15/2002 | 1.06058 |
| 11/14/2002 .... | 12/15/2002 | 1.05679 |
| 12/14/2002 .... | 01/15/2003 | 1.05304 |
| 01/14/2003 .... | 02/15/2003 | 1.04915 |
| 02/14/2003 .... | 03/15/2003 | 1.04513 |
| 03/14/2003 .... | 04/15/2003 | 1.04108 |
| 04/14/2003 .... | 05/15/2003 | 1.03713 |
| 05/14/2003 .... | 06/15/2003 | 1.03325 |
| 06/14/2003 .... | 07/15/2003 | 1.02948 |
| 07/14/2003 .... | 08/15/2003 | 1.02584 |
| 08/14/2003 .... | 09/15/2003 | 1.02231 |
| 09/14/2003 .... | 10/15/2003 | 1.01878 |
| 10/14/2003 .... | 11/15/2003 | 1.01510 |
| 11/14/2003 .... | 12/15/2003 | 1.01127 |
| 12/14/2003 .... | 01/15/2004 | 1.00743 |
| 01/14/2004 .... | 02/15/2004 | 1.00367 |
| 02/14/2004 .... | 03/15/2004 | 1.00000 |
| 03/14/2004 .... | 04/15/2004 | 0.99644 |

For example, the midpoint of a cost reporting period beginning January 1, 2003 and ending December 31, 2003 is June 30, 2003. An adjustment factor of 1.02948 would be applied to the wages of a hospital with such a cost reporting period. In addition, for the data for any cost reporting period that began in FY 2003 and covered a period of less than 360 days or more than 370 days, we annualized the data to reflect a 1-year cost report. Dividing the data by the number of days in the cost report and then multiplying the results by 365 accomplishes annualization.

*Step 6*—Each hospital was assigned to its appropriate urban or rural labor market area before any reclassifications under section 1886(d)(8)(B), section 1886(d)(8)(E), or section 1886(d)(10) of the Act. Within each urban or rural labor market area, we added the total adjusted salaries plus wage-related costs obtained in Step 5 for all hospitals in that area to determine the total adjusted salaries plus wage-related costs for the labor market area.

*Step 7*—We divided the total adjusted salaries plus wage-related costs obtained under both methods in Step 6 by the sum of the corresponding total hours (from Step 4) for all hospitals in each labor market area to determine an average hourly wage for the area.

*Step 8*—We added the total adjusted salaries plus wage-related costs obtained in Step 5 for all hospitals in the Nation and then divided the sum by the national sum of total hours from Step 4 to arrive at a national average hourly wage. Using the data as described above, the proposed national average hourly wage is $29.6008.

*Step 9*—For each urban or rural labor market area, we calculated the hospital wage index value by dividing the area average hourly wage obtained in Step 7 by the national average hourly wage computed in Step 8.

*Step 10*—Following the process set forth above, we developed a separate Puerto Rico-specific wage index for purposes of adjusting the Puerto Rico standardized amounts. (The national Puerto Rico standardized amount is adjusted by a wage index calculated for all Puerto Rico labor market areas based on the national average hourly wage as described above.) We added the total adjusted salaries plus wage-related costs (as calculated in Step 5) for all hospitals in Puerto Rico and divided the sum by the total hours for Puerto Rico (as calculated in Step 4) to arrive at an overall proposed average hourly wage of $12.9564 for Puerto Rico. For each labor market area in Puerto Rico, we calculated the Puerto Rico-specific wage index value by dividing the area average hourly wage (as calculated in Step 7) by the overall Puerto Rico average hourly wage.

*Step 11*—Section 4410 of Pub. L. 105–33 provides that, for discharges on or after October 1, 1997, the area wage index applicable to any hospital that is located in an urban area of a State may not be less than the area wage index applicable to hospitals located in rural areas in that State. (For all-urban States, we established an imputed floor (69 FR 49109). Furthermore, this wage index floor is to be implemented in such a manner as to ensure that aggregate IPPS payments are not greater or less than those that would have been made in the year if this section did not apply. For FY 2007, this change affects 187 hospitals in 62 urban areas. The areas affected by this provision are identified by a footnote in Tables 4A–1 and 4A–2 in the Addendum of this proposed rule.

*G. Computation of the Proposed FY 2007 Blended Wage Index*

(If you choose to comment on issues in this section, please include the caption ''Blended Wage Index'' at the beginning of your comment.)

For the final FY 2005 and FY 2006 wage indices, we used a blend of the occupational mix adjusted wage index and the unadjusted wage index. Specifically, we adjusted 10 percent of the FY 2005 and FY 2006 wage index adjustment factor by a factor reflecting occupational mix. We refer readers to the FY 2005 IPPS final rule at 69 FR 49052 and the FY 2006 IPPS final rule at 70 FR 47376 for a detailed discussion of the blended wage index. For FY 2007, we are proposing to apply the same blended wage index as we did in FYs 2005 and 2006, so that 10 percent of the wage index is adjusted by a factor reflecting occupational mix. We believe this is prudent policy because we are relying on the same survey data used in FYs 2005 and 2006.

In computing the occupational mix adjustment for the proposed FY 2007 wage index, we used the occupational mix survey data that we collected for the FY 2006 wage index, replacing the survey data for 16 hospitals that submitted revised data, and excluding the survey data for hospitals with no corresponding Worksheet S–3 wage data for the FY 2007 wage index.

With 10 percent of the proposed FY 2007 wage index adjusted for occupational mix, the proposed national average hourly wage is $29.6029 and the Puerto Rico-specific average hourly wage is $12.9557. The wage index values for 17 rural areas (36.2 percent) and 200 urban areas (51.8 percent) would decrease as a result of the adjustment. These decreases would be minimal; the largest negative impact for a rural area would be 0.18 percent and for an urban area, 0.42 percent. Conversely, 29 rural areas (61.7 percent) and 173 urban areas (44.8 percent) would benefit from this adjustment, with 1 urban area increasing 2.2 percent and 2 rural areas increasing 0.38 percent. As there are no significant differences between the FY 2006 and the FY 2007 occupational mix survey data and results, we believe it is appropriate to again apply the occupational mix to 10 percent of the proposed FY 2007 wage index. (See Appendix A to this proposed rule for

further analysis of the impact of the occupational mix adjustment on the proposed FY 2007 wage index.)

The proposed wage index values for FY 2007 (except those for hospitals receiving wage index adjustments under section 505 of Pub. L. 108–173) are shown in Tables 4A–1, 4A–2, 4B, 4C–1, 4C–2, and 4F in the Addendum to this proposed rule.

Tables 3A and 3B in the Addendum to this proposed rule list the 3-year average hourly wage for each labor market area before the redesignation of hospitals, based on FYs 2005, 2006, 2007 cost reporting periods. Table 3A lists these data for urban areas and Table 3B lists these data for rural areas. In addition, Table 2 in the Addendum to this proposed rule includes the adjusted average hourly wage for each hospital from the FY 2001 and FY 2002 cost reporting periods, as well as the FY 2003 period used to calculate the proposed FY 2007 wage index. The 3-year averages are calculated by dividing the sum of the dollars (adjusted to a common reporting period using the method described previously) across all 3 years, by the sum of the hours. If a hospital is missing data for any of the previous years, its average hourly wage for the 3-year period is calculated based on the data available during that period.

The proposed wage index values in Tables 4A–1, 4A–2, 4B, 4C–1, 4C–2, and 4F and the average hourly wages in Tables 2, 3A, and 3B in the Addendum to this proposed rule include the proposed occupational mix adjustment.

*H. Proposed Revisions to the Wage Index Based on Hospital Redesignations*

(If you choose to comment on issues in this section, please include the caption ''Hospital Redesignations and Reclassifications'' at the beginning of your comment.)

1. General

Under section 1886(d)(10) of the Act, the Medicare Geographic Classification Review Board (MGCRB) considers applications by hospitals for geographic reclassification for purposes of payment under the IPPS. Hospitals must apply to the MGCRB to reclassify by September 1 of the year preceding the year during which reclassification is sought. Generally, hospitals must be proximate to the labor market area to which they are seeking reclassification and must demonstrate characteristics similar to hospitals located in that area. The MGCRB issues its decisions by the end of February for reclassifications that become effective for the following fiscal year (beginning October 1). The regulations applicable to reclassifications by the MGCRB are located in §§ 412.230 through 412.280.

Section 1886(d)(10)(D)(v) of the Act provides that, beginning with FY 2001, a MGCRB decision on a hospital reclassification for purposes of the wage index is effective for 3 fiscal years, unless the hospital elects to terminate the reclassification. Section 1886(d)(10)(D)(vi) of the Act provides that the MGCRB must use the 3 most recent years' average hourly wage data in evaluating a hospital's reclassification application for FY 2003 and any succeeding fiscal year.

Section 304(b) of Pub. L. 106–554 provides that the Secretary must establish a mechanism under which a statewide entity may apply to have all of the geographic areas in the State treated as a single geographic area for purposes of computing and applying a single wage index, for reclassifications beginning in FY 2003. The implementing regulations for this provision are located at § 412.235.

Section 1886(d)(8)(B) of the Act requires the Secretary to treat a hospital located in a rural county adjacent to one or more urban areas as being located in the MSA to which the greatest number of workers in the county commute, if the rural county would otherwise be considered part of an urban area under the standards for designating MSAs and if the commuting rates used in determining outlying counties were determined on the basis of the aggregate number of resident workers who commute to (and, if applicable under the standards, from) the central county or counties of *all* contiguous MSAs. In light of the new CBSA definitions and the Census 2000 data that we implemented for FY 2005 (69 FR 49027), we undertook to identify those counties meeting these criteria. The eligible counties are identified under section III.H.4. of this preamble.

2. Effects of Reclassification

Section 1886(d)(8)(C) of the Act provides that the application of the wage index to redesignated hospitals is dependent on the hypothetical impact that the wage data from these hospitals would have on the wage index value for the area to which they have been redesignated. These requirements for determining the wage index values for redesignated hospitals is applicable both to the hospitals located in rural counties deemed urban under section 1886(d)(8)(B) of the Act and hospitals that were reclassified as a result of the MGCRB decisions under section 1886(d)(10) of the Act. Therefore, as provided in section 1886(d)(8)(C) of the Act,[12] the wage index values were determined by considering the following:

- If including the wage data for the redesignated hospitals would reduce the wage index value for the area to which the hospitals are redesignated by 1 percentage point or less, the area wage index value determined exclusive of the wage data for the redesignated hospitals applies to the redesignated hospitals.
- If including the wage data for the redesignated hospitals reduces the wage index value for the area to which the hospitals are redesignated by more than 1 percentage point, the area wage index determined inclusive of the wage data for the redesignated hospitals (the combined wage index value) applies to the redesignated hospitals.
- If including the wage data for the redesignated hospitals increases the wage index value for the urban area to which the hospitals are redesignated, both the area and the redesignated hospitals receive the combined wage index value. Otherwise, the hospitals located in the urban area receive a wage index excluding the wage data of hospitals redesignated into the area.
- The wage data for a reclassified urban hospital is included in both the wage index calculation of the area to which the hospital is reclassified (subject to the rules described above) and the wage index calculation of the urban area where the hospital is physically located.
- Rural areas whose wage index values would be reduced by excluding the wage data for hospitals that have been redesignated to another area continue to have their wage index values calculated as if no redesignation had occurred (otherwise, redesignated rural hospitals are excluded from the calculation of the rural wage index).
- The wage index value for a redesignated rural hospital cannot be reduced below the wage index value for the rural areas of the State in which the hospital is located.
- In cases where urban hospitals have reclassified to rural areas under 42 CFR

[12] Although section 1886(d)(8)(C)(iv)(I) of the Act also provides that the wage index for an urban area may not decrease as a result of redesignated hospitals if the urban area wage index is already below the wage index for rural areas in the State in which the urban area is located, the provision was effectively made moot by section 4410 of Pub. L. 105–33, which provides that the area wage index applicable to any hospital that is located in an urban area of a State may not be less than the area wage index applicable to hospitals located in rural areas in that State. For all-urban States, CMS established an imputed floor (69 FR 49109). Also, section 1886(d)(8)(C)(iv)(II) of the Act provides that an urban area's wage index may not decrease as a result of redesignated hospitals if the urban area is located in a State that is composed of a single urban area.

412.103, the urban hospital wage data are: (a) Included in the rural wage index calculation, unless doing so would reduce the rural wage index; and (b) included in the urban area where the hospital is physically located.

3. FY 2007 MGCRB Reclassifications

At the time this proposed rule was constructed, the MGCRB had completed its review of FY 2007 reclassification requests. There are 214 hospitals approved by the MGCRB for wage index reclassifications for FY 2007. Because MGCRB wage index reclassifications are effective for 3 years, hospitals reclassified during FY 2005 or FY 2006 are eligible to continue to be reclassified based on prior reclassifications to current MSAs during FY 2007. There were 299 hospitals reclassified for wage index for FY 2006, and 395 hospitals reclassified for wage index for FY 2005. Some of the hospitals that reclassified for FY 2005 and FY 2006 have elected not to continue their reclassifications in FY 2007 because, under the revised labor market area definitions, they are now physically located in the areas to which they previously reclassified. Of all of the hospitals approved for reclassification for FY 2005, FY 2006, and FY 2007, 766 hospitals are in a reclassification status for FY 2007.

Prior to FY 2004, hospitals had been able to apply to be reclassified for purposes of either the wage index or the standardized amount. Section 401 of Pub. L. 108–173 established that all hospitals will be paid on the basis of the large urban standardized amount, beginning with FY 2004. Consequently, all hospitals are paid on the basis of the same standardized amount, which made such reclassifications moot. Although there could still be some benefit in terms of payments for some hospitals under the DSH payment adjustment for operating IPPS, section 402 of Pub. L. 108–173 equalized DSH payment adjustments for rural and urban hospitals, with the exception that the rural DSH adjustment is capped at 12 percent (except that RRCs and, effective for discharges occurring on or after October 1, 2006, MDHs have no cap). (A detailed discussion of this application appears in section IV.I. of the preamble of the FY 2005 IPPS final rule (69 FR 49085). The exclusion of MDHs from the 12 percent DSH cap under Pub. L. 109–171 is discussed under Section IV.F.4. of this preamble.)

Under § 412.273, hospitals that have been reclassified by the MGCRB are permitted to withdraw their applications within 45 days of the publication of a proposed rule. The request for withdrawal of an application for reclassification or termination of an existing 3-year reclassification that would be effective in FY 2007 must be received by the MGCRB within 45 days of the publication of this proposed rule. If a hospital elects to withdraw its wage index application after the MGCRB has issued its decision, but within 45 days of the publication of the proposed rule, it may later cancel its withdrawal in a subsequent year and request the MGCRB to reinstate its wage index reclassification for the remaining fiscal year(s) of the 3-year period (§ 412.273(b)(2)(i)). The request to cancel a prior withdrawal must be in writing to the MGCRB no later than the deadline for submitting reclassification applications for the following fiscal year (§ 412.273(d)). For further information about withdrawing, terminating, or canceling a previous withdrawal or termination of a 3-year reclassification for wage index purposes, we refer the reader to § 412.273, as well as the August 1, 2002 IPPS final rule (67 FR 50065) and the August 1, 2001 IPPS final rule (66 FR 39887).

Changes to the wage index that result from withdrawals of requests for reclassification, wage index corrections, appeals, and the Administrator's review process will be incorporated into the wage index values published in the final rule. These changes may affect not only the wage index value for specific geographic areas, but also the wage index value redesignated hospitals receive; that is, whether they receive the wage index that includes the data for both the hospitals already in the area and the redesignated hospitals. Further, the wage index value for the area from which the hospitals are redesignated may be affected.

Applications for FY 2008 reclassifications are due to the MGCRB by September 1, 2006. We note that this is also the deadline for canceling a previous wage index reclassification withdrawal or termination under § 412.273(d). Applications and other information about MGCRB reclassifications may be obtained, beginning in mid-July 2006, via the CMS Internet Web site at: *http://www.cms.hhs.gov/mgcrb/*, or by calling the MGCRB at (410) 786–1174. The mailing address of the MGCRB is: 2520 Lord Baltimore Drive, Suite L, Baltimore, MD 21244–2670.

4. Proposed FY 2007 Redesignations Under Section 1886(d)(8)(B) of the Act

Beginning October 1, 1988, section 1886(d)(8)(B) of the Act required us to treat a hospital located in a rural county adjacent to one or more urban areas as being located in the MSA if certain criteria were met. Prior to FY 2005, the rule was that a rural county adjacent to one or more urban areas would be treated as being located in the MSA to which the greatest number of workers in the county commute, if the rural county would otherwise be considered part of an urban area under the standards published in the **Federal Register** on January 3, 1980 (45 FR 956) for designating MSAs (and New England County Metropolitan Areas (NECMAs)), and if the commuting rates used in determining outlying counties (or, for New England, similar recognized areas) were determined on the basis of the aggregate number of resident workers who commute to (and, if applicable under the standards, from) the central county or counties of *all* contiguous MSAs (or NECMAs). Hospitals that met the criteria using the January 3, 1980 version of these OMB standards were deemed urban for purposes of the standardized amounts and for purposes of assigning the wage data index.

Effective beginning FY 2005, we use OMB's 2000 CBSA standards and the Census 2000 data to identify counties qualifying for redesignation under section 1886(d)(8)(B) for the purpose of assigning the wage index to the urban area. The chart below contains the listing of the rural counties designated as urban under section 1886(d)(8)(B) of the Act that we are proposing to use for FY 2007. For discharges occurring on or after October 1, 2006, hospitals located in the first column of this chart will be redesignated for purposes of using the wage index of the urban area listed in the second column.

RURAL COUNTIES REDESIGNATED AS URBAN UNDER SECTION 1886(d)(8)(B) OF THE ACT

[Based on CBSAs and Census 2000 Data]

| Rural county | CBSA |
|---|---|
| Cherokee, AL | Rome, GA. |
| Macon, AL | Auburn-Opelika, AL. |

RURAL COUNTIES REDESIGNATED AS URBAN UNDER SECTION 1886(d)(8)(B) OF THE ACT—Continued

[Based on CBSAs and Census 2000 Data]

| Rural county | CBSA |
|---|---|
| Talladega, AL | Anniston-Oxford, AL. |
| Hot Springs, AR | Hot Springs, AR. |
| Windham, CT | Hartford-West Hartford-East Hartford, CT. |
| Bradford, FL | Gainesville, FL. |
| Flagler, FL | Deltona-Daytona Beach-Ormond Beach, FL. |
| Hendry, FL | West Palm Beach-Boca Raton-Boynton, FL. |
| Levy, FL | Gainesville, FL. |
| Walton, FL | Fort Walton Beach-Crestview-Destin, FL. |
| Banks, GA | Gainesville, GA. |
| Chattooga, GA | Chattanooga, TN-GA. |
| Jackson, GA | Atlanta-Sandy Springs-Marietta, GA. |
| Lumpkin, GA | Atlanta-Sandy Springs-Marietta, GA. |
| Morgan, GA | Atlanta-Sandy Springs-Marietta, GA. |
| Peach, GA | Macon, GA. |
| Polk, GA | Atlanta-Sandy Springs-Marietta, GA. |
| Talbot, GA | Columbus, GA-AL. |
| Bingham, ID | Idaho Falls, ID. |
| Christian, IL | Springfield, IL. |
| DeWitt, IL | Bloomington-Normal, IL. |
| Iroquois, IL | Kankakee-Bradley, IL. |
| Logan, IL | Springfield, IL. |
| Mason, IL | Peoria, IL. |
| Ogle, IL | Rockford, IL. |
| Clinton, IN | Lafayette, IN. |
| Henry, IN | Indianapolis, IN. |
| Spencer, IN | Evansville, IN-KY. |
| Starke, IN | Gary, IN. |
| Warren, IN | Lafayette, IN. |
| Boone, IA | Ames, IA. |
| Buchanan, IA | Waterloo-Cedar Falls, IA. |
| Cedar, IA | Iowa City, IA. |
| Allen, KY | Bowling Green, KY. |
| Assumption Parish, LA | Baton Rouge, LA. |
| St. James Parish, LA | Baton Rouge, LA. |
| Allegan, MI | Holland-Grand Haven, MI. |
| Montcalm, MI | Grand Rapids-Wyoming, MI. |
| Oceana, MI | Muskegon-Norton Shores, MI. |
| Shiawassee, MI | Lansing-East Lansing, MI. |
| Tuscola, MI | Saginaw-Saginaw Township North, MI. |
| Fillmore, MN | Rochester, MN. |
| Dade, MO | Springfield, MO. |
| Pearl River, MS | Gulfport-Biloxi, MS. |
| Caswell, NC | Burlington, NC. |
| Granville, NC | Durham, NC. |
| Harnett, NC | Raleigh-Cary, NC. |
| Lincoln, NC | Charlotte-Gastonia-Concord, NC-SC. |
| Polk, NC | Spartanburg, NC. |
| Los Alamos, NM | Santa Fe, NM. |
| Lyon, NV | Carson City, NV. |
| Cayuga, NY | Syracuse, NY. |
| Columbia, NY | Albany-Schenectady-Troy, NY. |
| Genesee, NY | Rochester, NY. |
| Greene, NY | Albany-Schenectady-Troy, NY. |
| Schuyler, NY | Ithaca, NY. |
| Sullivan, NY | Poughkeepsie-Newburgh-Middletown, NY. |
| Wyoming, NY | Buffalo-Niagara Falls, NY. |
| Ashtabula, OH | Cleveland-Elyria-Mentor, OH. |
| Champaign, OH | Springfield, OH. |
| Columbiana, OH | Youngstown-Warren-Boardman, OH-PA. |
| Cotton, OK | Lawton, OK. |
| Linn, OR | Corvallis, OR. |
| Adams, PA | York-Hanover, PA. |
| Clinton, PA | Williamsport, PA. |
| Greene, PA | Pittsburgh, PA. |
| Monroe, PA | Allentown-Bethlehem-Easton, PA-NJ. |
| Schuylkill, PA | Reading, PA. |
| Susquehanna, PA | Binghamton, NY. |
| Clarendon, SC | Sumter, SC. |
| Lee, SC | Sumter, SC. |
| Oconee, SC | Greenville, SC. |
| Union, SC | Spartanburg, SC. |

RURAL COUNTIES REDESIGNATED AS URBAN UNDER SECTION 1886(d)(8)(B) OF THE ACT—Continued

[Based on CBSAs and Census 2000 Data]

| Rural county | CBSA |
|---|---|
| Meigs, TN | Cleveland, TN. |
| Bosque, TX | Waco, TX. |
| Falls, TX | Waco, TX. |
| Fannin, TX | Dallas-Plano-Irving, TX. |
| Grimes, TX | College Station-Bryan, TX. |
| Harrison, TX | Longview, TX. |
| Henderson, TX | Dallas-Plano-Irving, TX. |
| Milam, TX | Austin-Round Rock, TX. |
| Van Zandt, TX | Dallas-Plano-Irving, TX. |
| Willacy, TX | Brownsville-Harlingen, TX. |
| Buckingham, VA | Charlottesville, VA. |
| Floyd, VA | Blacksburg-Christiansburg-Radford, VA. |
| Middlesex, VA | Virginia Beach-Norfolk-Newport News, VA. |
| Page, VA | Harrisonburg, VA. |
| Shenandoah, VA | Winchester, VA-WV. |
| Island, WA | Seattle-Bellevue-Everett, WA. |
| Mason, WA | Olympia, WA. |
| Wahkiakum, WA | Longview, WA. |
| Jackson, WV | Charleston, WV. |
| Roane, WV | Charleston, WV. |
| Green, WI | Madison, WI. |
| Green Lake, WI | Fond du Lac, WI. |
| Jefferson, WI | Milwaukee-Waukesha-West Allis, WI. |
| Walworth, WI | Milwaukee-Waukesha-West Allis, WI. |

As in the past, hospitals redesignated under section 1886(d)(8)(B) of the Act are also eligible to be reclassified to a different area by the MGCRB. Affected hospitals are permitted to compare the reclassified wage index for the labor market area in Tables 4C–1 and 4C–2 in the Addendum of this proposed rule into which they have been reclassified by the MGCRB to the wage index for the area to which they are redesignated under section 1886(d)(8)(B) of the Act. Hospitals may withdraw from an MGCRB reclassification within 45 days of the publication of this proposed rule.

5. Reclassifications Under Section 508 of Pub. L. 108–173

Under section 508 of Pub. L. 108–173, a qualifying hospital could appeal the wage index classification otherwise applicable to the hospital and apply for reclassification to another area of the State in which the hospital is located (or, at the discretion of the Secretary, to an area within a contiguous State). We implemented this process through notices published in the **Federal Register** on January 6, 2004 (69 FR 661), and February 13, 2004 (69 FR 7340). Such reclassifications are applicable to discharges occurring during the 3-year period beginning April 1, 2004, and ending March 31, 2007. Under section 508(b), reclassifications under this process do not affect the wage index computation for any area or for any other hospital and cannot be effected in a budget neutral manner.

Some hospitals currently receiving a section 508 reclassification are eligible to reclassify to that same area under the standard reclassification process as a result of the new labor market definitions that we adopted for FY 2005. The governing regulations indicate that ''if a hospital is already reclassified to a given geographic area for wage index purposes for a 3-year period, and submits an application to the same area for either the second or third year of the 3-year period, that application will not be approved.'' However in the FY 2006 IPPS final rule (70 FR 47382), we stated that hospitals that indicated in their FY 2007 MGCRB applications that they agreed to waive their section 508 reclassification for the first 6 months of FY 2007 if they were granted a 3-year reclassification under the traditional MGCRB process will not be subject to the rule cited above. Thus, in applying for a 3-year MGCRB reclassification beginning in FY 2007, hospitals that are already reclassified to the same area under section 508 should have indicated in their MGCRB reclassification requests that if they receive the MGCRB reclassification, they would forfeit the section 508 reclassification for the first 6 months of FY 2007.

Under 1886(d)(10)(D)(v) of the Act, CMS has the authority to ''establish procedures'' under which a hospital may elect to terminate a reclassification before the end of a 3-year period. In the FY 2006 IPPS final rule (70 FR 47382), we discussed our decision to exercise this authority to establish a procedural rule for section 508 hospitals to retain their section 508 reclassification through its expiration on March 31, 2007, and reclassify under the regulations at 42 CFR Part 412, Subpart L, for the second half of FY 2007. The following procedural rules will apply for section 508 hospitals that wish to reclassify for the second half of FY 2007 (April 1, 2007, through September 30, 2007):

For section 508 hospitals applying for individual reclassification under § 412.230—

(a) Hospitals must have applied for reclassification through the MGCRB by the September 1, 2005 deadline.

(b) Section 508 hospitals that are approved by the MGCRB for reclassification will have 45 days from the date this FY 2007 IPPS proposed rule is published to cancel their section 1886(d)(10) reclassification for either the first 6 months of FY 2007 or for the entire fiscal year. Hospitals should note that if they fail to cancel their section 1886(d)(10) reclassification by the deadline, they will not receive their section 508 wage adjustment in FY 2007. To further clarify—

• Hospitals that cancel their section 1886(d)(10) reclassification for the first 6 months receive their section 508 reclassification for October 1, 2006, through March 31, 2007, and their section 1886(d)(10) reclassification for

April 1, 2007, through September 30, 2009.

• Hospitals that cancel their section 1886(d)(10) reclassification for the entire year will receive their section 508 reclassification for October 1, 2006, through March 31, 2007 and their home area wage index for April 1, 2007, through September 30, 2007.

• Hospitals that do not cancel their section 1886(d)(10) reclassification will receive their section 1886(d)(10) reclassification, not their section 508 reclassification, for the entire fiscal year.

Hospital groups that include a section 508 hospital were also permitted to submit section 1886(d)(10) reclassification applications by the September 1, 2005 deadline. However, in order for a group reclassification to be approved, either of the following conditions needed to be met:

(a) The section 508 hospital that is part of the group waived its section 508 reclassification for the first half of FY 2007. This is necessary because the regulations at §§ 412.232 and 412.234 state that all hospitals in a county must apply for reclassification as a group. The hospitals either agreed to receive the same reclassification or failed to qualify as a group. The Administrator upheld this policy in an MGCRB appeal for FY 2006.

(b) Each member of the group agreed, in writing, at the time the application was submitted September 1, 2005, that they cancelled the group reclassification if granted for the first 6 months of FY 2007. The section 1886(d)(10) reclassification then is effective only from April 1, 2007, through September 30, 2007. In the FY 2006 final rule, we stated that, under this scenario, the section 508 hospital receives its section 508 reclassification from October 1, 2006, through March 31, 2007, and the remainder of the group receives the home wage index for that time period. For April 1, 2007, through September 30, 2009, the section 508 hospital and the remainder of the group receive the group reclassification. The group may also cancel the April 1, 2007 through September 30, 2009 group reclassification within 45 days of publication of this proposed rule.

We will apply a similar rule for purposes of the out-migration adjustment for FY 2007 discussed in section III.I. of this preamble. The statute states that a hospital cannot receive an out-migration adjustment if it is reclassified under section 1886(d)(10) of the Act. Therefore, eligible hospitals that are not reclassified during any part of FY 2007 will, by default, receive an out-migration adjustment during that time period. If the hospital is reclassified for all of FY 2007, the hospital will be ineligible for the out-migration adjustment. If a hospital has a half fiscal year reclassification, the hospital will be eligible for the out-migration adjustment for the portion of the fiscal year that it is not reclassified.

The procedural rules described in the FY 2006 IPPS final rule were intended to address specific circumstances where individual and group reclassifications involve a section 508 hospital. The rules were designed to recognize the special circumstances of section 508 hospital reclassifications ending mid-year during FY 2007 and were intended to provide flexibility in our regulations that would allow previously approved reclassifications to continue through March 31, 2007, and new reclassifications to begin April 1, 2007, upon the conclusion of the section 508 reclassifications. We have received questions about the application of these special procedural rules to non-section 508 hospitals that are part of group applications that previously were awarded an individual reclassification that continues into FY 2007. These hospitals are concerned that the procedural rules imply that such prior reclassification would be terminated beginning October 1, 2006, because the rules specify that ''the remainder of the group receives the home wage index'' for the period October 1, 2006, through March 31, 2007, if the group reclassification application specified that the section 1886(d)(10) group reclassification would not begin until April 1, 2007. We did not specifically contemplate preexisting individual reclassifications when we drafted the special procedural rules for group reclassifications that involve section 508 hospitals. However, we did not intend to adopt a less favorable policy for non-section 508 hospitals in a group with a pending individual geographic reclassification than we did for section 508 hospitals. Thus, we are clarifying our procedural rule with respect to non-section 508 hospitals with preexisting individual reclassifications that are part of group reclassifications that include a section 508 hospital.

For the first half of FY 2007, we intend to either apply (a) the area wage index where the hospital is physically located if there is no reclassification pending, or (b) the hospital's individual reclassification wage index if the hospital was part of a group awarded a group reclassification and the group followed the procedural rules for postponing reclassification until April 1, 2007. However, once the hospital begins its new section 1886(d)(10) reclassification for the period April 1, 2007, through September 30, 2009, any prior reclassifications are permanently terminated, consistent with 42 CFR 412.274(b)(2)(ii). In fact, because any withdrawal of the group reclassification must be received within 45 days of the publication of this proposed rule, failure to meet this deadline would effectively permanently terminate any remaining years of the individual reclassification. Further, a non-section 508 hospital that is part of a group reclassification that includes a section 508 hospital that will not begin until April 1, 2007, will have the option of canceling its preexisting reclassification for the entire year consistent with section 412.274(b)(1)(ii) within 45 days of publication of this proposed rule. Under this scenario, the hospital would receive its home wage index for the first half of the year and the approved group reclassification wage index for the second half of the year. We are also reiterating that the special procedural rules that we have adopted for half fiscal year reclassifications and terminations are intended only to address the special circumstances created by section 508 of Pub. L. 108–173 with respect to reclassifications beginning and ending mid-way through a fiscal year. These special procedural rules do not change any of the permanent provisions currently in effect with respect to reclassifications under subpart L of 42 CFR Part 412.

As an example: Suppose Hospital A is a non-section 508 hospital that was part of a group reclassification application for FYs 2007 through 2009 and such group contained a section 508 hospital. In accordance with our special section 508 procedural rule, the entire group would be considered to have agreed it would waive its group reclassification for the first half of FY 2007. Hospital A also is currently (for FY 2006) reclassified from Area X to Area Y for FYs 2006 through 2008. For the first half of FY 2007, Hospital A will continue to receive its individual reclassification to Area Y; for the second half of FY 2007, it will receive the group reclassification.

Hospital A may terminate its individual reclassification (termination must be received within 45 days of publication of this proposed rule), in which case it will receive its home wage index for the first half of FY 2007 and the group reclassification for the second half. Acceptance of the group reclassification effectively permanently terminates the individual reclassification to Area Y.

Hospital A's group also has the option of withdrawing its group reclassification (withdrawal must be received within 45 days of publication of this proposed rule

and all members of the group must agree). If such withdrawal occurs, the default rule is that Hospital A receives its FYs 2006 through 2008 individual reclassification for all of FY 2007.

If Hospital A wishes to receive its home wage index (plus any out-migration adjustment, if applicable), it must also terminate the individual reclassification for all of FY 2007 (termination must be received within 45 days of publication of this proposed rule).

We show the reclassifications effective under the one-time appeal process in Table 9B in the Addendum to this proposed rule. All section 1886(d)(10) reclassifications are listed in Table 9A in the Addendum to this proposed rule.

6. Proposed Wage Indices for Reclassified Hospitals and Proposed Reclassification Budget Neutrality Factor

Under the procedural rules described under section III.H.5. of this preamble, different wage indices may be in effect for the first 6 months and the second 6 months of FY 2007. Specifically, section 508 hospitals that were approved for individual reclassification under § 412.230 have the opportunity to cancel their section 1886(d)(10) reclassification for the first 6 months within 45 days of the publication of this proposed rule and receive their section 508 reclassifications for October 1, 2006, through March 31, 2007, and their section 1886(d)(10) reclassifications for April 1, 2007, through September 30, 2009. The special procedural rule also applied to urban county group applications including a section 508 hospital. In order for the hospital to retain its section 508 reclassification for the first 6 months, each member of the group must have agreed in writing, at the time the application was submitted, that they cancel the group reclassification if granted for the first 6 months of FY 2007. Under this scenario, the section 508 hospital receives its section 508 reclassification from October 1, 2006, through March 31, 2007, and the remainder of the group receives their preexisting individual reclassification or home wage index for that time period. For April 1, 2007, through September 30, 2009, the section 508 hospital and the remainder of the group receive the group reclassification.

The half fiscal year section 1886(d)(10) reclassifications permitted under these procedural rules present issues related to the calculation of the reclassified wage indices and reclassification budget neutrality factor. Section 1886(d)(8)(C) of the Act provides requirements for determining the wage index values for both hospitals located in rural counties deemed urban under section 1886(d)(8)(B) of the Act and hospitals that were reclassified as a result of the MGCRB decisions under section 1886(d)(10) of the Act. As provided in the statute, we are required to calculate a separate wage index for hospitals reclassified to an area if including the wage data for the reclassified hospitals would reduce the area wage index by more than 1 percent. Conceivably, we could calculate one reclassified wage index for FY 2007 that would include the wage data of hospitals that are reclassified to the area for any part of FY 2007. However, we are aware of situations in which including the wage data from hospitals only reclassifying for the second half of the fiscal year would change the wage index for reclassified hospitals for the entire fiscal year, even though the reclassification would only be in effect during the second half of the fiscal year. We believe it would be unfair to have wage indices affected for the first half of the fiscal year by including the wage data for hospital reclassifications in effect only for the second half of the fiscal year. We believe that the most equitable approach to this issue would be to calculate separate wage indices for reclassified hospitals for the first and second half of FY 2007. Therefore, we are proposing to issue two separate reclassified wage indices for affected areas (one effective from October 1, 2006, through March 31, 2007, and a second reclassified wage index effective April 1, 2007, through September 30, 2007). The reclassified wage indices would be calculated based on the wage data for hospitals reclassified to the area in the respective half of the fiscal year.

The half fiscal year reclassifications also have implications for budget neutrality. The overall effect of geographic reclassification is required by section 1886(d)(8)(D) of the Act to be budget neutral. We apply an adjustment to the IPPS standardized amounts to ensure that the effects of geographic reclassification are budget neutral. Because we are proposing to calculate two separate reclassification wage indices for the first half and the second half of FY 2007, it is conceivable that we could apply budget neutrality separately for first and second half fiscal year reclassifications. Under this scenario, we would issue two separate IPPS standardized amounts for FY 2007. However, we believe this approach would be administratively burdensome and perhaps cause confusion in the provider community. For this reason, we are proposing an alternative approach. We are proposing to calculate one budget neutrality adjustment that reflects the average of the adjustments required for first and second half fiscal year reclassifications, respectively, as discussed in section II.A.4.b. of the Addendum to this proposed rule.

*I. Proposed FY 2007 Wage Index Adjustment Based on Commuting Patterns of Hospital Employees*

(If you choose to comment on issues in this section, please include the caption ''Out-Migration Adjustment'' at the beginning of your comment.)

In accordance with the broad discretion under section 1886(d)(13) of the Act, as added by section 505 of Pub. L. 108–173, beginning with FY 2005, we established a process to make adjustments to the hospital wage index based on commuting patterns of hospital employees. The process, outlined in the FY 2005 IPPS final rule (69 FR 49061), provides for an increase in the wage index for hospitals located in certain counties that have a relatively high percentage of hospital employees who reside in the county but work in a different county (or counties) with a higher wage index. Such adjustments to the wage index are effective for 3 years, unless a hospital requests to waive the application of the adjustment. A county will not lose its status as a qualifying county due to wage index changes during the 3-year period, and counties will receive the same wage index increase for those 3 years. However, a county that qualifies in any given year may no longer qualify after the 3-year period, or it may qualify but receive a different adjustment to the wage index level. Hospitals that receive this adjustment to their wage index are not eligible for reclassification under section 1886(d)(8) or section 1886(d)(10) of the Act. Adjustments under this provision are not subject to the IPPS budget neutrality requirements under section 1886(d)(3)(E) or section 1886(d)(8)(D) of the Act.

Hospitals located in counties that qualify for the wage index adjustment are to receive an increase in the wage index that is equal to the average of the differences between the wage indices of the labor market area(s) with higher wage indices and the wage index of the resident county, weighted by the overall percentage of hospital workers residing in the qualifying county who are employed in any labor market area with a higher wage index. We have employed the prereclassified wage indices in making these calculations.

We are proposing that hospitals located in the qualifying counties

identified in Table 4J in the Addendum to this proposed rule that have not already reclassified through section 1886(d)(10) of the Act, redesignated through section 1886(d)(8) of the Act, received a section 508 reclassification, or requested to waive the application of the out-migration adjustment will receive the wage index adjustment listed in the table for FY 2007. We used the same formula described in the FY 2005 final rule (69 FR 49064) to calculate the out-migration adjustment. This proposed adjustment was calculated as follows:

*Step 1.* Subtract the wage index for the qualifying county from the wage index for the higher wage area(s).

*Step 2.* Divide the number of hospital employees residing in the qualifying county who are employed in such higher wage index area by the total number of hospital employees residing in the qualifying county who are employed in any higher wage index area. Multiply this result by the result obtained in Step 1.

*Step 3.* Sum the products resulting from Step 2 (if the qualifying county has workers commuting to more than one higher wage area).

*Step 4.* Multiply the result from Step 3 by the percentage of hospital employees who are residing in the qualifying county and who are employed in any higher wage index area.

The proposed adjustments calculated for qualifying hospitals are listed in Table 4J in the Addendum to this proposed rule. These adjustments would be effective for each county for a period of 3 fiscal years. Hospitals that received the adjustment in FY 2006 will be eligible to retain that same adjustment for FY 2007. For hospitals in newly qualified counties, adjustments to the wage index are effective for 3 years, beginning with discharges occurring on or after October 1, 2006.

As previously noted, hospitals receiving the wage index adjustment under section 1886(d)(13)(F) of the Act are not eligible for reclassification under sections 1886(d)(8) or (d)(10) of the Act, or under section 508 of Pub. L. 108–173, unless they waive such out-migration adjustment. As announced in the FYs 2005 and 2006 final rules, hospitals redesignated under section 1886(d)(8) of the Act or reclassified under section 1886(d)(10) of the Act or under section 508 of Pub. L. 108–173 will be deemed to have chosen to retain their redesignation or reclassification, unless they explicitly notify CMS that they elect to receive the out-migration adjustment instead within 45 days from the publication of this proposed rule. Waiver notification should be sent to the following address: Centers for Medicare and Medicaid Services, Center for Medicare Management, Attention: Wage Index Adjustment Waivers, Division of Acute Care, Room C4–08–06, 7500 Security Boulevard, Baltimore, MD 21244–1850.

In addition, under § 412.273, hospitals that have been reclassified by the MGCRB are permitted to terminate existing 3-year reclassifications within 45 days of publication of this proposed rule. Hospitals that are eligible to receive the out-migration wage index adjustment and that withdraw their application for reclassification automatically receive the wage index adjustment listed in Table 4J in the Addendum to this proposed rule. Requests for withdrawal of an application for reclassification or termination of an existing 3-year reclassification will be effective in FY 2007 and must be received by the MGCRB within 45 days of the publication of this proposed rule. Requests to waive section 1886(d)(8) redesignations for FY 2007 must be received by CMS within 45 days of the publication of this proposed rule. In addition, hospitals that wished to retain their redesignation/reclassification under section 1886(d)(8), section 1886(d)(10), or section 508 (instead of receiving the out-migration adjustment) for FY 2007 do not need to submit a formal request to CMS; they will automatically retain their redesignation/reclassification status for FY 2007. Hospitals should carefully review the wage index adjustment that they would receive under this provision (as listed in Table 2 in the Addendum to this proposed rule) in comparison to the wage index adjustment that they would receive under the MGCRB reclassification (Table 9 in the Addendum to this proposed rule).

*J. Process for Requests for Wage Index Data Corrections*

(If you choose to comment on issues in this section, please include the caption ''Wage Index Data Corrections'' at the beginning of your comment.)

In the FY 2005 IPPS final rule (68 FR 27194), we revised the process and timetable for application for development of the wage index, beginning with the FY 2005 wage index. The preliminary and unaudited Worksheet S–3 wage data and occupational mix survey files for FY 2007 were made available on October 7, 2005, through the Internet on the CMS Web site at: *http://www.cms.hhs.gov/AcuteInpatientPPS.* In a memorandum dated October 7, 2005, we instructed all Medicare fiscal intermediaries to inform the IPPS hospitals they service of the availability of the wage index data files and the process and timeframe for requesting revisions (including the specific deadlines listed below). We also instructed the fiscal intermediaries to advise hospitals that these data are also made available directly through their representative hospital organizations.

If a hospital wished to request a change to its data as shown in the October 7, 2005 wage and occupational mix data files, the hospital was to submit corrections along with complete, detailed supporting documentation to its fiscal intermediary by December 5, 2005. Hospitals were notified of this deadline and of all other possible deadlines and requirements, including the requirement to review and verify their data as posted on the preliminary wage index data file on the Internet, through the October 7, 2005 memorandum referenced above.

In the October 7, 2005 memorandum, we also specified that a hospital could only request revisions to the occupational mix data for the reporting period that the hospital used in its original FY 2005 wage index occupational mix survey. That is, a hospital that submitted occupational mix data for the 12-month reporting period could not switch to submitting data for the 4-week reporting period and vice versa. Further, a hospital could not submit an occupational mix survey for the periods beginning before January 1, 2003, or after January 11, 2004. In addition, a hospital that did not submit an occupational mix survey for the FY 2005 wage index was not permitted to submit a survey for the FY 2007 wage index.

The fiscal intermediaries notified the hospitals by mid-February 2006 of any changes to the wage index data as a result of the desk reviews and the resolution of the hospitals' early December 2005 change requests. The fiscal intermediaries also submitted the revised data to CMS by mid-February 2006. CMS published the proposed wage index PUFs that included hospitals' revised wage data on February 24, 2006. Also, in a memorandum dated February 14, 2006, we instructed fiscal intermediaries to notify all hospitals regarding the availability of the proposed wage index PUFs and the criteria and process for requesting corrections and revisions to the wage index data. Hospitals had until March 13, 2006, to submit requests to the fiscal intermediaries for reconsideration of adjustments made by the fiscal intermediaries as a result of the desk review, and to correct errors

due to CMS's or the fiscal intermediary's mishandling of the wage index data. Hospitals were also required to submit sufficient documentation to support their requests.

After reviewing requested changes submitted by hospitals, fiscal intermediaries are to transmit any additional revisions resulting from the hospitals' reconsideration requests by April 14, 2006. The deadline for a hospital to request CMS intervention in cases where the hospital disagreed with the fiscal intermediary's policy interpretations is April 21, 2006.

Hospitals should also examine Table 2 in the Addendum to this proposed rule. Table 2 contains each hospital's adjusted average hourly wage used to construct the wage index values for the past 3 years, including the FY 2003 data used to construct the proposed FY 2007 wage index. We note that the hospital average hourly wages shown in Table 2 only reflect changes made to a hospital's data and transmitted to CMS by March 1, 2006.

We will release a final wage data PUF in early May 2006 to hospital associations and the public on the Internet at *http://www.cms.hhs.gov/AcuteInpatientPPS.* The May 2006 PUF will be made available solely for the limited purpose of identifying any potential errors made by CMS or the fiscal intermediary in the entry of the final wage data that result from the correction process described above (revisions submitted to CMS by the fiscal intermediaries by April 14, 2006). If, after reviewing the May 2006 final file, a hospital believes that its wage data are incorrect due to a fiscal intermediary or CMS error in the entry or tabulation of the final wage data, it should send a letter to both its fiscal intermediary and CMS outlining why the hospital believes an error exists and to provide all supporting information, including relevant dates (for example, when it first became aware of the error). CMS and the fiscal intermediaries must receive these requests no later than June 12, 2006. (We note that the June 12, 2006 date is revised from the June 9, 2006 date originally specified in the October 7, 2005 letter to hospitals.) Requests mailed to CMS should be sent to: Centers for Medicare & Medicaid Services, Center for Medicare Management, Attention: Wage Index Team, Division of Acute Care, C4–08–06, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Each request also must be sent to the fiscal intermediary. The fiscal intermediary will review requests upon receipt and contact CMS immediately to discuss its findings.

At this point in the process, that is, after the release of the May 2006 wage index data file, changes to the hospital wage data will only be made in those very limited situations involving an error by the fiscal intermediary or CMS that the hospital could not have known about before its review of the final wage index data file. Specifically, neither the intermediary nor CMS will approve the following types of requests:

- Requests for wage data corrections that were submitted too late to be included in the data transmitted to CMS by fiscal intermediaries on or before April 14, 2006.
- Requests for correction of errors that were not, but could have been, identified during the hospital's review of the February 24, 2006 wage index data file.
- Requests to revisit factual determinations or policy interpretations made by the fiscal intermediary or CMS during the wage index data correction process.

Verified corrections to the wage index received timely by CMS and the fiscal intermediaries (that is, by June 12, 2006) will be incorporated into the final wage index to be published by August 1, 2006, to be effective October 1, 2006.

We created the processes described above to resolve all substantive wage index data correction disputes before we finalize the wage and occupational mix data for the FY 2007 payment rates. Accordingly, hospitals that do not meet the procedural deadlines set forth above will not be afforded a later opportunity to submit wage index data corrections or to dispute the fiscal intermediary's decision with respect to requested changes. Specifically, our policy is that hospitals that do not meet the procedural deadlines set forth above will not be permitted to challenge later, before the Provider Reimbursement Review Board, the failure of CMS to make a requested data revision. (See *W. A. Foote Memorial Hospital* v. *Shalala,* No. 99–CV–75202–DT (E.D. Mich. 2001) and *Palisades General Hospital* v. *Thompson,* No. 99–1230 (D.D.C. 2003.) We refer the reader also to the FY 2000 final rule (64 FR 41513) for a discussion of the parameters for appealing to the Provider Reimbursement Review Board for wage index data corrections.

Again, we believe the wage index data correction process described above provides hospitals with sufficient opportunity to bring errors in their wage index data to the fiscal intermediaries' attention. Moreover, because hospitals will have access to the final wage index data by early May 2006, they have the opportunity to detect any data entry or tabulation errors made by the fiscal intermediary or CMS before the development and publication of the final FY 2007 wage index by August 1, 2006, and the implementation of the FY 2007 wage index on October 1, 2006. If hospitals avail themselves of the opportunities afforded to provide and make corrections to the wage data, the wage index implemented on October 1 should be accurate. Nevertheless, in the event that errors are identified by hospitals and brought to our attention after June 12, 2006, we retain the right to make midyear changes to the wage index under very limited circumstances.

Specifically, in accordance with § 412.64(k)(1) of our existing regulations, we make midyear corrections to the wage index for an area only if a hospital can show that: (1) The fiscal intermediary or CMS made an error in tabulating its data; and (2) the requesting hospital could not have known about the error or did not have an opportunity to correct the error, before the beginning of the fiscal year. For purposes of this provision, ''before the beginning of the fiscal year'' means by the June deadline for making corrections to the wage data for the following fiscal year's wage index. This provision is not available to a hospital seeking to revise another hospital's data that may be affecting the requesting hospital's wage index for the labor market area. As indicated earlier, since CMS makes the wage data available to a hospital on the CMS Web site prior to publishing both the proposed and final IPPS rules, and the fiscal intermediaries notify hospitals directly of any wage data changes after completing their desk reviews, we do not expect that midyear corrections would be necessary. However, under our current policy, if the correction of a data error changes the wage index value for an area, the revised wage index value will be effective prospectively from the date the correction is made.

In the FY 2006 IPPS final rule (70 FR 47385), we revised § 412.64(k)(2) to specify that, effective on October 1, 2005, that is beginning with the FY 2006 wage index, a change to the wage index can be made retroactive to the beginning of the Federal fiscal year only when: (1) The fiscal intermediary or CMS made an error in tabulating data used for the wage index calculation; (2) the hospital knew about the error and requested that the fiscal intermediary and CMS correct the error using the established process and within the established schedule for requesting corrections to the wage data, before the beginning of the fiscal year for the applicable IPPS update (that is, by the June 12, 2006 deadline for the FY 2007 wage index); and (3) CMS agreed

that the fiscal intermediary or CMS made an error in tabulating the hospital's wage data and the wage index should be corrected.

In those circumstances where a hospital requests a correction to its wage data before CMS calculates the final wage index (that is, by the June deadline), and CMS acknowledges that the error in the hospital's wage data was caused by CMS's or the fiscal intermediary's mishandling of the data, we believe that the hospital should not be penalized by our delay in publishing or implementing the correction. As with our current policy, we indicated that the provision is not available to a hospital seeking to revise another hospital's data. In addition, the provision cannot be used to correct prior years' wage data; it can only be used for the current Federal fiscal year. In other situations, we continue to believe that it is appropriate to make prospective corrections to the wage index in those circumstances where a hospital could not have known about or did not have the opportunity to correct the fiscal intermediary's or CMS's error before the beginning of the fiscal year (that is, by the June deadline). We note that, as with prospective changes to the wage index, the final retroactive correction will be made irrespective of whether the change increases or decreases a hospital's payment rate. In addition, we note that the policy of retroactive adjustment will still apply in those instances where a judicial decision reverses a CMS denial of a hospital's wage data revision request.

*K. Labor-Related Share for the Wage Index for FY 2007*

(If you choose to comment on issues in this section, please include the caption ''Labor-Related Share'' at the beginning of your comment.)

Section 1886(d)(3)(E) of the Act directs the Secretary to adjust the proportion of the national prospective payment system base payment rates that are attributable to wages and wage-related costs by a factor that reflects the relative differences in labor costs among geographic areas. It also directs the Secretary to estimate from time to time the proportion of hospital costs that are labor-related: ''The Secretary shall adjust the proportion (as estimated by the Secretary from time to time) of hospitals' costs which are attributable to wages and wage-related costs of the DRG prospective payment rates * * *'' We refer to the portion of hospital costs attributable to wages and wage-related costs as the labor-related share. The labor-related share of the prospective payment rate is adjusted by an index of relative labor costs, which is referred to as the wage index.

In its June 2001 Report to Congress, MedPAC recommended that the Secretary ''should reevaluate current assumptions about the proportion of providers' costs that reflect resources purchased in local and national markets.'' (Report to the Congress: Medicare in Rural America, Recommendation 4D, page 80.) MedPAC recommended that the labor-related share include the weights for wages and salaries, fringe benefits, contract labor, and other labor-related costs for locally purchased inputs only. MedPAC noted that this would likely result in a lower labor-related share, which would decrease the amount of the national base payment amount adjusted by the wage index. As a result, hospitals located in low-wage markets (those with a wage index less than 1.0) would receive higher payments, while those located in high-wage labor markets would receive lower payments.

In our proposed and final rules updating the IPPS for FY 2003 (67 FR 31447, May 9, 2002 and 67 FR 50041, August 1, 2002), we discussed the methodology that we have used to determine the labor-related share. We noted that, at that time, the results of employing that methodology suggested that an increase in the labor-related share (from 71.066 percent to 72.495 percent) was warranted. However, we decided not to propose such an increase in the labor-related share until we conducted further research to determine whether a different methodology for determining the labor-related share should be adopted.

Section 403 of Pub. L. 108–173 amended section 1886(d)(3)(E) of the Act to provide that the Secretary must employ 62 percent as the labor-related share unless this ''would result in lower payments to a hospital than would otherwise be made.'' However, this provision of Pub. L. 108–173 did not change the legal requirement that the Secretary estimate ''from time to time'' the proportion of hospitals' costs that are ''attributable to wages and wage-related costs.'' In fact, section 404 of Pub. L. 108–173 required the Secretary to develop a frequency for revising the weights used in the hospital market basket, including the labor-related share, to reflect the most current data more frequently than once every 5 years. We believe that this reflected Congressional intent that hospitals receive payment based on either a 62-percent labor-related share, or the labor-related share estimated from time to time by the Secretary, depending on which labor-related share resulted in a higher payment.

Section 404 further required us to include in the final IPPS rule for FY 2006 an explanation of the reasons for, and options considered, in determining the frequency for revising the weights used in the hospital market basket, including the labor-related share. In addition, we have continued our research into the assumptions employed in calculating the labor-related share. Our research involves analyzing the compensation share separately for urban and rural hospitals, using regression analysis to determine the proportion of costs influenced by the area wage index, and exploring alternative methodologies to determine whether all or only a portion of professional fees and nonlabor intensive services should be considered labor-related.

In the FY 2006 IPPS final rule (70 FR 47392), we presented our analysis and conclusions regarding the frequency and methodology for updating the labor-related share for FY 2006. We also recalculated a labor-related share of 69.731 percent, using the FY 2002-based PPS market basket for discharges occurring on or after October 1, 2005. In addition, we implemented this revised and rebased labor-related share in a budget neutral manner, but consistent with section 1886(d)(3)(E) of the Act, we did not take into account the additional payments that would be made as a result of hospitals with a wage index less than or equal to 1.0 being paid using a labor-related share lower than the labor-related share of hospitals with a wage index greater than 1.0.

The labor-related share is used to determine the proportion of the national PPS base payment rate to which the area wage index is applied. In this proposed rule, we are not making any changes to the national average proportion of operating costs that are attributable to wages and salaries, fringe benefits, professional fees, contract labor, and labor intensive services. Therefore, we are continuing to use a labor-related share of 69.731 percent for discharges occurring on or after October 1, 2006, as reflected in Tables 1A and 1B in the Addendum to this proposed rule. We note that section 403 of Pub. L. 108–173 amended sections 1886(d)(3)(E) and 1886(d)(9)(C)(iv) of the Act to provide that the Secretary must employ 62 percent as the labor-related share unless this employment ''would result in lower payments to a hospital than would otherwise be made.''

We also are continuing to use a labor-related share for the Puerto Rico-specific standardized amounts of 58.7 percent for discharges occurring on or after

October 1, 2006. Consistent with our methodology for determining the national labor-related share, we added the Puerto Rico-specific relative weights for wages and salaries, fringe benefits, contract labor, nonmedical professional fees, and other labor-intensive services to determine the labor-related share. Puerto Rico hospitals are paid based on 75 percent of the national standardized amounts and 25 percent of the Puerto Rico-specific standardized amounts. For Puerto Rico hospitals, the national labor-related share will always be 62 percent because the wage index for all Puerto Rico hospitals is less than 1.0. A Puerto Rico-specific wage index is applied to the Puerto Rico-specific portion of payments to the hospitals. The labor-related share of a hospital's Puerto Rico-specific rate will be either 62 percent or the Puerto Rico-specific labor-related share depending on which results in higher payments to the hospital. If the hospital has a Puerto Rico-specific wage index of greater than 1.0, we will set the hospital's rates using a labor-related share of 62 percent for the 25 percent portion of the hospital's payment determined by the Puerto Rico standardized amounts because this amount will result in higher payments. Conversely, a hospital with a Puerto Rico-specific wage index of less than 1.0 will be paid using the Puerto Rico-specific labor-related share of 58.7 percent of the Puerto Rico-specific rates because the lower labor-related share will result in higher payments. The Puerto Rico labor-related share of 58.7 percent for FY 2007 is reflected in the Table 1C of the Addendum of this proposed rule.

*L. Proxy for the Hospital Market Basket*

(If you choose to comment on issues in this section, please include the caption ''Hospital Market Basket Proxy'' at the beginning of your comment.)

In the FY 2006 IPPS final rule (70 FR 47387), we changed the base year cost structure for the IPPS hospital index for the hospital market basket for operating costs from FY 1997 to FY 2002. As discussed in that final rule, the IPPS hospital index primarily uses the BLS data as price proxies, which are grouped in one of the three BLS categories. The categories are Producer Price Indexes (PPIs), Consumer Price Indexes (CPIs), and Employment Cost Indexes (ECIs), discussed in detail in the FY 2006 IPPS final rule (70 FR 47388 through 47391). We evaluate the price proxies using the criteria of reliability, timeliness, availability, and relevance. The PPIs, CPIs, and ECIs selected by us and used for this proposed rule meet these criteria as described in the FY 2006 IPPS final rule. We believe they continue to be the best measures of price changes for the cost categories.

Beginning April 2006 with the publication of March 2006 data, the BLS' ECI will use a different classification system, the North American Industrial Classification System (NAICS), instead of the Standard Industrial Codes (SIC), which will no longer exist. We have consistently used the ECI as the data source for our wages and salaries and other price proxies in the IPPS market basket and are not making any changes to the usage at this time. However, we are soliciting comments on our continued use of the BLS ECI data in light of the BLS change in system usage to the NAICS-based ECI.

## IV. Other Decisions and Proposed Changes to the IPPS for Operating Costs and GME Costs

*A. Reporting of Hospital Quality Data for Annual Hospital Payment Update (§ 412.64(d)(2))*

(If you choose to comment on issues in this section, please include the caption ''Hospital Quality Data'' at the beginning of your comment.)

1. Background

Section 5001(a) of Public Law 109–171 (DRA of 2005) sets out new requirements for the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. The RHQDAPU program was established to implement section 501(b) of Public Law 108–173 (MMA). It builds on our ongoing voluntary Hospital Quality Initiative which is intended to empower consumers with quality of care information to make more informed decisions about their health care while also encouraging hospitals and clinicians to improve the quality of care.

Section 5001(a) of Public Law 109–171 revises the mechanism used to update the standardized amount for payment for hospital inpatient operating costs. New sections 1886(b)(3)(B)(viii)(I) and (II) of the Act provide that the payment update for FY 2007 and each subsequent fiscal year will be reduced by 2.0 percentage points for any ''subsection (d) hospital'' that does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.

New sections 1886(b)(3)(B)(viii)(III) and (IV) of the Act require that we expand the ''starter set'' of 10 quality measures that we have used since 2003. In expanding these measures, we must begin to adopt the baseline set of performance measures as set forth in a 2005 report issued by the Institute of Medicine (IOM) of the National Academy of Sciences under section 238(b) of Public Law 108–173, effective for payments beginning with FY 2007. The IOM measures include the Hospital Quality Alliance (HQA) measures, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) patient perspective survey, and three structural measures. We discuss the IOM report more fully in section IV.B. of the preamble to this proposed rule.

New sections 1886(b)(3)(B)(viii)(V) and (VI) of the Act require that, effective for payments beginning with FY 2008, we add other quality measures that reflect consensus among affected parties, and provide the Secretary with the discretion to replace any quality measures or indicators in appropriate cases, such as where all hospitals are effectively in compliance with a measure, or the measures or indicators have been subsequently shown to not represent the best clinical practice. Thus, the Secretary has broad discretion to replace measures on the basis that they are not appropriate.

New section 1886(b)(3)(B)(viii)(VII) of the Act requires that we establish procedures for making quality data available to the public after ensuring that a hospital has the opportunity to review, in advance, its data that are to be made public. In addition, this section requires that we report quality measures of process, structure, outcome, patients' perspective on care, efficiency, and costs of care that relate to services furnished in inpatient settings on the CMS Web site.

Like the provisions of section 501(b) of Public Law 108–173, the provisions of section 5001(a) of Public Law 109–171 do not apply to hospitals and hospital units excluded from the IPPS, or to payments to hospitals under other prospective payment systems such as the hospital outpatient PPS. New section 1886(b)(3)(B(viii)(I) of the Act also provides that any reduction will apply only with respect to the fiscal year involved, and will not be taken into account for computing the applicable percentage increase for a subsequent fiscal year.

Initially, section 1886(b)(3)(B)(vii) of the Act provided for a reduction of 0.4 percentage points to the update percentage increase for each of FYs 2005 through 2007 for any ''subsection (d) hospital'' that did not submit data on the starter set of 10 quality measures established by the Secretary of Health and Human Services as of November 1, 2003. Section 5001(a) of Public Law 109–171 limits the 0.4 percentage point reduction to FY 2005 and FY 2006, and

establishes a 2.0 percentage point reduction for FY 2007 and subsequent fiscal years.

The starter set of 10 quality measures we established as of November 1, 2003 are:

**Heart Attack (Acute Myocardial Infarction)**

- Was aspirin given to the patient upon arrival to the hospital?
- Was aspirin prescribed when the patient was discharged?
- Was a beta-blocker given to the patient upon arrival to the hospital?
- Was a beta-blocker prescribed when the patient was discharged?
- Was an ACE inhibitor given for the patient with heart failure?

**Heart Failure (HF)**

- Did the patient get an assessment of his or her heart function?
- Was an ACE inhibitor given to the patient?

**Pneumonia (PNE)**

- Was an antibiotic given to the patient in a timely way?
- Had the patient received a pneumococcal vaccination?
- Was the patient's oxygen level assessed?

We adopted these measures after the Secretary of HHS initiated a partnership with several collaborators intended to promote hospital quality improvement and public reporting of hospital quality information. These collaborators include the American Hospital Association, the Federation of American Hospitals, the Association of American Medical Colleges, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), the American Medical Association, the Consumer-Purchaser Disclosure Project, the American Association of Retired Persons, the American Federation of Labor-Congress of Industrial Organizations, the Agency for Healthcare Research and Quality, as well as CMS, Quality Improvement Organizations (QIOs), and others.

This collaboration, originally known as the National Voluntary Hospital Reporting Initiative, is now known as the HQA. Hospital data are submitted through the QualityNet Exchange secure Web site (*www.qnetexchange.org*). This Web site meets or exceeds all current Health Insurance Portability and Accountability Act requirements. Data from this initiative were initially used to populate the Hospital Compare Web site, *www.hospitalcompare.hhs.gov*. This Web site assists beneficiaries and the general public by providing information on hospital quality of care for consumers who need to select a hospital. It further serves to encourage consumers to work with their doctors and hospitals to discuss the quality of care they provide to patients, thereby providing an additional incentive to improve the quality of that care.

This starter set of 10 quality measures has been endorsed by the NQF and is a subset of measures currently collected for the JCAHO as part of its certification program. We chose these 10 quality measures in order to collect data that will: (1) Provide useful and valid information about hospital quality to the public; (2) provide hospitals with a sense of predictability about public reporting expectations; (3) begin to standardize data and data collection mechanisms; and (4) foster hospital quality improvement. Many hospitals have participated in the HQA, and are continuing to submit data to the QIO Clinical Warehouse. Since the HQA released the starter set of 10 quality measures, it has continued to release additional quality measures, and has released 11 additional NQF-endorsed quality measures to date. Many HQA-participating hospitals have been voluntarily reporting on these additional quality measures, although only the starter set of 10 quality measures were subject to potential reductions in hospitals' annual payment update percentages under section 501(b) of Public Law 108–173.

To implement section 501(b) of Public Law 108–173, we created the RHQDAPU program. Originally, the program set out the form, manner, and timeframes for hospitals to submit data regarding the starter set of 10 quality measures. For the FY 2005 payment update, we permitted hospitals to withdraw from the RHQDAPU program at any time up to August 1, 2004. Hospitals that withdrew from the program did not receive the full payment update and, instead, received a reduction of 0.4 percentage points in their payment update. We did not establish a deadline for withdrawal for the FY 2006 payment update.

For FY 2006, in order to receive a full payment update, hospitals were required to continuously submit to the QIO Clinical Warehouse abstracted data regarding the starter set of 10 quality measures each calendar quarter according to the schedule found on the QualityNet Exchange Web site. New participants were required to submit these data using the same schedule, starting with the quarter they began discharging patients. The data for each quarter had to be submitted on time and pass all of the edits and consistency checks required in the QIO Clinical Warehouse. Hospitals that did not treat a condition or that had very few discharges were not penalized, and they received the full payment update if they submitted appropriate data on each of the 10 quality measures that they treated for patients who were discharged during the reporting periods.

2. New Procedures for Hospital Reporting of Quality Data

We are proposing to amend our regulations at § 412.64(d)(2) to reflect the 2.0 percentage point reduction in the payment update for FY 2007 and subsequent fiscal years for hospitals that do not comply with requirements for reporting quality data as provided for under section 5001(a) of Public Law 109–171. We are also revising the RHQDAPU program's procedures to reflect our experience with this program and to implement section 5001(a) of Public Law 109–171, including the new requirement for reporting of an expanded set of quality measures.

In addition to publication in this proposed rule, all revised procedures will be added to the ''Reporting Hospital Quality Data for Annual Payment Update Reference Checklist'' section of the QualityNet Exchange Web site. This checklist also contains all of the forms to be completed by hospitals participating in the program. In order to participate in the hospital reporting initiative, hospitals must follow these steps:

- Identify a QualityNet Exchange Administrator who follows the registration process and submits the information through the QIO. This must be done regardless of whether the hospital uses a vendor for transmission of data.
- Complete the revised ''Reporting Hospital Quality Data for Annual Payment Update Notice of Participation'' form. All hospitals must send this form to their QIO, no later than August 1, 2006. In addition, before participating hospitals initially begin reporting data, they must register with the QualityNet Exchange, regardless of the method used for submitting data.
- Continue to collect data for all 10 ''starter set'' quality measures (or begin collecting such data, if newly participating in the program), and submit the data to the QIO Clinical Warehouse either using the CMS Abstraction & Reporting Tool (CART), the JCAHO ORYX® Core Measures Performance Measurement System, or another third-party vendor tool that has met the measurement specification requirements for data transmission to QualityNet Exchange. The QIO Clinical

Warehouse will submit the data to CMS on behalf of the hospitals. The submission will be done through QualityNet Exchange. Because the information in the QIO Clinical Warehouse is considered QIO information, it is subject to the stringent QIO confidentiality regulations in 42 CFR part 480. We are proposing that hospitals continue to submit data regarding the starter set of 10 quality measures because the existing data submission schedule that we will use for the FY 2007 update relies on discharges that occurred in calendar year (CY) 2005. Because the first three quarters of CY 2005 data already have been submitted, we are not proposing to require hospitals to submit any additional CY 2005 data to address the new quality measures in the anticipated expanded 21 quality measures discussed below. However, we again note that many hospitals have been providing data on these additional measures since they were first included in the HQA set, although these measures did not affect hospitals' annual payment adjustment under the RHQDAPU program implementing section 501(b) of Public Law 108–173.

• For the FY 2007 update, hospitals also will be required to complete and return a written form on which they pledge to submit data on the following set of expanded quality measures (anticipated 21 clinical quality measures), starting with discharges that occur in CY 2006. These expanded quality measures are the HQA-released measures that the 2005 IOM report recommended we use as expanded ''starter'' measures. As discussed above, new section 1886(b)(3)(B)(viii)(IV) of the Act requires us to begin to adopt the baseline set of performance measures set forth in the 2005 IOM report effective for payments beginning with FY 2007. Hospitals will be required to submit data on the expanded measures to the QIO Clinical Warehouse beginning with discharges that occur in the first calendar quarter of 2006 (January through March discharges). The deadline for hospitals to submit their data for first quarter 2006 is August 15, 2006.

The expanded measures are:

**Heart Attack (Acute Myocardial Infarction)**

- Aspirin at arrival
- Aspirin prescribed at discharge
- ACE inhibitor (ACE–I) or Angiotensin Receptor Blocker (ARBs) for left ventricular systolic dysfunction
- Beta blocker at arrival
- Beta blocker prescribed at discharge
- Thrombolytic agent received within 30 minutes of hospital arrival
- Percutaneous Coronary Intervention (PCI) received within 120 minutes of hospital arrival
- Adult smoking cessation advice/ counseling

**Heart Failure (HF)**

- Left ventricular function assessment
- ACE inhibitor (ACE–I) or Angiotensin Receptor Blocker (ARBs) for left ventricular systolic dysfunction
- Discharge instructions
- Adult smoking cessation advice/ counseling

**Pneumonia (PNE)**

- Initial antibiotic received within 4 hours of hospital arrival
- Oxygenation assessment
- Pneumococcal vaccination status
- Blood culture performed before first antibiotic received in hospital
- Adult smoking cessation advice/ counseling
- Appropriate initial antibiotic selection
- Influenza vaccination (collected but not publicly reported—subject to change)

**Surgical Infection Prevention (SIP)**

- Prophylactic antibiotic received within 1 hour prior to surgical incision
- Prophylactic antibiotics discontinued within 24 hours after surgery end time

Further, as recommended in the IOM report, we will be implementing the HCAHPS® patient survey in October 2006, to measure patients' perspectives of care. HCAHPS® is designed to make ''apples to apples'' comparisons of patients' perspectives on hospital care including communications with doctors, communications with nurses, responsiveness of hospital staff, cleanliness and quietness of the hospital, pain control, communication about medicines, and discharge information. More information on this survey can be found on our Web site: *www.cms.hhs.gov/HospitalQualityInits/downloads/HospitalHCAHPSFactSheet200512.pdf*. We intend to report the first three quarters of these survey data in late 2007 on the Web site: *www.hospitalcompare.hhs.gov*. HCAHPS® was endorsed by the NQF in May 2005. However, at this time, we do not anticipate including HCAHPS® as a part of the revised FY 2007 ''Reporting Hospital Quality Data for Annual Payment Update Notice of Participation'' form. We believe that our proposed procedure will meet the requirement of section 1886(b)(3)(B)(viii)(IV) of the Act that, ''for payments beginning with fiscal year 2007, in expanding the number of measures, under subclause (III), the Secretary shall begin to adopt'' the IOM report's set of baseline measures. Section 1886(b)(3)(B)(viii)(III) of the Act states that we must expand, for FY 2007 and each subsequent fiscal year, the set of measures that the Secretary determines to be ''appropriate'' for the measurement of the quality of care furnished by hospitals in inpatient settings beyond the original quality measures that applied in FY 2005 and FY 2006.

We believe that the statute gives the Secretary the discretion to choose what ''begin to adopt'' should involve in FY 2007 and the number of additional measures, if any, that would be ''appropriate'' during that time. In proposing our revised procedures, designing the methods that hospitals will use to report during FY 2007, establishing an anticipated set of expanded measures based on the IOM report, and revising RHQDAPU materials, we believe that we have met the statutory requirements. We will continue to explore the feasibility of adopting additional measures for purpose of the FY 2008 update, including the HCAHPS® and structure measures described in the IOM report and other measures that reflect consensus among affected parties, as required by new section 1886(b)(3)(B)(viii)(III) through (V) of the Act.

For the FY 2007 update, we specify that hospitals must submit these complete data in accordance with the joint CMS/JCAHO sampling requirements located on the QualityNet Exchange Web site. These requirements specify that hospitals are required to submit a random sample or complete population of cases for each of three topics (acute myocardial infarction, heart failure, and pneumonia) covered by the starter set of 10 quality measures. These requirements include all Medicare and non-Medicare patients discharged from hospitals. Hospitals are expected to continuously meet these sampling requirements for the starter set of 10 quality measures for discharges in each quarter.

We do not anticipate significant additional burden on hospitals regarding the starter set of 10 quality measures or the anticipated 21 clinical quality measures because all JCAHO-accredited hospitals are currently required to adhere to these sampling requirements in acute myocardial infarction, heart failure, pneumonia, and surgical infection prevention for

accreditation and core measure reporting purposes.

For the FY 2007 update, hospitals may withdraw from the revised RHQDAPU program at any time up to August 1, 2006. If a hospital withdraws from the program, it will receive a 2.0 percentage point reduction in its payment update.

For the FY 2007 update, we will continue to require that hospitals meet the chart validation requirements that we implemented in the FY 2006 IPPS final rule. There were no chart-audit validation criteria in place for FY 2005. Based upon our experience with the FY 2005 submissions and our requirement for reliable and valid data, in the FY 2006 IPPS final rule, we established additional requirements for the data that hospitals were required to submit in order to receive the full FY 2006 payment update (70 FR 47421 and 47422). These requirements, as well as additional information on validation requirements, will continue and are being placed on the QualityNet Exchange Web site.

For the FY 2007 payment update, hospitals must pass our validation requirement of a minimum of 80 percent reliability, based upon our chart-audit validation process, for the first three quarters of data from CY 2005. These data were due to the QIO Clinical Warehouse by July 15, 2005 (first quarter CY 2005 discharges), November 15, 2005 (second quarter CY 2005 discharges), and February 15, 2006 (third quarter CY 2005 discharges).

We use confidence intervals to determine if a hospital has achieved an 80-percent reliability aggregated over the three quarters. The use of confidence intervals allows us to establish an appropriate range below the 80-percent reliability threshold that demonstrates a sufficient level of validity to allow the data to still be considered valid.

We estimate the percent reliability based upon a review of five charts, and then calculate the upper 95-percent confidence limit for that estimate. If this upper limit is above the required 80-percent reliability, the hospital data are considered validated. We are using the design-specific estimate of the variance for the confidence interval calculation, which, in this case, is a stratified single stage cluster sample, with unequal cluster sizes. (For reference, see Cochran, William G.: Sampling Techniques, John Wiley & Sons, New York, chapter 3, section 3.12 (1977); and Kish, Leslie: Survey Sampling, John Wiley & Sons, New York, chapter 3, section 3.3 (1964).) Each quarter is treated as a stratum for variance estimation purposes.

We use a two-step process to determine if a hospital is submitting valid data. In the first step, we calculate the percent agreement for all of the variables submitted in all of the charts. If a hospital falls below the 80-percent cutoff, we restrict the comparison to those variables associated with the starter set of 10 quality measures. We recalculate the percent agreement and the estimated 95-percent confidence interval and again compare to the 80-percent cutoff point. If a hospital passes under this restricted set of variables, the hospital is considered to be submitting valid data for purposes of the revised RHQDAPU program.

Under the standard appeal process, all hospitals are given the detailed results of the Clinical Data Abstraction Center (CDAC) reabstraction along with their estimated percent reliability and the upper bound of the 95-percent confidence interval. If a hospital does not meet the required 80-percent threshold, the hospital has 10 working days to appeal these results to their QIO. The QIO will review the appeal with the hospital and make a final determination on the appeal. The QIO receives from the hospital the element or elements that are to be evaluated during the appeal process, along with the hospital's rationale for the difference between the hospital's abstraction and the CDAC abstraction. In this validation appeal process, the QIO reviews the appeal using the medical record to evaluate the data elements that are being appealed. This process allows for an independent review and is designed to find coding errors on the part of abstractors. QIO appeal decisions are based on the data that the hospital submitted to the QIO Clinical Warehouse. The QIO has 20 calendar days to make a final decision. The QIO can either uphold or reverse the CDAC validation decision. If the QIO does not agree with the hospital's appeal, the original results stand. However, if the QIO agrees with the hospital, new validation results are calculated and provided to the hospital through the usual processes. This validation appeal process is described in detail at the QualityNet Exchange Web site.

In reviewing the hospital data, we plan to combine the samples for first quarter, second quarter, and third quarter (15 cases) into a single stratified sample to determine whether the 80-percent reliability level is met. This gives us the greatest accuracy when estimating the reliability level. The confidence interval approach accounts for the variation in coding among the five charts pulled each quarter and for the entire year around the overall hospital mean score (on all individual data elements compared). The closer each case's reliability score is to the hospital mean score, the tighter the confidence interval established for that hospital. A hospital may code each chart equally inaccurately, achieve a tight confidence interval, and not pass, even though its overall score is just below the passing threshold (75 percent, for example). A hospital with more variation among charts will achieve a broader confidence interval, which may allow it to pass, even though some charts score very low and others score very high.

We believe we have adopted the most suitable statistical tests for the hospital data we are trying to validate. We are particularly interested in comments from hospitals on this passing threshold, the confidence interval, and the sampling approach. Based on analytical results from FY 2006, we found confidence intervals using only five charts widely varied in size. As a result of these findings, we decided to combine multiple quarters of validation samples into a single stratified sample to shrink and/or decrease the variation and produce a more reliable estimate of abstraction reliability to determine if any changes in our methodology are required. We will make any necessary revisions to the sampling methodology and the statistical approach through manual issuances and other guidance to hospitals.

The CMS Quality Improvement Group will continue to study methods for improving the validation process for hospital submission in regard to completeness and adherence to sampling requirements. Current validation sampling assesses abstraction accuracy, but submission completeness and adherence to sampling requirements are critical prerequisites to produce accurate hospital quality measures.

For the FY 2007 update, we plan to revise and post up-to-date confidence interval information on the QualityNet Exchange Web site explaining the application of the confidence interval to the overall validation results. The data are being validated at several levels. There are consistency and internal edit checks to ensure the integrity of the submitted data; there are external edit checks to verify expectations about the volume of the data received.

We are proposing that hospitals attest to the completeness and accuracy of the data submitted to the QIO Clinical Warehouse in order to improve aspects of the validation checks. In order to

meet this requirement, for each quarter, hospitals will have to sign off on the volume of the data submitted. We plan to provide additional information to explain the data completeness requirement and as well as a form to be completed on the QualityNet Exchange Web site.

We will continue to display quality information for public viewing as required by new section 1886(b)(3)(B)(viii)(VII) of the Act. Before we display this information, hospitals will be permitted to review their information as we have it recorded.

For hospitals that CMS has determined do not meet the RHQDAPU program requirements for the applicable fiscal year who wish to appeal this determination, the appeals process set forth in 42 CFR Part 405, Subpart R (a Provider Reimbursement Review Board (PRRB) appeal) applies. However, we believe it may be appropriate to establish a structured reconsideration process to precede the PRRB appeal. Currently, hospitals submit letters detailing their reasons for requesting that CMS reconsider its decision that the hospital did not meet the RHQDAPU program requirements. We are proposing to continue this process for FY 2007 RHQDAPU program decisions. However, we are proposing to establish a deadline of November 1, 2006, for hospitals to make such requests related to the FY 2007 RHQDAPU decisions, which will give hospitals a minimum of 30 days to submit reconsideration requests from the dates that the decisions are made public. Further, we are proposing that the November 1, 2006 deadline also would apply to FY 2005 and FY 2006 RHQDAPU program decisions and that a November 1 deadline would apply in all future fiscal years. CMS will officially respond to the letters submitted by hospitals.

Further, we are seeking public comment specifically on the need for a more structured reconsideration process to precede any PRRB appeal for FY 2008 and subsequent fiscal years. We also are seeking comment on what such a process would entail. For example, we would expect that such a process, if established, would include—

- A limited time, such as 30 days from the public release of the decision, for requesting a reconsideration;
- Who in a hospital organization can request such a reconsideration and be notified of its outcome;
- The specific factors that CMS will consider in such a reconsideration, such as an inability to submit data timely due to CMS systems failures;
- Specific requirements for submitting a reconsideration request, such as a written request for reconsideration specifically stating all reasons and factors, including specific data elements, why the hospital believes it did meet the RHQDAPU program requirements;
- Specific CMS components that would participate in the reconsideration process; and
- The timeframe, such as 60 days, for CMS to provide its reconsideration decision to the hospital.

We are also soliciting comments on the reasons for not establishing such a reconsideration process.

3. Electronic Medical Records

In the FY 2006 IPPS final rule, we encouraged hospitals to take steps toward the adoption of electronic medical records (EMRs) that will allow for reporting of clinical quality data from the EMRs directly to a CMS data repository (70 FR 47420). We intend to begin working toward creating measures specifications and a system or mechanism, or both, that will accept the data directly without requiring the transfer of the raw data into an XML file as is currently done. The Department continues to work cooperatively with other Federal agencies in the development of Federal health architecture data standards. We encourage hospitals that are developing systems to conform them to both industry standards and, when developed, the Federal Health Architecture Data standards, and to ensure that the data necessary for quality measures are captured. Ideally, such systems will also provide point-of-care decision support that enables high levels of performance on the measures. Hospitals using EMRs to produce data on quality measures will be held to the same performance expectations as hospitals not using EMRs.

Due to the low volume of comments we received on this issue in response to the FY 2006 IPPS rule, in this proposed rule for FY 2007, we again are inviting comments on these requirements and options. In section IV.B.6. of the preamble to this proposed rule, we are also inviting comments on the potential role of effective, interoperable, health information on technology in value-based purchasing.

*B. Value-Based Purchasing*

(If you choose to comment on issues in this section, please include the caption ''Value-Based Purchasing'' at the beginning of your comment.)

1. Introduction

CMS has undertaken a number of activities to improve the quality and efficiency of care delivered to Medicare beneficiaries. Currently, there are several different fee-for-service payment systems under Medicare that are used to pay health professionals and other providers based on the number and complexity of services provided to patients. In general, all providers to which a specific Medicare payment system applies receive the same amount for a service, regardless of its quality or efficiency. As a result, Medicare's payment systems can direct more resources to hospitals that deliver care that is not of the highest quality or include unnecessary services (for example, duplicative tests and services or services to treat avoidable complications). Therefore, we are examining the concept of ''value-based purchasing,'' which may use a range of incentives to achieve identified quality and efficiency goals, as a means of promoting better quality of care and more effective resource use in the Medicare payment systems. In considering the concept of value-based purchasing, we are working closely with stakeholder partners, including health professionals and providers. In this proposed rule, we are seeking public comment on value-based purchasing as related specifically to hospitals.

In this section, we discuss CMS' and Congress' initial steps toward hospital value-based purchasing, which include the Premier Hospital Quality Incentive Demonstration, the RHQDAPU program authorized by section 501(b) of Public Law 108–173 (MMA), and the extended and expanded RHQDAPU program authorized by section 5001(a) of Public Law 109–171 (DRA). (The RHQDAPU program is also discussed in section IV.A. of the preamble to this proposed rule.) In addition, we discuss the issues that must be considered in developing a plan to implement a value-based purchasing plan beginning with FY 2009 for Medicare payments for subsection (d) hospitals. This plan is required by section 5001(b) of the DRA. For each of the required planning issues (measures, data infrastructure, payment methodology, and public reporting), we discuss CMS' activities to date and solicit comments on outstanding policy questions. Next, we discuss options for implementation of section 5001(c) of Public Law 109–171, which authorizes quality adjustment to DRG payments for certain conditions that were not present on hospital admission. We are soliciting input about detailed design considerations related to each of these issues and the advantages and disadvantages of possible approaches to

planning and implementing hospital value-based purchasing.

Finally, we discuss and invite comments on how to encourage hospitals to effectively use health information technology to improve efficiency, processes, and health care outcomes, through, for example, adopting interoperable health information technology.

2. Premier Hospital Quality Incentive Demonstration

One of the ways in which CMS is testing innovative potential approaches to improving quality is through demonstrations and pilot projects. The demonstration most relevant to hospitals is the Premier Hospital Quality Incentive Demonstration. Premier, Inc., a nationwide alliance of not-for-profit hospitals, submitted an unsolicited proposal for consideration by CMS.[13] We have partnered with Premier to conduct a demonstration that is designed to test whether the quality of inpatient care for Medicare beneficiaries improves when financial incentives are provided. Under the demonstration, about 270 hospitals are voluntarily providing data on 34 quality measures related to 5 clinical conditions: Heart attack, heart failure, pneumonia, coronary artery bypass graft, and hip and knee replacements.

Using the quality measures, CMS identifies hospitals with the highest quality performance in each of the five clinical areas. Hospitals scoring in the top 10 percent in each clinical area receive a 2-percent bonus payment in addition to the regular Medicare DRG payment for the measured condition. Hospitals in the second highest 10 percent receive a 1-percent bonus payment. In the third year of the demonstration, hospitals that do not achieve absolute improvements above the demonstration's first year composite score baseline (the lowest 20 percent) for that condition will have their DRG payments reduced by 1 or 2 percent, depending on how far their performance is below the baseline.

Following the first year of the demonstration (FY 2004), CMS awarded a total of $8.85 million to participating hospitals in the top two deciles for each clinical area. In the aggregate, quality of care improved in all five clinical areas that were measured. Preliminary information from the second year of the demonstration indicates that quality is continuing to improve, particularly for the poorest performing hospitals. Additional information on the Premier Hospital Quality Incentive Demonstration is available on the CMS Web site at: *http://www.cms.hhs.gov/HospitalQualityInits/35_HospitalPremier.asp.*

3. RHQDAPU Program

We believe that the acts of collecting and submitting performance data and of publicly reporting comparative information about hospital performance seems to be a strong incentive to encourage hospital accountability. Measurement and reporting can help focus the attention of hospitals and consumers on specific goals and on hospitals' performance relative to those goals.

a. Section 501(b) of Public Law 108–173 (MMA)

Since 2003, we have operated the Hospital Quality Initiative,[14] which is designed to stimulate improvements in hospital care by standardizing hospital performance measures and data transmission to ensure that all payers, hospitals, and oversight and accrediting entities use the same measures when publicly reporting on hospital performance. Section 501(b) of Public Law 108–173 authorized us to link the collection of data for an initial starter set of 10 quality measures to the Medicare annual update of the standardized payment amount for hospital inpatient operating costs (also known as the RHQDAPU program). For FYs 2005 and 2006, hospitals that met the RHQDAPU program's requirements received the full annual payment update to their inpatient operating costs, while hospitals that did not comply received an update that was reduced by 0.4 percentage points. For FY 2005, virtually every hospital in the country that was eligible to participate submitted data (98.3 percent), and approximately 96 percent of all participating hospitals met the requirements to receive the full update. The data regarding the starter set of 10 quality measures as well as additional, voluntarily-reported data on other quality measures, are available to the public through the Hospital Compare Web site at: *http://www.hospitalcompare.hhs.gov.*

b. Section 5001(a) of Public Law 109–171 (DRA)

As discussed in section IV.A. of this preamble, for FY 2007 and each subsequent year, section 5001(a) of Public Law 109–171 amended section 1886(b)(3)(B) of the Act and made changes to the program established under section 501(b) of Public Law 108–173. These changes require us to expand the number of measures for which data must be submitted, and to change the percentage point reduction in the annual payment update from 0.4 percentage points to 2.0 percentage points for subsection (d) hospitals that do not report the required quality measures in a form and manner, and at a time, specified by the Secretary. Effective for payments beginning with FY 2007, new section 1886(b)(3)(B)(viii)(IV) of the Act requires the Secretary to begin to adopt the expanded set of performance measures set forth in the IOM's 2005 report entitled, ''Performance Measurement: Accelerating Improvement.'' [15] Those measures include the HQA measures, the HCAHPS® patient perspective survey, and three structural measures.[16] Effective for payments beginning with FY 2008, the Secretary must add other measures that reflect consensus among affected parties and may replace existing measures as appropriate. New section 1886(b)(3)(B)(viii)(VII) of the Act requires the Secretary to post hospital quality data on these measures on the CMS Web site. Additional information on the Hospital Quality Initiative is available on the CMS Web site at: *http://www.cms.hhs.gov/HospitalQualityInits.*

4. Plan for Implementing Hospital Value-Based Purchasing Beginning with FY 2009

Section 5001(b) of Public Law 109–171 requires us to develop a plan to implement hospital value-based purchasing beginning with FY 2009. The plan must consider the following issues: (a) The ongoing development, selection, and modification process for measures of quality and efficiency in hospital inpatient settings; (b) the reporting, collection, and validation of quality data; (c) the structure of payment adjustments, including the determination of thresholds of improvements in quality that would

[13] The Premier Hospital Quality Incentive Demonstration was authorized under section 402 of Public Law 90–248, Social Security Amendments of 1967 (42 U.S.C. 1395b–1). This section authorizes certain types of demonstration projects that waive compliance with the regular payment methods used in the Medicare program.

[14] For more information about CMS' Hospital Quality Initiative, see *http://www.cms.hhs.gov/HospitalQualityInits/.*

[15] Institute of Medicine, ''Performance Measurement: Accelerating Improvement,'' December 1, 2005, available at *http://www.iom.edu/CMS/3809/19805/31310.aspx.*

[16] The three structural measures are: (1) Computerized provider order entry; (2) intensive care intensivists; and (3) evidence-based hospital referrals.

substantiate a payment adjustment, the size of such payments, and the sources of funding for the payments; and (d) the disclosure of information on hospital performance. Section 5001(b) of Public Law 109–171 also calls for us to consult with affected parties and to consider relevant demonstrations in developing the plan. Each of these issues (measure development and refinement, data infrastructure, incentives, and public reporting) is discussed below, along with our activities to date and outstanding policy questions. We are seeking comments on these issue areas and outstanding policy questions.

a. Measure Development and Refinement

As we explore the potential connections between performance measurement and incentives, we would like to better understand how to develop valid, meaningful, current performance measures that are aligned with other hospital measurement activities, and an enterprise for development, validation, consensus building, and maintenance of these measures. In addition, before measures could be used to compare the relative quality or cost of care provided by hospitals, we believe that the information would need to be appropriately adjusted to account for relevant differences among hospitals and among their patients. The availability of appropriate measures on which consensus might be achieved depends on the state of the art of research on measure development.

We believe that it is desirable for performance measures to be based on appropriate evidence, effectively related to desired outcomes, derived in a transparent fashion involving consultation with experts and affected hospitals, and routinely updated. MedPAC's 2005 Report to Congress [17] stated that measures should be evidence-based; that collecting and analyzing data should not be unduly burdensome for the provider or for CMS; that risk adjustment should be sufficient to deter providers from avoiding patients who might lower performance scores; that most providers should be able to improve on the measures; that measures should apply to a broad range of care and providers; that measures should capture aspects of care that are under the control of the providers being measured; and that areas of care being measured should be those needing improvement.

The IOM's December 2005 report, ''Performance Measurement: Accelerating Improvement'' (previously cited under footnote #15) recommended that measure sets should build on the work of key public- and private-sector organizations; that national performance measures that have been approved through ongoing consensus processes led by major stakeholder groups are an appropriate starting point; that the limited scope of current measures should be broadened to address efficiency, equity, and patient-centeredness; that quality, costs, and outcomes of care should be measured over longer time intervals; and that measures be applicable to more than one setting so that providers can share accountability for a patient's care (pp. 8–11).

The plan for hospital value-based purchasing mandated by Pub. L. 109–171 must address the ongoing development, selection, and modification process for measures of quality and efficiency in hospital inpatient settings. We have worked collaboratively in defining consistent, meaningful performance measures for hospitals and other providers for a number of years. The efforts of CMS and its stakeholder partners to develop standardized performance measures increase the likelihood that the measures will be valid, reliable, and widely accepted as viable indicators of performance. Standardized measures also reduce the burden for hospitals that would otherwise have to report different measures to multiple entities, such as accrediting bodies and State agencies.

CMS and the HQA (which includes representatives from consumers, hospitals, health professionals, purchasers, and accreditation organizations) collectively selected a starter set of 10 consensus-derived quality measures for public reporting, which was incorporated into the RHQDAPU program authorized by section 501(b) of Pub. L. 108–173. (See section IV.A. of this preamble for a detailed discussion of the RHQDAPU program.) The measures were endorsed by the NQF, a nonprofit voluntary organization that represents a broad range of health care stakeholders and endorses consensus-based national performance standards. CMS has also worked with the JCAHO to align hospital performance measures that we share in common, thereby reducing hospitals' reporting burden.

In April and September 2005, CMS and the HQA identified additional NQF-endorsed measures of hospital performance. In section IV.A. of the preamble to this proposed rule, we list these measures and propose to require hospital reporting on these measures under an expanded version of the RHQDAPU program authorized by section 5001(a) of Pub. L. 109–171. These measures are discussed in more detail on the CMS Web site at: *http://www.cms.hhs.gov/HospitalQualityInits/downloads/HospitalHQA2004_2007200512.pdf.*

An additional two outcome measures of 30-day mortality for heart attack and heart failure have been endorsed by the NQF for public reporting. Further, in October 2006, we will be implementing the HCAHPS® survey of inpatient perceptions of their hospital care experiences, with the intention that an aggregate HCAHPS® measure will become a publicly reported performance measure. HCAHPS® was endorsed by the NQF in May 2005. Beyond these, we could also consider including measures from the Surgical Care Improvement Project, measures relating to a hospital's use of information technology that result in improved patient outcomes, implementation of data standards, and preventable readmissions as quality reporting measures under the RHQDAPU program or the hospital value-based purchasing program.

b. Data Infrastructure

Implementing measures on which to base a value-based purchasing system would require an infrastructure that could collect appropriate information from hospitals, store and aggregate it as necessary, and prepare it for use in determining appropriate incentives. Hospitals would likely need to be able to generate appropriate data as input for calculation of the measures. For some measures, data that hospitals already submit with claims for payment or for some other administrative purpose may be sufficient. For other measures, hospitals might need to provide information regarding their structure and resources or about the specifics of medical care provided to patients or the outcomes of that care. For that information, hospitals may need special software to assist with data collection and secure channels by which they can transmit data. We are interested in receiving comments on how to develop an infrastructure that would facilitate the efficient transmission and storage of data, and especially, as discussed in sections IV.A.3. and IV.B.6. of the preamble to this proposed rule, in comments on how electronic medical and health record systems could help improve care and be integrated into or facilitate the data collection process.

[17] Medicare Payment Advisory Commission: Report to Congress: Medicare Payment Policy, March 2005, pp. 186–187, available at: *http://www.medpac.gov/publications/generic_report_display.cfm?report_type_id=1&sid=2&subid=0.*

Implementation would require communication channels and data warehouses with sufficient capacity and flexibility to acquire and store data from hospitals. We are considering how we might validate the submitted data, determine incentives based on that data, and transmit these values to Medicare's fiscal intermediaries. The potential infrastructure would need to be extremely secure and afford the most privacy protection permitted by law. It would also need to minimize the burden of data collection and transmission on providers. It would need to be accurate, efficient, and cost-effective for CMS to administer.

The plan for hospital value-based purchasing mandated by Pub. L. 109–171 must address the reporting, collection, and validation of quality data. Over the past few years, we have developed a data collection and reporting infrastructure for the RHQDAPU program that can transmit performance measurement data via secure channels for its submission, storage, analysis, validation and reporting. Specifically, to facilitate data collection, we have developed the CART software to assist hospitals in the collection of clinical and administrative data used to measure performance improvement. CART, which is provided to hospitals free of charge, is a powerful application that hospitals and their designees can use to abstract clinical data needed for performance measurement from medical records. This tool was designed and developed by CMS with input from the JCAHO and the Medicare QIOs. We have also developed the QualityNet Exchange system for secure transmission of data to the QIO Clinical Warehouse. *QNetExchange.org* is the CMS-approved Web site for secure communications and data exchange between two or more of the following: Hospitals, performance measurement system vendors, end stage renal disease networks and facilities, QIOs, and CMS.

For data warehousing, we have a claims warehouse for Medicare Part A data, which maintains the claims for the most recent 42 months. We also have a QIO Clinical Warehouse that currently contains information on the starter set of 10 quality measures collected under the RHQDAPU program, as well as additional voluntarily reported measures. We must assess the validity of the RHQDAPU information because of its use for quality improvement, public reporting, and determining hospitals' annual payment updates under the RHQDAPU program. Validation activities assess the reliability of the data that a hospital has submitted, as evidenced by the consistency between a hospital's abstraction and reabstraction by an independent party.

We are currently using a contractor, the CDAC, to carry out the validation process under the RHQDAPU program. Hospitals are required to submit certain quality data to the QIO Clinical Warehouse within 4.5 months of the end of each quarterly reporting period. The steps in the validation process are: (1) Check for duplicates; (2) draw a sample; (3) obtain copies of medical records; (4) request and complete CDAC abstraction; (5) post results on QualityNet Exchange for hospitals' review; and (6) resolve validation appeals. We are seeking comments on how the data submission and validation processes that we currently use for the RHQDAPU program might be adaptable to a hospital value-based purchasing program.

One of the key challenges we face in considering implementation of hospital value-based purchasing is minimizing the length of time between our receipt of data and our ability to provide feedback to hospitals on the data. Some of the hospitals that are participating in the RHQDAPU program and the Premier Hospital Quality Incentive Demonstration have asked for more timely feedback on their performance. We recognize that a long delay between the provision of services and feedback about the quality of those services may impede both improvement efforts and a hospital's motivation to improve. The current lag time between the end of the quarterly reporting period and the availability of performance feedback under the RHQDAPU program is approximately 9 months. Hospitals have 4.5 months to complete their paper medical records and to submit information to the QIO Clinical Warehouse, which roughly coincides with JCAHO's timeline for submission of data to their ORYX Core Measure Performance Measurement System. Another 4.5 months are required to accomplish the steps in the validation process.

We are considering options to decrease the overall length of time between our receipt of data and our ability to provide feedback to hospitals, and we are interested in comments on these options. First, we are considering whether more frequent data submissions, such as monthly submissions, would decrease the time between the provision of services and feedback about the quality of those services. We are aware that some hospitals and their vendors already submit quality data on a monthly basis to JCAHO. However, unless we reduced the sample size per reporting period, the process of validating each month the same number of records that are currently validated each quarter would increase costs significantly. On the other hand, if we reduced the sample size per reporting period, the monthly numbers might be too small to provide for adequate validation. Second, we could shorten the data submission period, which is a significant source of lag time. This option would require hospitals to submit information to the data warehouse more quickly, which could increase the possibility that hospitals would submit less complete data. In addition, this option would require coordination with JCAHO to keep submission timelines congruent, which reduces hospitals' reporting burden. Third, we could eliminate the validation appeals process, which would reduce the lag time by up to 2 months. Fourth, we could create an expanded role for the third party vendors that assist hospitals with submitting quality data to CMS and JCAHO. For example, CMS could certify third party vendors to also provide standardized validation services and quick performance feedback to their hospital customers.

c. Incentive Methodology

While measurement of the quality of care and of resources use may be advantageous in itself, we are considering whether and what kind of incentives can further improve outcomes. The potential design of incentives in a value-based purchasing system presents many choices. The implementation plan for hospital value-based purchasing mandated by Pub. L. 109–171 must address the structure of payment adjustments, including the determination of thresholds of improvements in quality that would substantiate a payment adjustment, the size of such payments, and the sources of funding for the value-based payments. We are interested in comments on the merits of and alternatives to all of the approaches to the design of a value-based purchasing methodology that are discussed below.

(1) How Should Incentives Be Structured?

A number of options exist for the structure of potential incentives. The incentive methodology could include differential incentives depending on whether hospitals exceed a particular standard of performance. To reflect expectations of continued improvement among hospitals, the standard could be raised in predictable steps over time. Alternatively, incentives could be structured to reward hospitals that

improve from a baseline level of performance. These approaches could be combined to develop an incentive methodology that includes both attaining benchmarks and improving care.

(2) What Level of Incentive Is Needed?

Value-based purchasing incentives should be targeted to that needed to achieve a desired level of performance. Our experience with implementing section 501(b) of Pub. L. 108–173 (discussed in section IV.A. of this preamble) indicates that a targeted incentive, coupled with active management by CMS, can encourage reporting on quality measures. Nearly every eligible hospital has been willing and able to submit the required data in order to receive the full payment update under the RHQDAPU program. Similarly, our experience with the Premier Hospital Quality Incentive Demonstration indicates that a 1 or 2 percent bonus, coupled with potential reductions for poor performance, may stimulate improvement. Further experience in ascertaining how hospitals respond to incentives will be important for examining incentives over time.

(3) What Should Be the Source of Incentives?

The President's FY 2007 Budget indicates support for identifying and testing ''budget-neutral incentives that will stimulate Medicare providers to improve performance on quality and efficiency measures.'' [18] We do not believe that providing additional aggregate funding to finance performance-based incentives is either supportable or necessary. One approach might be to examine how we could identify and apply measurable savings achieved by reducing care that is unnecessary or otherwise inappropriate. For example, we may examine possibilities of improving care coordination, whether this could produce measurable savings, and whether some of the savings generated in one payment system could be used for incentives in another, as long as these reforms do not provide inappropriate incentives to stop providing necessary care. For instance, appropriate quality of care and effective resource use in hospitals and other institutional providers might generate savings that could be used for incentives for both physicians and facilities.

[18] Budget of the United States Government, Fiscal year 2007, available at: *http://www.whitehouse.gov/omb/budget/fy2007/*.

(4) What Should The Form Of Incentives Be?

Potential approaches for incentives include making an add-on payment to the base payment for individual inpatient hospital services or providing periodic, lump-sum payments on a monthly, quarterly, or annual basis. Under the RHQDAPU program, hospitals that do not submit the required data receive a decrease in the standardized payment amount made for all inpatient operating costs for the applicable fiscal year. In a hospital value-based purchasing system, per-service payments might be made only in connection with the services directly associated with the particular measure for which the hospital achieved a good result. Alternatively, lump-sum payments might be made on a periodic basis to hospitals that achieve particular performance targets. The preferable approach may depend on operational concerns, the strength of incentive effects, and other aspects of the design. We welcome comments on this issue.

(5) What Should the Timing of Incentives Be in Relation to Performance?

Any value-based purchasing system should seek a balance between rewarding desired performance close to when it occurs and ensuring the accuracy of both performance measurement and incentives. Given the lag times for collecting and reviewing different types of data, some measures may be calculated quickly after the period of performance, while data lag times for other measures may be longer. For instance, structural measures could affect incentives soon after they are collected. Other measures that are based on experience over a time interval may require some time for measured events to manifest. An example of this type of measure would be the rate of mortality within 30 days of hospitalization.

(6) How Should We Develop Composite Scores?

Encouraging improved performance could be facilitated by valid and reliable methods to aggregate performance data into single composite scores. Composite scoring may also improve consumer understanding of complex performance indicators by combining measures of many dimensions of care into a single score. One example of a composite scoring methodology that we used for the Premier Hospital Quality Incentive Demonstration (discussed in detail above) is a modification of the ''opportunity model,'' which can be used to address individual weighting, missing data, and sensitivity to case volumes. For example, a hospital that has few or no cases for a particular dimension of care could receive a low score, yet that measure is equally weighted with others in the composite. Under the opportunity model, a composite may be developed for a disease category by dividing the total number of successful interventions by the total number of opportunities for the same targeted interventions. Some of the advantages of the opportunity model are that individual measures are weighted by the volume of opportunities for the associated intervention for a particular hospital; missing values for a particular aspect of care provided by an individual hospital would not prevent that hospital from being represented in a public report; and composite measures may easily accommodate the addition of individual measures.

The ''appropriate care measure'' (ACM) is another composite scoring methodology, which we used in connection with the QIOs. The ACM scoring methodology is patient-centric. For a hospital to receive credit for treating a patient well, the hospital must have met the standard for every measure applicable to that patient's condition. There are also a number of proprietary composite measures, such as those used by Solucient, Healthgrades, CareScience, and *U.S. News & World Report*. We are interested in comments on the use of composite scoring for hospital value-based purchasing and on the various composite scoring methodologies.

Value-based purchasing methods are still under development, and anticipating their potential effects on the health care system is difficult. We understand that unintended consequences may result from the implementation of these methods. We believe that we will need to assess incentives and evaluate their effects so that we can revise them quickly as we learn more about their impact on hospitals and on inpatient hospital services provided to Medicare beneficiaries.

d. Public Reporting

The plan for hospital value-based purchasing mandated by Pub. L. 109–171 must address the public disclosure of information on hospital performance. CMS currently provides public reporting of quality information through the ''Compare'' Web sites for hospitals, nursing homes, home health agencies,

and dialysis facilities.[19] The Compare Web sites provide comparative quality information to consumers and others to help guide choices and drive improvements in the quality of care delivered in these settings. Besides providing Medicare beneficiaries and their health professionals with information to assist them in making informed health care decisions, public reporting of comparative performance data also provides information that is useful to health care consumers who are not Medicare beneficiaries. For example, a consumer who has a Health Savings Account can access CMS' Hospital Compare Web site to gather comparative quality information to assist in choosing a high quality hospital. CMS is contributing to the Administration's Consumer-Directed Health Care Initiative by working with our private- and public-sector partners to make health care information more transparent and available to consumers than ever before. (Refer to section IV.M. of this preamble for more information.) We are interested in comments on how we can further stimulate public reporting to increase the transparency and meaningfulness of healthcare performance information.

5. Considerations Related to Certain Conditions, Including Hospital-Acquired Infections

Medicare's IPPS encourages hospitals to treat patients efficiently. Hospitals receive the same DRG payment for stays that vary in length. In many cases, complications acquired in the hospital do not generate higher payments than the hospital would otherwise receive for other cases in the same DRG. To this extent, the IPPS does encourage hospitals to manage their patients well and to avoid complications, when possible. However, complications, such as infections, acquired in the hospital can trigger higher payments in two ways. First, the treatment of complications can increase the cost of hospital stays enough to generate outlier payments. However, the outlier payment methodology requires that hospitals experience large losses on outlier cases (in FY 2006, hospitals must lose $23,600 before a case qualifies for outlier payments, and the hospital would then only receive 80 percent of its costs above the outlier threshold). Second, there are about 121 sets of DRGs that split based on the presence or absence of a complication or comorbidity (CC). The CC DRG in each pair would generate a higher Medicare payment. If an infection acquired during the beneficiary's hospital stay is one of the conditions on the CC list, the result may be a higher payment to the hospital under a CC DRG. (See section II.C. of this preamble for a detailed discussion of proposed DRG reforms.)

Section 5001(c) of Pub. L. 109–171 requires the Secretary to identify, by October 1, 2007, at least two conditions that are (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. For discharges occurring on or after October 1, 2008, hospitals would not receive additional payment for cases in which one of the selected conditions was not present on admission. That is, the case would be paid as though the secondary diagnosis was not present. Section 5001(c) provides that we can revise the list of conditions from time to time, as long as it contains at least two conditions. Section 5001(c) also requires hospitals to submit the secondary diagnoses that are present at admission when reporting payment information for discharges on or after October 1, 2007. We are interested in input about which conditions and which evidence-based guidelines should be selected.

6. Promoting Effective Use of Health Information Technology

We recognize the potential for health information technology (HIT) to facilitate improvements in the quality and efficiency of health care services. One recent RAND study found that broad adoption of electronic health records could save more than $81 billion annually and, at the same time, improve quality of care.[20] The largest potential savings that the study identified was in the hospital setting because of shorter hospital stays promoted by better coordinated care; less nursing time spent on administrative tasks; better use of medications in hospitals; and better utilization of drugs, laboratory services, and radiology services in hospital outpatient settings. The study also identified potential quality gains through enhanced patient safety, decision support tools for evidence-based medicine, and reminder mechanisms for screening and preventive care. Despite such large potential benefits, the study found that only about 20 to 25 percent of hospitals have adopted HIT systems.

It is important to note the caveats to the RAND study. The projected savings are across the health care sector, and any Federal savings would be a reduced percentage. In addition, there are significant assumptions made in the RAND study. National savings are projected in some cases based on one or two small studies. Also, the study assumes patient compliance, in the form of participation in disease management programs and following medical advice. For these reasons, extreme caution should be used in interpreting these results.

In summary, there are mixed signals about the potential of HIT to reduce costs. Some studies have indicated that HIT adoption does not necessarily lead to lower costs and improved quality. In addition, some industry experts have stated that factors such as an aging population, medical advances, and increasing provider expenses would make any projected savings impossible.

In his 2004 State of the Union Address, President Bush announced a plan to ensure that most Americans have electronic health records within 10 years.[21] One part of this plan involves developing voluntary standards and promoting the adoption of interoperable HIT systems that use these standards. The 2007 Budget states that ''The Administration supports the adoption of health information technology (IT) as a normal cost of doing business to ensure patients receive high quality care.''

Over the past several years, CMS has undertaken several activities to promote the adoption and effective use of HIT in coordination with other Federal agencies and with the Office of the National Coordinator for Health Information Technology. One of those activities is promotion of data standards for clinical information, as well as for claims and administrative data. In addition, through our 8th Scope of Work contract with the QIOs, we are offering assistance to hospitals on how to adopt and redesign care processes to effectively use HIT to improve the quality of care for Medicare beneficiaries, including computerized physician order entry (CPOE) and bar coding systems. In section IV.A.3. of the

[19] See CMS' Hospital Compare Web site, available at: *http://www.hospitalcompare.hhs.gov/*; Nursing Home Compare Web site, available at: *http://www.medicare.gov/NHCompare*; Home Health Compare Web site, available at: *http://www.medicare.gov/HHCompare/Home.asp*; Dialysis Facility Compare Web site, available at: *http://www.medicare.gov/Dialysis.*

[20] RAND News Release: Rand Study Says Computerizing Medical Records Could Save $81 Billion Annually and Improve the Quality of Medical Care, September 14, 2005, available at: *http://rand.org/news/press.05/09.14.html.*

[21] Transforming Health Care: The President's Health Information Technology Plan, available at: *http://www.whitehouse.gov/infocus/technology/economic_policy200404/chap3.html.*

preamble to this proposed rule, we again invite comments on streamlining the submission of clinical quality data by using standards-based electronic medical records. (We use the term ''electronic medical records'' in section IV.A.3. of the preamble to this proposed rule instead of the term ''electronic health records'' that is used in this section in order to maintain consistency with our request for comments in the FY 2006 IPPS final rule.) Finally, our Premier Hospital Quality Incentive Demonstration provides additional financial payments for hospitals that achieve improvements in quality, which effective HIT systems can facilitate.

We are considering the role of interoperable HIT systems in increasing the quality of hospital services while avoiding unnecessary costs. As noted above, the Administration supports the adoption of HIT as a normal cost of doing business. While payments under the IPPS do not vary depending on the adoption and use of HIT, hospitals that leverage HIT to provide better quality services may more efficiently reap the reward of any resulting cost savings. In addition, the adoption and use of HIT may contribute to improved processes and outcomes of care, including shortened hospital stays and the avoidance of adverse drug reactions. We are seeking comments on our statutory authority to encourage the adoption and use of HIT. We also are seeking comments on the appropriate role of HIT in any value-based purchasing program, beyond the intrinsic incentives of the IPPS, to provide efficient care, encourage the avoidance of unnecessary costs, and increase quality of care. In addition, we are seeking comments on promotion of the use of effective HIT through hospital conditions of participation, perhaps by adding a requirement that hospitals use HIT that is compliant with and certified in its use of the HIT standards adopted by the Secretary. We anticipate that the American Health Information Community will provide advice to the Secretary on these issues.

*C. Sole Community Hospitals (SCHs) (§ 412.92) and Medicare-Dependent, Small Rural Hospitals (MDHs) (§ 412.108)*

1. Background

Under the IPPS, special payment protections are provided to a sole community hospital (SCH). Section 1886(d)(5)(D)(iii) of the Act defines an SCH as a hospital that, by reason of factors such as isolated location, weather conditions, travel conditions, absence of other like hospitals (as determined by the Secretary), or historical designation by the Secretary as an essential access community hospital, is the sole source of inpatient hospital services reasonably available to Medicare beneficiaries. The regulations that set forth the criteria that a hospital must meet to be classified as an SCH are located in § 412.92.

Under the IPPS, separate special payment protections also are provided to a Medicare-dependent, small rural hospital (MDH). Section 1886(d)(5)(G)(iv) of the Act defines an MDH as a hospital that is located in a rural area, has not more than 100 beds, is not an SCH, and that has a high percentage of Medicare discharges (not less than 60 percent in its 1987 cost reporting year or in 2 of its most recent 3 audited and settled Medicare cost reporting years). The regulations that set forth the criteria that a hospital must meet to be classified as an MDH are located in § 412.108.

Although SCHs and MDHs are paid under special payment methodologies, they are section 1886(d) hospitals. Like all section 1886(d) IPPS hospitals, SCHs and MDHs are paid for their discharges based on the DRG weights calculated under section 1886(d)(4) of the Act.

Effective with hospital cost reporting periods beginning on or after October 1, 2000, section 1886(d)(5)(D)(i) of the Act (as amended by section 6003(e) of Pub. L. 101–239) and section 1886(b)(3)(I) of the Act (as added by section 405 of Pub. L. 106–113 and further amended by section 213 of Pub. L. 106–554), provide that SCHs are paid based on whichever of the following rates yields the greatest aggregate payment to the hospital for the cost reporting period:

- The Federal rate applicable to the hospital;
- The updated hospital-specific rate based on FY 1982 costs per discharge;
- The updated hospital-specific rate based on FY 1987 costs per discharge; or
- The updated hospital-specific rate based on FY 1996 costs per discharge.

For purposes of payment to SCHs for which the FY 1996 hospital-specific rate yields the greatest aggregate payment, payments for discharges during FYs 2001, 2002, and 2003 were based on a blend of the FY 1996 hospital-specific rate and the greater of the Federal rate or the updated FY 1982 or FY 1987 hospital-specific rate. For discharges during FY 2004 and subsequent fiscal years, payments based on the FY 1996 hospital-specific rate are 100 percent of the updated FY 1996 hospital-specific rate.

For each cost reporting period, the fiscal intermediary determines which of the payment options will yield the highest rate of payment to the SCH. Payments are automatically made at the highest rate using the best data available at the time the fiscal intermediary makes the determination. However, it may not be possible for the fiscal intermediary to determine in advance precisely which of the rates will yield the highest payment by year's end. In many instances, it is not possible to forecast the outlier payments, the amount of the DSH adjustment, or the IME adjustment, all of which are applicable only to payments based on the Federal rate. The fiscal intermediary makes a final adjustment at the close of the cost reporting period after it determines precisely which of the payment rates would yield the highest payment to the hospital.

If an SCH disagrees with the fiscal intermediary's determination regarding the final amount of program payment to which it is entitled, it has the right to appeal the fiscal intermediary's decision in accordance with the procedures set forth in Subpart R of Part 405, which concern provider payment determinations and appeals.

Through and including FY 2006, under section 1886(d)(5)(G) of the Act, MDHs are paid based on the Federal national rate or, if higher, the Federal national rate plus 50 percent of the difference between the Federal national rate and the updated hospital-specific rate based on FY 1982 or FY 1987 costs per discharge, whichever is higher. However, section 5003 of Pub. L. 109–171 (DRA) modified these rules for discharges occurring on or after October 1, 2006. Section 5003(c) changed the 50-percent adjustment to 75 percent. Section 5003(b) requires that an MDH use the 2002 cost reporting year as its base year (that is, the FY 2002 hospital-specific rate), if that use results in a higher payment. An MDH does not have the option to use its FY 1996 hospital-specific rate. We discuss our proposed changes to implement section 5003 of the DRA in section IV.C.4 of this preamble.

2. Volume Decrease Adjustment for SCHs and MDHs

(If you choose to comment on the issues in this section, please include the caption (''SCH/MDH Volume Decrease Adjustment'' at the beginning of your comment.)

Section 1886(d)(5)(D)(ii) of the Act requires that the Secretary make a payment adjustment to an SCH that experiences a decrease of more than 5 percent in its total number of inpatient discharges from one cost reporting period to the next, if the circumstances

leading to the decline in discharges were beyond the SCH's control. Section 1886(d)(5)(G)(iii) of the Act requires that the Secretary make a payment adjustment to an MDH that experiences a decrease of more than 5 percent in its total number of inpatient discharges from one cost reporting period to the next, if the circumstances leading to the decline in discharges were beyond the MDH's control. These adjustments were designed to compensate an SCH or MDH for the fixed costs it incurs in the year following the reduction in discharges (this is, the second year), which it may be unable to reduce. Such costs include the maintenance of necessary core staff and services.

However, we believe that not all staff costs can be considered fixed costs. Using a standardized formula specified by us, the SCH or MDH must demonstrate that it appropriately adjusted the number of staff in inpatient areas of the hospital based on the decrease in the number of inpatient days. This formula examines nursing staff in particular. If an SCH or MDH has an excess number of nursing staff, the cost of maintaining those staff members is deducted from the total adjustment. One exception to this policy is that no SCH or MDH may reduce its number of staff to a level below what is required by State or local law. In other words, an SCH or MDH will not be penalized for maintaining a level of staff that is consistent with State or local requirements.

The process for determining the amount of the volume decrease adjustment can be found in section 2810.1 of the Provider Reimbursement Manual. Fiscal intermediaries are responsible for establishing whether an SCH or MDH is eligible for a volume decrease adjustment and, if so, the amount of the adjustment. To qualify for this adjustment, the SCH or MDH must demonstrate that: (a) A 5 percent or more decrease of total discharges has occurred; and (b) the circumstance that caused the decrease in discharges was beyond the control of the hospital. Once the fiscal intermediary has established that the SCH or MDH satisfies these two requirements, it will calculate the adjustment. The adjustment amount is determined by subtracting the second year's DRG payment from the lesser of: (a) The second year's costs minus any adjustment for excess staff; or (b) the previous year's costs multiplied by the appropriate IPPS update factor minus any adjustment for excess staff. The SCH or MDH receives the difference in a lump-sum payment.

The adjustment for excess staff is currently broken into two parts: The routine acute care area (excluding intensive care unit areas) excess staff adjustment and the intensive care unit excess staff adjustment. (For purposes of this section of the preamble, any subsequent references to the routine acute care area of an SCH or MDH refer to the routine acute care area excluding any intensive care unit areas.) In order to determine whether or not the hospital is appropriately staffing its routine acute care and its intensive care unit area, the fiscal intermediary compares the hospital's actual number of nursing staff in each area with the staffing of like-size hospitals in the same census region.

Currently, fiscal intermediaries obtain average nurse staffing data from the American Hospital Association's HAS/Monitrend Data Book. (More information on the HAS/Monitrend Data Book follows.) If a hospital employs more than the reported average number of nurses in the routine acute care or intensive care unit area for hospitals of its size and census region, the fiscal intermediary reduces the amount of the adjustment by the cost of maintaining the additional staff. The amount of the reduction is calculated by multiplying the actual number of nursing staff above the reported average by the average nurse salary for that hospital as reported on the Medicare cost report. The complete process for determining the amount of the adjustment can be found at section 2810.1 of the Provider Reimbursement Manual.

Representatives from several SCH and MDH hospitals have contacted CMS with concerns regarding the current use of the HAS/Monitrend data for determining the volume decrease adjustment for SCHs and MDHs. Because the most recent HAS/Monitrend Data Book was published in 1989 and is no longer updated, the hospitals expressed concern that the information in the publication is too outdated for current use. Therefore, in this proposed rule, we are presenting for public comment a new methodology for calculating the adjustment for excess staff under section IV.C.2.b. of this preamble.

a. HAS/Monitrend Data

From the mid-1960's to 1989, the Healthcare Administrative Services Division of the American Hospital Association (AHA) published biannually the HAS/Monitrend Data Book, a collection of aggregate hospital statistics. Hospitals completed surveys based on 6 months of data; these data were categorized into one of five bed-size groups and into one of nine census regions. The bed size groups were 0–49, 50–99, 100–199, 200–399, and 400 or more beds. The census regions include: (1) New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont); (2) Middle Atlantic (New Jersey, New York, and Pennsylvania); (3) South Atlantic (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia); (4) East North Central (Illinois, Indiana, Michigan, Ohio, and Wisconsin); (5) East South Central (Alabama, Kentucky, Mississippi, and Tennessee); (6) West North Central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota); (7) West South Central (Arkansas, Louisiana, Oklahoma, and Texas); (8) Mountain (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming); and (9) Pacific (Alaska, California, Hawaii, Oregon, and Washington).

The survey collected data on nearly 400 items pertaining to utilization, resource allocation, departmental productivity, departmental direct expenses, and staffing. In order for aggregate data to be published for a category, at least three hospitals in the same census region and bed-size group had to have responded to the survey. For the final 1989 publication, 996 acute care hospitals completed the survey. CMS has used the HAS/Monitrend Data Book since 1984 to determine the volume decrease adjustment for SCHs; the data also have been used for the volume decrease adjustment for MDHs since 1990. In particular, CMS has used the HAS/Monitrend data on the number of paid nursing hours per patient day (''paid hours/patient day'') in both the general acute care area (''Medical and Surgical Units'') and the intensive care unit (''Med & Surg Intensive Care Unit''). More information on the HAS/Monitrend Data Book is available from the American Hospital Association, 840 North Lake Shore Drive, Chicago, Illinois 60611.

b. HAS/Monitrend Data Book Replacement Alternative

Below, we are proposing an alternative method for determining an SCH's or MDH's target number of core staff using data from the Medicare cost report and the occupational mix survey. However, this methodology would only establish one combined average number of nursing hours per patient day for both the inpatient routine care and the intensive care unit areas. We are proposing to use the Medicare cost report and occupational mix survey data beginning with requests for adjustments for FY 2008 cost reports. We welcome

comments from the public on this proposal.

(1) Occupational Mix Survey

As discussed in section III.C. of the preamble to this proposed rule, the CMS occupational mix survey collects from each hospital data on the mix of employees in the areas of the hospital payable under the IPPS for a limited number of hospital occupational categories. These categories (nursing, therapy, medical and clinical laboratory, dietary, and pharmacy) each include several SOCs, as defined by the BLS, that may be used by hospitals with different mixes to provide specific aspects of patient care. For example, hospitals may choose to employ different combinations of registered nurses, licensed practical nurses, and nurses' aides for the purpose of providing nursing care to their patients. The varying labor costs associated with these choices reflect hospital management decisions rather than geographic differences in the costs of labor. The data collected on the survey are used to adjust hospitals' wage data to account for each hospital's SOC mix within the general occupational categories. Hospitals completed the first occupational mix survey using FY 2003 data. A second survey will be completed this year (FY 2006).

Under this proposed method, we would calculate the nursing hours per inpatient day for each SCH or MDH by dividing the number of paid nursing hours (for registered nurses, licensed practical nurses, and nursing aides) reported on the occupational mix survey by the number of inpatient days reported on the Medicare cost report. The results would be grouped into the same bed-size groups and census regions as the HAS/Monitrend Data Book. CMS would publish the mean number of nursing hours per patient day for each census region and bed-size group in the **Federal Register**. (We are proposing to include licensed practical nurse and nursing aide hours as well as registered nurse hours to reflect the various levels of nursing staff employed by hospitals to provide direct patient care.)

The results that would be published in the **Federal Register** would be the target number of core nursing hours per patient day. For purposes of the volume decrease adjustment, the published data would be utilized in the same way as the HAS/Monitrend data: the fiscal intermediary would multiply the SCH's or MDH's number of inpatient days by the applicable published hours per patient day. This figure would be divided by the average number of worked hours per year per nurse (for example, 2,080 for a standard 40-hour week). The result would be the target number of core nursing staff for the particular SCH or MDH. If necessary, the cost of any excess staff (number of FTEs that exceed the published number) would be removed from the second year's costs or, if applicable, the previous year's costs multiplied by the IPPS update factor when determining the volume decrease adjustment. Because we are considering registered nurses, licensed practical nurses, and nursing aides, the fiscal intermediary would calculate the excess staff adjustment by multiplying the number of excess staff by the average salary among the three groups, taking into account how many registered nurses, licensed practical nurses, and nursing aides work at the facility. (For instance, if the hospital's average salary for a registered nurse is $50,000 and the hospital's average salary for a licensed practical nurse is $30,000 and the hospital employs 5 registered nurses, 3 licensed practical nurses, and no nursing aides, the calculated average salary would be $42,500 for one FTE (((5 × $50,000) + (3 × $30,000))/8 = $42,500).

We are proposing to use the results of the FY 2006 occupational mix survey and begin applying the proposed methodology for adjustments resulting from a decrease in discharges between FYs 2007 to 2008. Because the occupational mix survey is conducted once every 3 years, we would update the data set every 3 years. We are proposing to use the FY 2006 survey results and not to utilize the FY 2003 survey results to take into account comments we received in response to the first set of results from the occupational mix survey, and to ensure that hospitals have had some experience with the occupational mix survey before it is used in determining these adjustments. Because we have used the HAS/Monitrend data for so many years, we believe it is appropriate to continue to use these data for one more year and wait for the results of the FY 2006 survey. This will give hospitals an opportunity to have some experience with the occupational mix survey before it is used in these adjustments, and will allow us to compare the data from the FY 2006 occupational mix survey with the data reported in the 2003 survey, if necessary. However, for purposes of describing how we would implement this methodology, we have applied the proposed calculation to the FY 2003 occupational mix survey data. While we are not proposing to use the FY 2003 data, we believe that it is the best data available at this time to help explain our proposed methodology.

To calculate the results below, we merged the FY 2003 occupational mix survey results into the FY 2003 cost report file. We eliminated all observations for non-IPPS providers, providers who failed to complete the occupational mix survey, and providers for which provider numbers, bed counts and/or day counts were missing. We also only included providers with 12 months' worth of data. This resulted in a pool of approximately 3,541 providers.

For each provider in this pool, we calculated the number of nursing hours by adding the number of registered nurse, license practical nurse, and nursing aide hours reported on the occupational mix survey. We divided the result of this calculation by the total number of inpatient days reported on the cost report to determine the number of nursing hours per patient day.

For purposes of calculating the census regional averages for the various bed-size groups, we are proposing to only include observations that fall within 3 standard deviations of the mean of all observations, thus removing potential outliers in the data. Below are the results of this calculation.

We realize that, in the chart, some results may appear to be anomalous (for example, 0–49 beds for census regions 4, 6, and 8). We believe a small number of outlier data may have skewed the mean, which was the basis for identifying data within 3 standard deviations to include in the calculations. Therefore, we are soliciting comments on whether we should consider another method for determining the appropriateness of using available data in calculating the average number of nursing hours per patient day. For instance, in this case, the results are based on the inclusion of data within 3 standard deviations of the mean. Alternatively, we could use another measure of central tendency.

PAID NURSING HOURS PER PATIENT DAY

| Number of beds | Census region | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0–49 | 16.38 | 8.33 | 19.26 | 30.76 | 11.72 | 26.70 | 20.50 | 31.00 | 17.39 |
| 50–99 | 13.71 | 11.07 | 15.66 | 17.37 | 13.69 | 15.53 | 12.51 | 16.63 | 16.11 |
| 100–199 | 11.98 | 10.99 | 14.38 | 13.44 | 11.93 | 17.03 | 13.91 | 14.33 | 13.32 |
| 200–399 | 12.40 | 12.19 | 14.19 | 13.00 | 10.57 | 16.20 | 11.35 | 14.06 | 15.33 |
| 400 or more | 13.32 | 9.42 | 12.77 | 15.39 | 9.51 | 19.70 | 12.36 | 17.64 | 13.32 |

(2) American Hospital Association Annual Hospital Survey

In the process of evaluating different sources of data to replace the HAS/Monitrend Data Book, we considered using the results of the AHA's Annual Hospital Survey. This survey includes over 700 data fields that cover facilities and services, utilization, finances, and staffing. On average, 6,000 hospitals complete the survey each year. Section E of the Annual Survey Database includes total facility staffing data. FTE counts are available for registered nurses, practical and vocational nurses, nursing assistive personnel, and other personnel. However, FTEs in outpatient areas, excluded units, and nursing home units within the hospital are also included in the aggregated FTE counts. It is not possible to separately identify how many of the total reported nursing FTEs are attributable to the general acute care facility and how many to a distinct part unit or outpatient facility. Due to varying staffing needs in distinct part units and outpatient areas, we believe that any calculation of average staffing for the inpatient acute care area should consist of data solely from this area of the hospital. Nevertheless, we are requesting comments on this alternative, and possible means for addressing the issue of staffing outside the inpatient acute care area.

3. Mandatory Reporting Requirements for Any Changes in the Circumstances Under Which a Hospital Was Designated as an SCH or MDH

(If you choose to comment on the issues in this section, please include the caption (''SCH/MDH Changes in Qualification Status'' at the beginning of your comment.)

Under § 412.92(b)(3) and § 412.108(b)(4) respectively, once a facility has been designated as an SCH or MDH, the classification remains in effect without need for reapproval unless there is a change in the hospital's circumstances. Currently, the regulations do not contain an explicit requirement that an SCH report to CMS a change in circumstances that would affect its status as an SCH. Likewise, the current regulations for MDHs do not contain an explicit requirement that an MDH report to CMS a change in the circumstances affecting its MDH status. However, the fiscal intermediary is required to evaluate on an ongoing basis whether a hospital continues to qualify for MDH status.

We have become aware of several hospitals that have maintained SCH or MDH status after the original circumstances that led to the respective classification changed. We are proposing to amend § 412.92(b)(3) for SCHs and § 412.108(b)(4) for MDHs to require an SCH or MDH to report to its appropriate CMS Regional Office when the circumstances under which the hospital was approved for SCH or MDH status have changed. At that time, the CMS Regional Office will determine whether the SCH or MDH continues to meet the criteria for classification under § 412.92 or § 412.108. If an SCH or MDH no longer meets these criteria, the CMS Regional Office will issue a letter canceling the classification within 30 days of its determination. If the circumstances affecting a hospital's SCH or MDH classification change and the hospital does not disclose the information to the CMS Regional Office, CMS will cancel the hospital's SCH or MDH designation effective on the earliest discernable date on which the fiscal intermediary can determine that the hospital no longer met the criteria for classification.

For MDHs, this reporting requirement is in addition to the fiscal intermediary's ongoing evaluations of whether a hospital continues to qualify for MDH status as set out in our existing regulations at § 412.108(b)(5).

4. Proposed Payment Changes for MDHs Under the DRA of 2005 (Proposed § 412.79 and Existing §§ 412.90(j) and 412.108)

(If you choose to comment on this section, please include the caption ''Payments to MDHs'' at the beginning of your comment.)

a. Background

Under § 412.108(a) of our regulations, in order to be classified as an MDH, a hospital must: (1) Be located in a rural area (as defined in 42 CFR Part 412, Subpart D); (2) have 100 or fewer beds (as defined at § 412.105(b)) during the cost reporting period; (3) must not be classified as an SCH (as defined in § 412.92); and (4) have no less than 60 percent of its inpatient days or discharges attributable to inpatients receiving Medicare Part A benefits during either its cost reporting period beginning in FY 1987, or in two of the last three of its audited cost reports that have been settled.

MDHs have been eligible for a series of special payment rates under the IPPS. Section 6003(f) of Pub. L. 101–239 created the first IPPS special payment methodology for MDHs. Effective for cost reporting periods beginning on or after April 1, 1990, and ending on or before March 31, 1993, an MDH was paid based on whichever of the following rates yielded the greatest aggregate payment for the cost reporting period:

- The Federal payment rate applicable to the MDH;
- The MDH's updated hospital-specific rate based on its FY 1982 base period costs per discharge; or
- The MDH's updated hospital-specific rate based on its FY 1987 base period costs per discharge.

Section 13501(e)(1) Pub. L. 103–66 extended the MDH payment provisions through 1994 and provided that, for discharges occurring after March 31, 1993, if an MDH's applicable hospital-specific rate exceeded the Federal payment rate, the additional payment was limited to 50 percent of the amount by which the applicable updated hospital-specific rate exceeded the Federal rate. These provisions expired effective for cost reporting periods beginning on or after October 1, 1994.

Section 4204(a)(3) of Pub. L. 105–33 amended sections 1886(d)(5)(G)(i) and (d)(5)(G)(ii)(II) of the Act to reinstate these special MDH payment provisions, including the 50-percent limitation, for cost reporting periods ''beginning on or after October 1, 1997, and before October 1, 2001.'' Section 321(b)(1) of Pub. L. 106–113 made a technical

amendment to these provisions of the Act (which describes the time periods for which some of the special payment provisions apply and the time periods during which a hospital may be considered an MDH under section 1886(d)(1)(G)(iv) of the Act) by striking the language ''beginning on or after October 1, 1997, and before October 1, 2001'' and replacing it with ''discharges occurring on or after October 1, 1997, and before October 1, 2001''. This change was made effective as if included in Pub. L. 105–33. Pub. L. 106–113 also provided for a 5-year extension of the MDH special payment provisions. Section 404(a) of that law further amended sections 1886(d)(1)(G)(i) and (d)(1)(G)(ii)(II) of the Act by striking the phrase ''and before October 1, 2001'' and inserting the phrase ''and before October 1, 2006''.

Section 5003(a) of Pub. L. 109–171 (DRA of 2005) amended the MDH special payment provisions in the Act. It amended section 1886(d)(5)(G) of the Act and made a conforming amendment under section 1886(b)(3)(D) of the Act to provide for another 5-year extension of the special MDH payment methodology. Under this extension, a revised special MDH payment methodology will apply for discharges occurring on or after October 1, 2006, and before October 1, 2011.

As stated earlier, currently, MDHs are paid using whichever rate yields the greatest aggregate payment: The Federal payment rate or, if higher, the Federal payment rate plus 50 percent of the difference between the Federal payment rate and the updated hospital-specific rate based on FY 1982 or FY 1987 base period costs per discharge.

Section 5003(b) of Pub. L. 109–171 provides that, for discharges occurring on or after October 1, 2006, and before October 1, 2011, an MDH's updated hospital-specific rate will be the FY 2002 base period costs per discharges if the FY 2002 based hospital-specific rate results in a payment increase. In cases where no payment increase results from using FY 2002 hospital-specific rate, an MDH will continue to be paid based on the higher of its updated FY 1982 or FY 1987 hospital-specific rates, if using one of those rates results in a payment higher than that under the Federal payment rate. (Unlike an SCH, an MDH does not have the option of using its updated FY 1996 hospital-specific rate.)

Under section 5003(c) of Pub. L. 109–171, for discharges occurring on or after October 1, 2006, and before October 1, 2011, if an MDH's applicable hospital-specific rate exceeded the Federal payment rate, the additional payment is limited to 75 percent (as opposed to the previous 50 percent) of the amount by which the applicable updated hospital-specific rate exceeded the Federal rate.

Section 5003(d) of Pub. L. 109–171 enhances the DSH adjustment for MDHs for discharges occurring on or after October 1, 2006. We discuss our proposals to implement this provision in section IV.F.4. of this preamble.

b. Proposed Regulation Changes

We are proposing to amend our regulations to implement section 5003(a) through (c) of Pub. L. 109–171. We are proposing to add a new § 412.79 that describes how we would compute and update the MDH hospital-specific rate based on its FY 2002 base period. In addition, we are proposing to revise § 412.90(j) to reflect the extension of the MDH special payment provisions to discharges occurring before October 1, 2011. We also are proposing to amend § 412.108 by revising paragraph (a) and adding a new paragraph (c)(2)(iii) to reflect the changes to the special payment methodology effective for discharges occurring on or after October 1, 2006, and before October 1, 2011.

As a part of our proposed amendments to § 412.90(j) and § 412.108(a), we are making two technical corrections. Section 412.90(j) describes when an MDH may receive a special payment adjustments, while § 412.108(a) discusses the definition of an MDH. Each of these sections now refers to ''cost reporting periods beginning on or after April 1, 1990 and before October 1, 1994, or beginning on or after October 1, 1997 and before October 1, 2006''. However, as noted above, sections 1886(d)(5)(G)(i) and (d)(5)(G)(ii)(II) of the Act, the provisions of the Act from which these time periods were drawn, were amended by Pub. L. 106–113. Sections 321(b)(1) and 404(a) of Pub. L. 106–113 amended sections 1886(d)(5)(G)(i) and (d)(5)(ii)(II) of the Act so that the phrase in each section ''beginning on or after October 1, 1997, and before October 1, 2001'' was replaced with the phrase ''discharges occurring on or after October 1, 1997, and before October 1, 2006''. (Section 5003(a)(1) of Pub. L. 109–171 changed the ending date in these provisions from ''before October 1, 2006'' to ''before October 1, 2011''.)

Therefore, we are removing the incorrect phrase ''beginning on or after October 1, 1997'' from each of these regulations and inserting the phrase, ''discharges occurring on or after October 1, 1997'', to conform the regulations to the statute.

5. Proposed Technical Change

In paragraph (b)(2)(iv) of § 412.92, we are proposing to correct the spelling of the word ''adjustment'' by changing it to ''adjustment''.

*D. Rural Referral Centers (§ 412.96)*

(If you choose to comment on issues in this section, please include the caption ''Rural Referral Centers'' at the beginning of your comment.)

Under the authority of section 1886(d)(5)(C)(i) of the Act, the regulations at § 412.96 set forth the criteria that a hospital must meet in order to qualify under the IPPS as a rural referral center. For discharges occurring before October 1, 1994, rural referral centers received the benefit of payment based on the other urban standardized amount rather than the rural standardized amount. Although the other urban and rural standardized amounts are the same for discharges occurring on or after October 1, 1994, rural referral centers continue to receive special treatment under both the DSH payment adjustment and the criteria for geographic reclassification.

Section 402 of Pub. L. 108–173 raised the DSH adjustment for other rural hospitals with less than 500 beds and rural referral centers. Other rural hospitals with less than 500 beds are subject to a 12 percent cap on DSH payments. Rural referral centers are not subject to the 12 percent cap on DSH payments that is applicable to other rural hospitals (with the exception of rural hospitals with 500 or more beds). Rural referral centers are not subject to the proximity criteria when applying for geographic reclassification, and they do not have to meet the requirement that a hospital's average hourly wage must exceed 106 percent of the average hourly wage of the labor market area where the hospital is located.

Section 4202(b) of Pub. L. 105–33 states, in part, ''[a]ny hospital classified as a rural referral center by the Secretary * * * for fiscal year 1991 shall be classified as such a rural referral center for fiscal year 1998 and each subsequent year.'' In the August 29, 1997 final rule with comment period (62 FR 45999), we also reinstated rural referral center status for all hospitals that lost the status due to triennial review or MGCRB reclassification, but not to hospitals that lost rural referral center status because they were now urban for all purposes because of the OMB designation of their geographic area as urban. However, subsequently, in the August 1, 2000 final rule (65 FR 47089), we indicated that we were revisiting that decision. Specifically, we stated that we would

permit hospitals that previously qualified as a rural referral center and lost their status due to OMB redesignation of the county in which they are located from rural to urban to be reinstated as a rural referral center. Otherwise, a hospital seeking rural referral center status must satisfy the applicable criteria. We used the definitions of ''urban'' and ''rural'' specified in Subpart D of 42 CFR Part 412.

One of the criteria under which a hospital may qualify as a rural referral center is to have 275 or more beds available for use (§ 412.96(b)(1)(ii)). A rural hospital that does not meet the bed size requirement can qualify as a rural referral center if the hospital meets two mandatory prerequisites (a minimum CMI and a minimum number of discharges) and at least one of three optional criteria (relating to specialty composition of medical staff, source of inpatients, or referral volume) (§ 412.96(c)(1) through (c)(5)). (See also the September 30, 1988 **Federal Register** (53 FR 38513).) With respect to the two mandatory prerequisites, a hospital may be classified as a rural referral center if—

- The hospital's CMI is at least equal to the lower of the median CMI for urban hospitals in its census region, excluding hospitals with approved teaching programs, or the median CMI for all urban hospitals nationally; and
- The hospital's number of discharges is at least 5,000 per year, or, if fewer, the median number of discharges for urban hospitals in the census region in which the hospital is located. (The number of discharges criterion for an osteopathic hospital is at least 3,000 discharges per year, as specified in section 1886(d)(5)(C)(i) of the Act.)

1. Case-Mix Index

Section 412.96(c)(1) provides that CMS will establish updated national and regional CMI values in each year's annual notice of prospective payment rates for purposes of determining rural referral center status. The methodology we use to determine the national and regional CMI values is set forth in regulations at § 412.96(c)(1)(ii). The proposed national median CMI value for FY 2007 includes all urban hospitals nationwide, and the proposed regional values for FY 2007 are the median values of urban hospitals within each census region, excluding those hospitals with approved teaching programs (that is, those hospitals receiving indirect medical education payments as provided in § 412.105). These proposed values are based on discharges occurring during FY 2005 (October 1, 2004 through September 30, 2005) and include bills posted to CMS' records through December 2005.

We are proposing that, in addition to meeting other criteria, if they are to qualify for initial rural referral center status for cost reporting periods beginning on or after October 1, 2006, rural hospitals with fewer than 275 beds must have a CMI value for FY 2005 that is at least—

- 1.3365; or
- The median CMI value (not transfer-adjusted) for urban hospitals (excluding hospitals with approved teaching programs as identified in § 412.105) calculated by CMS for the census region in which the hospital is located.

The proposed median CMI values by region are set forth in the following table:

| Region | Case-mix index value |
|---|---|
| 1. New England (CT, ME, MA, NH, RI, VT) | 1.2678 |
| 2. Middle Atlantic (PA, NJ, NY) | 1.2701 |
| 3. South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, WV) | 1.1781 |
| 4. East North Central (IL, IN, MI, OH, WI) | 1.3156 |
| 5. East South Central (AL, KY, MS, TN) | 1.2009 |
| 6. West North Central (IA, KS, MN, MO, NE, ND, SD) | 1.2856 |
| 7. West South Central (AR, LA, OK, TX) | 1.2445 |
| 8. Mountain (AZ, CO, ID, MT, NV, NM, UT, WY) | 1.3024 |
| 9. Pacific (AK, CA, HI, OR, WA) | 1.3620 |

The preceding numbers will be revised in the final rule to the extent required to reflect the updated FY 2005 MedPAR file, which will contain data from additional bills received through March 2006.

Hospitals seeking to qualify as rural referral centers or those wishing to know how their CMI value compares to the criteria should obtain hospital-specific CMI values (not transfer-adjusted) from their fiscal intermediaries. Data are available on the Provider Statistical and Reimbursement (PS&R) System. In keeping with our policy on discharges, these CMI values are computed based on all Medicare patient discharges subject to DRG-based payment.

2. Discharges

Section 412.96(c)(2)(i) provides that CMS will set forth the national and regional numbers of discharges in each year's annual notice of prospective payment rates for purposes of determining rural referral center status. As specified in section 1886(d)(5)(C)(ii) of the Act, the national standard is set at 5,000 discharges. We are proposing to update the regional standards based on discharges for urban hospitals' cost reporting periods that began during FY 2003 (that is, October 1, 2002 through September 30, 2003), which is the latest available cost report data we had at that time.

Therefore, we are proposing that, in addition to meeting other criteria, a hospital, if it is to qualify for initial rural referral center status for cost reporting periods beginning on or after October 1, 2006, must have as the number of discharges for its cost reporting period that began during FY 2003 a figure that is at least—

- 5,000 (3,000 for an osteopathic hospital); or
- The median number of discharges for urban hospitals in the census region in which the hospital is located, as indicated in the following table:

| Region | Number of discharges |
|---|---|
| 1. New England (CT, ME, MA, NH, RI, VT) | 7,360 |
| 2. Middle Atlantic (PA, NJ, NY) | 10,170 |

| Region | Number of discharges |
|---|---|
| 3. South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, WV) | 10,117 |
| 4. East North Central (IL, IN, MI, OH, WI) | 8,983 |
| 5. East South Central (AL, KY, MS, TN) | 7,427 |
| 6. West North Central (IA, KS, MN, MO, NE, ND, SD) | 7,346 |
| 7. West South Central (AR, LA, OK, TX) | 7,060 |
| 8. Mountain (AZ, CO, ID, MT, NV, NM, UT, WY) | 9,832 |
| 9. Pacific (AK, CA, HI, OR, WA) | 7,680 |

These numbers will be revised in the final rule based on the latest available cost report data.

We note that the median number of discharges for hospitals in each census region is greater than the national standard of 5,000 discharges. Therefore, 5,000 discharges is the minimum criterion for all hospitals.

We reiterate that if an osteopathic hospital is to qualify for rural referral center status for cost reporting periods beginning on or after October 1, 2006, the hospital would be required to have at least 3,000 discharges for its cost reporting period that began during FY 2003.

*E. Indirect Medical Education (IME) Adjustment (§ 412.105)*

(If you choose to comment on issues in this section, please include the caption ''IME Adjustment'' at the beginning of your comment.)

1. Background

Section 1886(d)(5)(B) of the Act provides that prospective payment hospitals that have residents in an approved graduate medical education (GME) program receive an additional payment to reflect the higher indirect patient care costs of teaching hospitals relative to nonteaching hospitals. The regulations regarding the calculation of this additional payment, known as the indirect medical education (IME) adjustment, are located at § 412.105.

The Balanced Budget Act of 1997 (Pub. L. 105–33) established a limit on the number of allopathic and osteopathic residents that a hospital may include in its full-time equivalent (FTE) resident count for direct GME and IME payment purposes. Under section 1886(h)(4)(F) of the Act, a hospital's unweighted FTE count of residents may not exceed the hospital's unweighted FTE count for its most recent cost reporting period ending on or before December 31, 1996. Under section 1886(d)(5)(B)(v) of the Act, the limit on the FTE resident count for IME purposes is effective for discharges occurring on or after October 1, 1997. A similar limit is effective for direct GME purposes for cost reporting periods beginning on or after October 1, 1997.

2. IME Adjustment Factor for FY 2007

The IME adjustment to the DRG payment is based in part on the applicable IME adjustment factor. The IME adjustment factor is calculated using a hospital's ratio of residents to beds, which is represented as *r,* and a formula multiplier, which is represented as *c,* in the following equation: $c \times [\{1 + r\}^{.405} - 1]$. The formula is traditionally described in terms of a certain percentage increase in payment for every 10-percent increase in the resident-to-bed ratio.

Section 502(a) of Public Law 108–173 modified the formula multiplier (*c*) to be used in the calculation of the IME adjustment. Prior to the enactment of Public Law 108–173, the formula multiplier was fixed at 1.35 for discharges occurring during FY 2003 and thereafter. Section 502(a) modified the formula multiplier beginning midway through FY 2004 and provided for a new schedule of formula multipliers for FY 2005 and thereafter. In the FY 2005 IPPS rule, we announced the schedule of formula multiplier to be used in the calculation of the IME adjustment and incorporated the schedule in our regulations at § 412.105(d)(3)(viii) through (d)(3)(xii).

In this proposed rule, we are specifying that for any discharges occurring during FY 2007, the formula multiplier is 1.32. We estimate that application of the mandated formula multiplier for FY 2007 will result in an increase of 5.38 percent in IME payment for every approximately 10-percent increase in the resident-to-bed ratio from FY 2006 to FY 2007.

3. Technical Change To Revise Cross-Reference

We are proposing to revise the cross-references included in paragraph (f)(1)(ii)(C) of § 412.105 that specify the criteria for counting FTE residents who spend time in nonprovider settings for IME payment adjustment purposes. Currently, this paragraph only cites the criteria set forth in §§ 413.78(c) or 413.78(d). We should have also cited the provisions of § 413.78(e), which state that the time residents spend in nonprovider settings such as freestanding clinics, nursing homes, and physicians' offices in connection with approved programs may be included in determining the number of FTE residents in the calculation of a hospital's resident count if other applicable conditions specified in paragraph (e) are met.

We note that in sections IV.H.2., 3., 4., and 5. of the preamble of this proposed rule, we discuss other proposed policy changes and clarifications to the methodology for counting FTE residents for the purposes of direct GME payments, which would be applicable to IME payments also.

*F. Payment Adjustment for Disproportionate Share Hospitals (DSHs) (§ 412.106)*

(If you choose to comment on issues in this section, please include the caption ''DSH Adjustment'' at the beginning of your comment.)

1. Background

Section 1886(d)(5)(F) of the Act provides for additional payments to subsection (d) hospitals that serve a disproportionate share of low-income patients. The Act specifies two methods for a hospital to qualify for the Medicare disproportionate share hospital (DSH) adjustment. Under the first method, hospitals that are located in an urban area and have 100 or more beds may receive a DSH payment adjustment if the hospital can demonstrate that, during its cost reporting period, more than 30 percent of its net inpatient care revenues are derived from State and local government payments for care furnished to indigent patients. These hospitals are commonly known as ''Pickle hospitals.'' The second method, which is also the most commonly used method for a hospital to qualify, is based on a complex statutory formula under which payment adjustments are based on the level of the hospital's DSH patient percentage, which is the sum of two fractions: The ''Medicare fraction'' and the ''Medicaid fraction.'' The Medicare fraction is computed by

dividing the number of patient days that are furnished to patients who were entitled to both Medicare Part A and Supplemental Security Income (SSI) benefits by the total number of patient days furnished to patients entitled to benefits under Medicare Part A. The Medicaid fraction is computed by dividing the number of patient days furnished to patients who, for those days, were eligible for Medicaid but were not entitled to benefits under Medicare Part A by the number of total hospital patient days in the same period.

$$\text{DSH Patient Percentage} = \frac{\text{Medicare, SSI Days}}{\text{Total Medicare Days}} + \frac{\text{Medicaid, Non-Medicare Days}}{\text{Total Patient Days}}$$

2. Technical Corrections

We are proposing to make a technical correction to § 412.106(a)(1)(iii) to reflect the statutory requirement at section 1886(d)(8)(E) of the Act that hospitals reclassified under § 412.103 are considered rural for purposes of this DSH regulation. We are also proposing to correct the regulation to eliminate the reference to § 412.62(f). These corrections reflect current policy and already-existing statutory requirements.

3. Proposed Reinstatement of Inadvertently Deleted Provisions on DSH Payment Adjustment Factors

In an interim final rule published in the **Federal Register** on June 13, 2001 (66 FR 32174 and 32194) (which was finalized in the **Federal Register** on August 1, 2001 (66 FR 39827)), we incorporated into our regulations at § 412.106(d)(2) the provisions of section 211(b) of Public Law 106–554. Section 211(b) amended section 1886(d)(5)(F) of the Act to revise the calculation of the disproportionate share percentage adjustment for hospitals affected by the revised DSH qualifying threshold percentages specified in section 211(a) of Public Law 106–554. When the section 211 changes were incorporated into the Code of Federal Regulations at § 412.106(d)(2), the regulation text at § 412.106(d)(2)(v) was inadvertently deleted during the transcribing of the new text into the existing regulations. Section 412.106(d)(2)(v) specifies the payment adjustment factors for hospitals that meet the following criteria under § 412.106(c)(2) for discharges occurring on or after April 1, 1990, and before October 1, 1991, and on or after October 1, 1991: Hospitals located in an urban area, that have 100 or more beds, and that can demonstrate that, during their cost reporting period, more than 30 percent of their net inpatient care revenues are derived from State and local government payments for care furnished to indigent patients.

We are proposing to reinstate the inadvertently deleted text of § 412.106(d)(2)(v). We note that this is a correction to the regulations; we are not proposing to change the payment adjustment factors for hospitals that meet the criteria under § 412.106(c)(2).

4. Enhanced DSH Adjustment for MDHs

The DSH adjustment factor for most categories of hospitals is capped at 12 percent. Urban hospitals with more than 100 beds, rural hospitals with more than 500 beds, and rural referral centers, are exempt from this cap.

Section 5003(d) of Public Law 109–171 (DRA of 2005) amended section 1886(d)(5)(F) of the Act to revise the DSH payment adjustment factor for MDHs, effective for discharges occurring on or after October 1, 2006. Specifically, section 5003(d) amended section 1886(d)(5)(F)(xiv)(II) of the Act to exclude MDHs from the 12-percent DSH adjustment factor cap.

For all discharges occurring on or after October 1, 2006, the fiscal intermediary will not apply the cap when calculating the DSH payments. These payments will be subject to revision upon final settlement of the cost reporting period. We note that this change will not affect the calculation of the disproportionate patient percentage.

We are proposing to amend the regulations at § 412.106 to include this provision under proposed new paragraph (d)(2)(iv)(D).

*G. Geographic Reclassifications (§§ 412.103, 412.230, and 412.234)*

(If you choose to comment on issues in this section, please include the caption ''Geographic Reclassifications'' at the beginning of your comment.)

1. Background

With the creation of the MGCRB, beginning in FY 1991, under section 1886(d)(10) of the Act, hospitals could request reclassification from one geographic location to another for the purpose of using the other area's standardized amount for inpatient operating costs or the wage index value, or both (September 6, 1990 interim final rule with comment period (55 FR 36754), June 4, 1991 final rule with comment period (56 FR 25458), and June 4, 1992 proposed rule (57 FR 23631)). As a result of legislative changes under section 402(b) of Public Law 108–7, section 402 of Public Law 108–89, and section 401 of Public Law 108–173, the standardized amount reclassification criterion for large urban and other areas is no longer necessary or appropriate and has been removed from our reclassification policy. We implemented this policy in the FY 2005 IPPS final rule (69 FR 49103). As a result, hospitals can request reclassification for the purposes of the wage index only and not the standardized amount. Implementing regulations in Subpart L of 42 CFR part 412 (§§ 412.230 et seq.) set forth criteria and conditions for reclassifications for purposes of the wage index from rural to urban, rural to rural, or from an urban area to another urban area, with special rules for SCHs and rural referral centers.

Under section 1886(d)(8)(E) of the Act, an urban hospital may file an application to be treated as being located in a rural area if certain conditions are met. The regulations implementing this provision are located under § 412.103.

Effective with reclassifications for FY 2003, section 1886(d)(10)(D)(vi)(II) of the Act provides that the MGCRB must use the average of the 3 years of hourly wage data from the most recently published data for the hospital when evaluating a hospital's request for reclassification. The regulations at § 412.230(d)(2)(ii) stipulate that the wage data are taken from the CMS hospital wage survey used to construct the wage index in effect for prospective payment purposes. To evaluate applications for wage index reclassifications for FY 2007, the MGCRB used the 3-year average hourly wages published in Table 2 of the August 12, 2005 IPPS final rule (70 FR 47508). These average hourly wages are taken from data used to calculate the wage indexes for FY 2004, FY 2005, and FY 2006, based on cost reporting periods beginning during FY 2000, FY 2001, and FY 2002, respectively.

2. Reclassifications Under Section 508 of Public Law 108–173

As we discuss in section III.H.5. of the preamble of this proposed rule, under section 508 of Public Law 108–173, a

qualifying hospital could appeal the wage index classification otherwise applicable to the hospital and apply for reclassification to another area of the State in which the hospital is located (or, at the discretion of the Secretary, to an area within a contiguous State). Such reclassifications are applicable to discharges occurring during the 3-year period beginning April 1, 2004, and ending March 31, 2007. Under section 508(b), reclassifications under this process do not affect the wage index computation for any area or for any other hospital and cannot be achieved in a budget neutral manner.

Some hospitals currently receiving a section 508 reclassification are eligible to reclassify to that same area under the standard reclassification process as a result of the new labor market definitions that we adopted for FY 2005. In applying for a 3-year MGCRB reclassification beginning in FY 2007, hospitals that are already reclassified to the same area under section 508 should have indicated in their MGCRB reclassification requests that if they receive the MGCRB reclassification, they would forfeit the section 508 reclassification for the first 6 months of FY 2007.

We refer readers to section III.H.5. of the preamble of this proposed rule for a discussion of our updated procedural rules established under section 1886(d)(10)(D)(v) of the Act in which a section 508 hospital may retain its section 508 reclassification through its expiration on March 31, 2007, and accept a reclassification approved by the MGCRB for the second half of FY 2007 (April 1, 2007, through September 30, 2007). We also clarify the procedural rules for an already individually reclassified hospital that is part of a group that includes a section 508 hospital.

3. Multicampus Hospitals (§ 412.230(d)(2)(iii))

Subsequent to the publication of the FY 2005 IPPS final rule, we became aware of a situation in which, as a result of the new labor market areas implemented in FY 2005 for the IPPS, a multicampus hospital previously located in a single MSA is now located in more than one CBSA. Under our existing policy, a multicampus hospital with campuses located in the same labor market area receives a single wage index. However, if the campuses are located in more than one labor market area, payment for each discharge is determined using the wage index value for the MSA (or Metropolitan Divisions, where applicable) in which the campus of the hospital is located. Prior to FY 2006, the criteria for a hospital being reclassified to another wage area by the MGCRB did not address the circumstances under which a single campus of a multicampus hospital may seek reclassification. The regulations require that a hospital provide data from the CMS hospital wage survey for the average hourly wage comparison that is used to support a request for reclassification. Because a multicampus hospital is required to report data for the entire hospital on a single cost report, there is no wage survey data for the individual hospital campus that can be used in a reclassification application.

In the FY 2006 IPPS final rule (70 FR 47444 through 47446 and 47487), we modified the reclassification rules at § 412.230(d)(2)(iii) to allow campuses of multicampus hospitals located in separate wage index areas to support a reclassification application to an area where another campus is located using the average hourly (composite) wage data submitted on the cost report for the entire multicampus hospital as its hospital-specific data. This special rule applies for reclassification applications for FY 2006, FY 2007, and FY 2008 and will not be in effect for FY 2009 reclassification requests. Because reclassification applications to the MGCRB for FY 2009 must be filed in September 2007, or 1 month before the effective date of the FY 2008 IPPS rule, we are addressing whether to propose to extend the special rule for multicampus hospitals beyond FY 2008 in this FY 2007 proposed rule. In the FY 2006 IPPS final rule, we indicated that we would continue to explore options that would allow individual campuses of multicampus hospitals to submit wage data necessary for geographic reclassification and also monitor the number of multicampus hospitals affected by this provision (70 FR 47445 and 47446).

After reviewing this situation further, we believe that if a campus of a multicampus hospital applies for reclassification, it should be required to support its application with campus specific data. Because a cost report is filed for an entire hospital, the campus would have to obtain a separate provider number and be treated for Medicare payment purposes as an independent entity in order to be able to provide wage data for the specific campus. If a hospital were to make a change in FY 2007 to its organizational structure to provide campus specific data to support a reclassification application, the earliest fiscal year that the campus would be eligible to reclassify would be FY 2012 because the cost report data that are used for geographic reclassification precede the payment year by 5 years (that is, FY 2003 cost report data will be used to determine the FY 2008 geographic reclassifications).

To our knowledge, only one hospital has used the special rule for multicampus hospitals. This hospital has since joined a successful FY 2007 urban county group reclassification application to the same area to which it was approved under the multicampus hospital rule. Thus, this hospital is no longer required to meet the multicampus hospital rule. Given that there is only one hospital that has used this rule and this hospital was able to reclassify under the normal reclassification rules, we believe the special reclassification rule that applies to multicampus hospitals is no longer needed. Therefore, we are proposing not to extend the special rule beyond FY 2008. For reclassification requests for FY 2009 and thereafter, a campus of a multicampus hospital would be required to obtain a separate provider number in order to provide the required wage data from the CMS hospital wage survey for the average hourly wage comparison in its MGCRB reclassification application.

4. Urban Group Hospital Reclassifications (§ 412.234(a)(3)(iii))

Section 412.234(a)(3)(iii) of the regulations sets forth criteria for urban hospitals to be reclassified as a group for FY 2007 and thereafter. Under these criteria, ''hospitals located in counties that are in the same Combined Statistical Area (CSA) (under the MSA definitions announced by the OMB on June 6, 2003) as the urban area to which they seek redesignation qualify as meeting the proximity requirement for reclassification to the urban area to which they seek redesignation.''

Last year, several commenters brought to our attention that, while the CSA standard allows for urban county group reclassifications in large urban areas throughout the United States (including 10 of the 11 CBSAs containing Metropolitan Divisions), the CSA standard precludes urban county group reclassifications between three Metropolitan Divisions within one CBSA in Florida. They urged us to modify our policy to also allow hospitals located in counties that are in the same CBSA (in the case of Metropolitan Divisions) as the area to which they seek redesignation to be considered to have met the proximity requirement. We agree with the commenter's proposed modification. The proximity standard for group reclassifications is intended to allow all

of a county's hospitals to reclassify to an adjacent area where there is sufficient economic integration that there can be an expectation that both areas are competing in a similar labor market area. We believe there is sufficient economic integration between Metropolitan Divisions within a CBSA that urban county reclassifications within a CBSA or a CSA should be permitted. A CBSA, as defined by the OMB, is a ''geographic entity associated with at least one core of 10,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.''

Therefore, we are proposing to revise § 412.234(a)(3) by adding a new paragraph (iv) to expand the proximity criteria to allow urban county groups to apply for reclassification to another area within the same CBSA. We are proposing to require that, beginning with FY 2008, hospitals must be located in counties that are in the same CSA or CBSA (under the MSA definitions announced by OMB on June 6, 2003) as the urban area to which they seek redesignation to qualify as meeting the proximity requirement for reclassification to the urban area to which they seek redesignation.

5. Effect of Change of Ownership on Urban County Group Reclassifications (§§ 412.230, 412.234, and 489.18)

We have received questions asking for clarification of our policy regarding whether newly constructed hospitals and hospitals that do not accept assignment of the previous owner's provider agreement can join an urban county group reclassification.

The Medicare regulations at § 412.230 require that, for individual hospital reclassifications, a hospital must provide a weighted 3-year average of its average hourly wages using data from the CMS hospital wage survey used to construct the wage index in effect for prospective payment purposes. Section 489.18(c) of the regulations provides that, when there is a change of ownership, the existing provider agreement will automatically be assigned to the new owner when there is a change of ownership as defined in the rules. Section 412.230(d)(2)(iv) of the regulations specifies that, in situations where a hospital becomes a new provider and the existing hospital's provider agreement is not assigned under § 489.18, the wage data associated with the previous hospital's provider number will not be used in calculating the new hospital's 3-year average hourly wage. This policy is consistent with how we treat hospitals whose ownership has changed for other Medicare payment purposes. The regulations also state that once a new hospital has accumulated at least 1 year of wage data using survey data from the CMS hospital wage survey used to determine the wage index, it is eligible to apply for reclassification on the basis of those data.

While the regulations preclude a new provider from individually reclassifying until the hospital accumulates at least 1 year of wage data from the CMS hospital wage survey used to determine the wage index, a new provider may join a group reclassification under § 412.234. Under § 412.234, all hospitals in an urban county must apply for redesignation as a group. If we did not permit a new hospital to join group reclassifications, all hospitals in the county would not be part of the reclassification application and the urban county group would be precluded from reclassifying for 3 years until the new hospital accumulated at least 1 year of wage data. We believe it would be inequitable to preclude a group reclassification merely because there was one newly constructed hospital or one hospital in the county changed ownership and did not accept the prior owner's provider agreement. Alternatively, we believe that allowing group applications without a new hospital would be inconsistent with our regulations and unfair to new hospitals because it would put them at a competitive disadvantage with other hospitals in the county. Because such reclassifications are effective for 3 years, a new hospital that was not allowed to join a group reclassification would have to accept a lower wage index than all other hospitals in the county with which it competes for labor for up to 3 years.

6. Requested Reclassification for Hospitals Located in a Single Hospital MSA Surrounded by Rural Counties

In the FY 2006 IPPS final rule (70 FR 47448), we presented a commenter's concern about the special circumstances of a hospital located in a single hospital MSA surrounded by rural counties in relation to the wage index and the rules governing geographic reclassification. The commenter stated that an isolated hospital in a single hospital MSA is at a competitive disadvantage because the rural hospitals that surround the hospital have been reclassified to higher wage index areas or have been designated as rural referral centers, SCHs, MDHs, or CAHs. The urban hospital is ineligible for reclassification to a higher wage index area either as an individual hospital or as part of a group under the existing regulations. The commenter emphasized that this concern is especially significant given the fact that an isolated hospital in a single hospital MSA is the only hospital in its urban area, and, therefore, has an even greater obligation to the communities it serves.

The commenter advocated a change to the urban county group reclassification regulations whereby a hospital in a single hospital MSA surrounded by rural counties would be able to reclassify to the closest urban area that is part of a CSA located in the same State as the hospital. We did not adopt this suggested policy under the IPPS for FY 2006 because we did not believe it would be prudent to adopt the suggested policy in a final rule without first soliciting public comment.

The commenter's suggestion presents a number of issues on which we seek comment. First a single hospital in an urban area receives a wage index value that directly reflects the wages it pays, undiluted by those of any other hospital. Thus, it would appear that in such cases, the wage index is operating with substantial precision in adjusting the wage-related portion of the payment to accord with the actual wage experience of the hospital in question. We have sought comment on the circumstances facing single hospitals in urban areas in past rulemaking. The justification for reclassifying a hospital that is receiving a wage index reflecting its own wages in this way is not readily apparent. Second, it is open to question why this hospital's situation provides justification for special treatment under the wage index. We understand it is one of two 1886(d) hospitals located in an urban county entirely surrounded by rural counties and that it is within a modest distance of a number of hospitals that have received one form or another of special payment status relating to their rural locations. We are interested in receiving comment on whether these aspects indicate the need for a special wage index reclassification provision. Third, the commenter's suggested policy would allow a hospital to reclassify to a labor market area that is further away than other, closer urban labor market areas. We are concerned that such a reclassification would be inconsistent with the proximity standard we have generally used to reflect local labor markets. Each of these aspects of the suggested policy might affect a significant number of other hospitals and thus be viewed as having widespread precedent that we invite comment upon.

*H. Payment for Direct Graduate Medical Education*

1. Background

(If you choose to comment on issues in this section, please include the caption ''GME Payments'' at the beginning of your comment.)

Section 1886(h) of the Act, as added by section 9202 of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (Pub. L. 99–272) and implemented in regulations at existing §§ 413.75 through 413.83, establishes a methodology for determining payments to hospitals for the costs of approved graduate medical education (GME) programs. Section 1886(h)(2) of the Act, as added by COBRA, sets forth a methodology for the determination of a hospital-specific, base-period per resident amount (PRA) that is calculated by dividing a hospital's allowable costs of GME for a base period by its number of residents in the base period. The base period is, for most hospitals, the hospital's cost reporting period beginning in FY 1984 (that is, the period beginning between October 1, 1983, through September 30, 1984). Medicare direct GME payments are calculated by multiplying the PRA times the weighted number of full-time equivalent (FTE) residents working in all areas of the hospital (and nonhospital sites, when applicable), and the hospital's Medicare share of total inpatient days. The base year PRA is updated each year for inflation. However, as specified in section 1886(h)(2)(D)(ii) of the Act, for cost reporting periods beginning on or after October 1, 1993, through September 30, 1995, each hospital-specific PRA for the previous cost reporting period is not updated for inflation for any FTE residents who are not either a primary care or an obstetrics and gynecology resident. As a result, hospitals that train primary care and obstetrics and gynecology residents, as well as nonprimary care residents in FY 1994 or FY 1995, have two separate PRAs: One for primary care and obstetrics and gynecology residents and one for nonprimary care residents.

Pub. L. 106–113 amended section 1886(h)(2) of the Act, effective October 1, 2000, to establish a methodology for the use of a national average PRA in computing direct GME payments for cost reporting periods beginning on or after October 1, 2000. Specifically, Pub. L. 106–113 established a ''floor'' for FY 2001 such that a hospital-specific PRA should not be less than 70 percent of the locality-adjusted national average PRA. In addition, it established a ''ceiling'' that froze or limited the annual inflation adjustment to a hospital-specific PRA if the PRA exceeded 140 percent of the locality-adjusted national average PRA. Section 511 of Pub. L. 106–554 increased the ''floor'' established by Pub. L. 106–113 to equal 85 percent of the locality-adjusted national average PRA for PRAs in existence in FY 2002. Existing regulations at § 413.77(d)(2)(iii) specify that, for purposes of calculating direct GME payments, each hospital-specific PRA is compared to the floor (for FY 2001 and FY 2002) and the ceiling (for FY 2001 through 2013) to determine whether a hospital-specific PRA should be revised. We note that, under existing regulations at § 413.77(c), if a hospital-specific PRA for FY 2001 or FY 2002 is revised due to application of the floor PRA, the revised PRA is the starting point for the PRA in future years, subject to the annual inflation adjustment and any other applicable adjustments.

Section 1886(h)(4)(F) of the Act established caps on the number of allopathic and osteopathic residents that hospitals may count for purposes of calculating direct GME payments. For most hospitals, the caps were the number of allopathic and osteopathic FTE residents training in the hospital's most recent cost reporting period ending on or before December 31, 1996. Section 422 of Pub. L. 108–173 amended section 1886(h)(7) of the Act and provided for reductions to the resident caps of teaching hospitals that were training a number of FTE residents below their cap in a reference period, and authorized a ''redistribution'' of FTE resident slots to hospitals that could demonstrate a likelihood of using the additional resident slots within the first three cost reporting periods beginning on or after July 1, 2005.

2. Determination of Weighted Average Per Resident Amounts (PRAs) for Merged Teaching Hospitals (§ 413.77)

(If you choose to comment on issues in this section, please include the caption ''GME: PRA for Merged Hospitals'' at the beginning of your comment.)

As stated in the background section above, in accordance with section 1886(h) of the Act, Medicare pays teaching hospitals for the direct costs of GME based on the per resident direct GME costs in a base year. For most hospitals, the base year is FY 1984 (cost reporting periods beginning between October 1, 1983, and September 30, 1984). Although section 1886(h) of the Act provides for the establishment of a PRA for a hospital that trained residents in the 1984 base year, the statute does not address how to treat the PRA(s) of teaching hospitals that subsequently merge.

Our policy has always been that when two or more teaching hospitals merge, we determine a weighted PRA for the surviving merged hospital using direct GME costs and resident data from the base year cost report for each teaching hospital involved in the merger. This policy was detailed in Questions and Answers on Medicare GME Payments Issued on November 8, 1990: ''[When] two hospitals merge * * * the merged hospital's per resident amount * * * [is] based on the weighted average of the per resident amounts of both hospitals.'' We believe this is an equitable way to determine a PRA for the surviving merged hospital because it is based on the relative costs and sizes of the GME training programs in the respective facilities. Moreover, we believe this policy minimizes the role Medicare GME payments play in the choice of the surviving hospital entity. For example, there is no incentive to choose the surviving hospital based in part on the hospitals' relative PRAs.

To calculate the weighted average PRA for the merged entity, the fiscal intermediary begins by determining the base year PRAs and the base year FTE resident counts of the hospitals that merge. The weighted average PRA is calculated by adding the product of each hospital's base year PRA and its base year FTE resident count, and dividing that number by the total number of the base year FTE residents for those hospitals.

When our current methodology was first established for calculating the new PRA for a merged hospital, we adopted a policy to use base year PRAs and FTE resident counts. It was appropriate and workable to use data from the PRA base year because the base year data (usually for the 1984 fiscal year) associated with the hospital-specific PRAs were easily accessible. However, these data are now often over 20 years old and it has become administratively burdensome for both CMS and the fiscal intermediaries to access base year information in calculating the weighted average of the PRAs for merged hospitals.

In addition to it being administratively burdensome to use base year cost report data, where a hospital has two PRAs—one for primary care and obstetrics and gynecology residents and another for nonprimary care residents, these two PRAs are not being taken into account in developing the weighted average PRA for the merged hospital. As discussed earlier, hospitals that were training nonprimary care residents in FYs 1994 and 1995

have a separate nonprimary care PRA because there was no update for inflation applied to the PRA for nonprimary care residents in those years (§ 413.77(c)(2)). Accordingly, many teaching hospitals currently have two PRAs: One for primary care and obstetrics and gynecology residents and one for all other residents. (Hospitals that first train residents after FY 1995 would only have a single PRA, even if they train both primary care residents and nonprimary care residents.) Because the current methodology for calculating the weighted average PRA for a merged teaching hospital is based solely on data from the PRA base year (which is usually prior to the years during which the PRAs were not adjusted for inflation to reflect nonprimary care residents), this methodology does not take into account that the merged hospitals may currently have more than one PRA.

Effective for cost reporting periods beginning on or after October 1, 2006, rather than use direct GME count of residents and PRA from hospitals' base year cost reports, we are proposing to simplify and revise the weighted average PRA methodology for determining a merged teaching hospital's PRA by using FTE resident data and PRA data from the most recently settled cost reports of the merging hospitals. It is less administratively burdensome to use these data, since these data are more recent and, therefore, more accessible. In addition, these data would reflect both a primary care and obstetrics and gynecology PRA and, if applicable, a nonprimary care resident PRA.

We note that prior to FY 2003, our policy for calculating the PRA for a new teaching hospital was to calculate the PRA based on the lower of the new teaching hospital's actual cost per resident in its base period or a weighted average of all the PRAs of existing teaching hospitals in the same geographic wage area, as that term is used under the prospective payment system (existing § 413.77(e)(1)). (For ease of discussion, we refer to a hospital that did not participate in Medicare or that did not have any approved medical residency training programs during the period beginning between October 1, 1983, through September 30, 1984, and has since commenced participating in Medicare and begun training residents in an approved program, as a ''new teaching hospital.'') The weighted average PRA of teaching hospitals within a particular geographic wage area was determined using the base year PRA and the base year FTE resident count of each respective teaching hospital within the geographic wage area. However, as discussed in the August 1, 2002 IPPS final rule (67 FR 50067) effective October 1, 2002, we revised our policy to use PRAs and FTE resident data from the *most recently settled* cost reports of teaching hospitals in the same CBSA as the new teaching hospitals, rather than data from the 1984 base year (existing § 413.77(e)(1)(ii)(B)). We revised this policy for establishing PRAs for new teaching hospitals because it is less administratively burdensome to use data from the hospitals' most recently settled cost reports and because the more recent data takes into account that hospitals have a primary care PRA and a nonprimary care PRA. In this proposed rule, we are proposing a similar policy revision for establishing a merged teaching hospital's PRA.

We are proposing that the fiscal intermediaries would use the following steps to calculate the weighted average PRA for the merged teaching hospital:

*Step 1:* Identify the primary care and obstetrics and gynecology FTE resident count, the nonprimary care FTE resident count for hospitals with two PRAs, or the single FTE resident count for hospitals with a single PRA, for each teaching hospital involved in the merger. (Use the sum of the FTE resident counts from line 3.07, line 3.08, and line 3.11 of the hospital's most recently settled Medicare cost report, CMS 2552–96, Worksheet E–3, Part IV.)

*Step 2:* Identify the PRAs (either a hospital's primary care and obstetrics and gynecology PRA and nonprimary care PRA or, if applicable, a hospital's single PRA) from the most recently settled cost report for each hospital involved in the merger, and update the PRAs using the CPI–U inflation factor to coincide with the fiscal year end of the surviving teaching hospital. For example, if the surviving teaching hospital's fiscal year end is December 31, 2006, and the most recently settled cost report of the teaching hospital(s) involved in the merger is June 30, 2003, the PRAs from this cost report would be updated for inflation to December 31, 2006.

*Step 3:* Calculate the weighted average PRA for the single merged hospital using the PRAs and FTE resident counts from Step 1 and Step 2. For each teaching hospital in the merger:

(a) For hospitals with two PRAs, multiply the primary care PRA by the number of primary care and obstetrics and gynecology FTE residents.

(b) For hospitals with two PRAs, multiply the nonprimary care PRA by the number of nonprimary care FTE residents.

(c) For hospitals with a single PRA, multiple the single PRA by the hospital's total number of FTE residents.

(d) Add the products from applicable Steps 3(a), (b), and (c) for all teaching hospitals that merged.

(e) Add the number of FTE residents from Step 1 for all hospitals.

(f) Divide the sum from Step 3(d) by the sum from Step 3(e). The result is the weighted average PRA for the merged hospital.

As mentioned above, many hospitals currently have two PRAs, one for primary care residents and another for nonprimary care residents. An advantage to using data from the most recently settled cost reports of the hospitals involved in a merger is that the two PRAs are taken into account in determining the weighted average PRA for the merged hospital. Because two PRAs would be taken into account under this proposal, we considered whether a primary care PRA and a nonprimary care PRA should therefore be determined for the merged hospital. Although it would be possible to determine and retain two PRAs for a merged hospital when one or more hospitals involved in the merger had two PRAs, we are not proposing to do so. We are proposing that a single PRA also be determined for the merged hospital in this situation because it is more administratively straightforward for the fiscal intermediaries and the merged hospitals and since the merged hospital itself was not in existence in the years that the two PRAs were established (FY 1994 and FY 1995), we do not believe it is necessary to retain the two PRAs. Furthermore, because the two existing PRAs are taken into account when establishing the single PRA for the merged hospital, and the statutory provision that resulted in the creation of two PRAs has no continuing effect (because the updates were prohibited only for FY 1994 and FY 1995), we see no compelling reason to continue to carry two PRAs for a merged hospital.

The following is an example of how to calculate a weighted average PRA under this proposed revised methodology:

*Example:* Assume that Hospital A, Hospital B, and Hospital C merge and Hospital B with a fiscal year end of December 31, 2006, is the surviving hospital. In their respective most recently settled cost reports, Hospital A has 200 primary care and obstetrics and gynecology FTE residents and 150 nonprimary care FTE residents, and Hospital B has 50 primary care and obstetrics and gynecology FTE residents and 60 nonprimary care FTE residents.

Hospital C became a teaching hospital in 2000 and has 25 FTE residents. After updating the primary care and nonprimary care PRAs for inflation by the CPI–U to December 31, 2006, Hospital A has a primary care PRA of $120,000 and a nonprimary care PRA of $115,000, Hospital B has a primary care PRA of $100,000 and a nonprimary care PRA of $97,000, and Hospital C has a single PRA of $90,000.

(a) Primary care:

Hospital A: $120,000 × 200 FTEs = $24,000,000

Hospital B: $100,000 × 50 FTEs = $5,000,000

(b) Nonprimary care:

Hospital A: $115,000 × 150 FTEs = $17,250,000

Hospital B: $97,000 × 60 FTEs = $5,820,000

(c) Single PRA: Hospital C: $90,000 × 25 FTEs = $2,250,000

(d) $24,000,000 + $5,000,000 + $17,250,000 + $5,820,000 + $2,250,000 = $54,320,000

(e) 200 + 50 + 150 + 60 + 25 = 485 total FTEs

(f) $54,320,000/485 FTEs = $112,000, the weighted average of the hospitals involved in the merger for fiscal year end December 31, 2006.

3. Determination of Per Resident Amounts (PRAs) for New Teaching Hospitals (§ 413.77(e))

(If you choose to comment on issues in this section, please include the caption GME: PRA for New Teaching Hospitals'' at the beginning of your comment.)

As we discussed earlier in the background portion of this section, the hospital-specific, base-period PRA used in the payment methodology for determining Medicare direct GME payments is calculated by dividing a hospital's allowable direct costs of GME in a base period by its number of residents in that base period. In the case of a hospital that did not train residents in its FY 1984 cost reporting period, a PRA is determined by comparing and taking the lower of a PRA based on direct GME costs and FTE residents in a base year or the updated weighted mean value of PRAs of all hospitals located in the same geographic wage area. For ease of discussion, we refer to a hospital that did not participate in Medicare or have any approved medical residency training programs during the base period beginning between October 1, 1983, through September 30, 1984, and has since commenced participating in Medicare and begun training residents in an approved program, as a ''new teaching hospital.'' A new teaching hospital's PRA is established by using the lower of its hospital-specific PRA based on the actual allowable direct GME costs and FTE residents during a base period as defined in § 413.77(e) or the updated weighted mean value of PRAs of other teaching hospitals in the same geographic area.

Existing regulations at § 413.77(e) specify that the base year for establishing a PRA for a new teaching hospital is the first cost reporting period in which the new teaching hospital participates in Medicare and the residents are on duty during the first month of that period. If the new teaching hospital begins training residents but does not have residents on duty during the first month of the first cost reporting period in which training occurs, the new teaching hospital is paid on a reasonable cost basis under § 413.77(e) for any GME costs incurred by that hospital during that period. The intent of this policy for new teaching hospitals is to make a more accurate determination of a PRA based on the hospital's per resident direct GME costs in a cost reporting period in which GME costs have been incurred for that entire period. As we noted in a response to comments in a final rule published in the **Federal Register** on September 29, 1989 (54 FR 40310), we believe that where the new teaching hospital's cost reporting period begins on a date other than July 1 (the beginning of the academic year), for example, October 1 or January 1, the cost reporting period that includes costs and resident counts from the first year of the training program may not be reflective of the actual average costs per resident of the program because the full complement of residents might not be on duty, and those that are on duty might be receiving a salary for as few as 1 or 2 months of the cost reporting period. In the usual case, training in the program would continue into the following cost reporting period and residents would thus be on duty in the first month of this next cost reporting period. Consequently, our existing regulations at § 413.77(e)(1) specify that the PRA is to be determined by using the cost and resident data from the first cost reporting period during which residents are training in the first month of the cost reporting period.

It has come to our attention that, in rare instances, it is possible for a new teaching hospital, either through happenstance or by purposeful gaming of the policy, to continue to be reimbursed for direct GME costs on a reasonable cost basis even beyond the first cost reporting period during which residents begin training at the hospital as long as no residents are on duty at the new teaching hospital in the first month of the subsequent cost reporting period(s). We believe this scenario is contrary to the statutory intent of section 1886(h) of the Act, which instructs that instead of payment on a reasonable cost basis, the Secretary is to determine and base direct GME payments on a PRA for each hospital with a residency program. For that reason, we are proposing to revise § 413.77(e)(1) and (e)(1)(i) to provide that we will make a PRA determination even where residents are not on duty in the first month of a cost reporting period but where residents began training at the hospital in the prior cost reporting period. Effective for cost reporting periods beginning on or after October 1, 2006, if a new teaching hospital begins training residents in a cost reporting period beginning on or after October 1, 2006, and no residents are on duty during the first month of that period, the fiscal intermediary establishes a PRA for the hospital using: (1) The cost and resident data from the cost reporting period immediately following the one for which GME training at the hospital was first reported (that is, the base period); or (2) the updated weighted mean value of PRAs of all hospitals located in the same geographic wage area. We note that, as with existing policy, the proposed base year need not be a full cost reporting year. Even where that cost reporting period may be a short (less than 12 months) cost reporting period, we believe an appropriate PRA will be determined since the number of FTEs will be commensurate with the costs incurred in this short cost reporting period.

4. Requirements for Counting and Appropriate Documentation of FTE Residents: Clarification (§§ 413.75(d), 413.78(b) and (e), 413.80, and 413.81)

(If you choose to comment on issues in this section, please include the caption ''FTE Resident Count and Documentation'' at the beginning of your comment.)

Despite the fact that current policies concerning the counting of FTE residents for IME and direct GME payment purposes have been in effect since October 1985, we continue to receive questions on the proper counting and appropriate documentation for FTE residents for IME and direct GME payment purposes. As a result of these continuing questions, we are clarifying in this proposed rule the policies that apply in determining hospitals' FTE resident counts for Medicare GME payment purposes.

In the existing regulations at § 413.78(b) for direct GME payments, we specify that no individual may be counted as more than one FTE, and that a hospital cannot claim the time spent by residents training at another hospital. Therefore, if a resident spends time training in more than one hospital or except as provided at § 413.78(e) in a nonprovider setting, the resident counts as a partial FTE based on the proportion of time the resident trains at the hospital or nonprovider setting to the resident's total time worked. (The same provisions apply to part-time residents as specified in § 413.78(b).) A similar policy exists at § 412.105(f)(1)(ii) and (iii) for purposes of counting FTE residents for IME payment purposes. As we have explained in previous **Federal Register** documents (55 FR 36064, September 4, 1990 and 67 FR 50077, August 1, 2002), these policies apply even when a hospital actually incurs the cost of training the resident(s) at *another* hospital(s). For example, during a cost reporting year, a full-time resident trains at Hospital A for 6 months and trains at Hospital B for 6 months. Hospital A is paying the salary and fringe benefits of the resident for the entire year. In this case, each hospital would only count 0.5 of an FTE for that resident. Hospital A would *not* be able to count the entire FTE for that resident, regardless of the fact that it incurred all of the training costs for the resident during that training year.

We also have become aware of issues that have arisen due to a hospital's failure to document the number of FTE residents claimed on its cost report. Proper documentation is required so that Medicare fiscal intermediaries can determine where and when a resident(s) is training and to allow the fiscal intermediary to make payment to the hospital based on the percentage of time the resident(s) spends at each training facility to the total time trained. A rotation schedule is the primary documentation that can support the direct GME and IME resident counts but other similar documentation may be acceptable. The following is a situation of which we learned that illustrates how inadequate documentation resulted in inappropriate counting of FTEs. Two hospitals, Hospital C and D, were ''associated'' with each other, with residents training at both hospitals. However, instead of differentiating between the number of FTEs and the actual amount of time spent at each hospital, Hospitals C and D totaled their respective FTEs and split them 50/50. Splitting the FTE count 50/50 resulted in inappropriate payment to both hospitals. Hospitals are not permitted to decide among themselves how their FTEs will be counted. A hospital may not count a greater number of FTE residents than is actually training at the hospital (or its nonhospital sites) during the year. Each hospital must maintain its own records which demonstrate, for the entire cost reporting period, the amount of time that the resident trained at the hospital and, if applicable, a nonhospital site. Furthermore, to the extent that residents train in nonhospital sites, the hospital claiming the FTEs in the nonhospital site must meet the requirements at § 413.78(e).

Situations such as the one described above involving Hospital C and Hospital D are particularly harmful when one or more of the hospitals involved incorrectly report FTEs in the cost reporting period used to establish one or more of the hospitals' FTE resident caps, and as a result, the caps are incorrectly established. Unless the incorrect caps are revised pursuant to our regulations regarding review and revision of agency determinations, those caps will be applied to the hospital(s) in future years. For instance, we have learned of situations where a hospital's FTE resident caps were established incorrectly a number of years earlier and, due to administrative finality of settled cost reports, can no longer be adjusted. However, going forward, the hospital's count of FTEs must be based on where the residents are training and can only reflect the number of residents actually training in the hospital (or its nonhospital sites).

In order to ensure that FTEs are being properly counted, hospitals are required to furnish specific documentation to support the number of FTE residents included in the hospital's FTE count. Section 413.75(d) specifies the requirements concerning documentation of FTE residents. Proper documentation must include the following information: The name and social security number of the resident; the type of residency program in which the individual participates and the number of years the resident has completed in all types of residency programs; the dates the resident is assigned to the hospital and any hospital-based providers (similar to the rotation schedule); the dates the resident is assigned to other hospitals, or other freestanding providers, and any nonprovider setting during the cost reporting period, if any; and the name of the employer paying the resident's salary. In addition, the documentation should include the name of the medical, osteopathic, dental, or podiatric school from which the resident graduated and the date of graduation, and whether the resident is a foreign medical graduate, including documentation concerning whether the resident has satisfied the regulatory requirements for foreign medical graduates at § 413.80. The information must be certified by an official of the hospital and, if different, an official responsible for administering the residency program. Again, proper documentation on where and when a FTE resident is training during a cost reporting period is essential in order for the hospital to receive direct GME and IME payments based on the proper number of FTE resident(s). Inaccurate, incomplete, or inappropriate documentation will lead to Medicare disallowing certain FTE residents from being counted for purposes of direct GME and IME payments. We note that we are *not* expanding or making any changes to current policy for proper documentation of FTEs. Rather, we are clarifying the existing regulations concerning proper counting and documentation of FTEs.

5. Resident Time Spent in Nonpatient Care Activities as Part of Approved Residency Programs (§§ 413.9 and 413.78(a))

In section IV.H.4. of this preamble, we discussed the importance of properly documenting where and when residents are training in a particular hospital or nonhospital site, in order for that hospital to count those FTE residents for purposes of direct GME and IME payment. In addition, it is important for hospitals to be able to document the activities in which residents are engaged because there are certain activities that are not allowable for direct GME or IME payment purposes, even though those activities may be performed as part of an approved residency program. Specifically, it has come to our attention that there may be some confusion in the provider community as to whether the time that residents spend in nonpatient care activities that are part of the approved residency program may be counted for the purpose of direct GME and IME payments. We have most recently received questions as to whether the time residents spend in nonhospital sites in didactic activities such as journal clubs or classroom lectures may be included in determining the allowable FTE resident counts. To respond to these inquiries and to resolve any confusion, we are clarifying our policy concerning the counting of time spent in nonpatient care activities for the purpose of direct GME and IME payments in both hospital and nonhospital settings.

With respect to training in nonhospital settings, the time that

residents spend in nonpatient care activities as part of an approved program, including didactic activities, cannot be included in a hospital's direct GME or IME FTE resident count. This longstanding policy is based on the statutory requirements for counting FTE residents training in nonhospital sites. For the purpose of direct GME payments, providers have been allowed since July 1, 1987, to count the time residents spend training in nonhospital sites under certain conditions. Section 1886(h)(4)(E) of the Act specifies that the implementing regulations concerning computation of direct GME for training in nonhospital sites ''shall provide that *only time spent in activities relating to patient care* shall be counted and that all the time so spent by a resident under an approved medical residency training program shall be counted towards the determination of full-time equivalency, without regard to the setting in which the activities are performed, if the hospital incurs all, or substantially all, of the costs for the training program in that setting'' (emphasis added).

For IME payment purposes, hospitals were first allowed to count the time residents spend training in nonhospital sites for discharges occurring on or after October 1, 1997. Section 1886(d)(5)(B)(iv) of the Act was amended by Pub. L. 105–33 in 1997 to provide that ''all the time spent by an intern or resident *in patient care activities* under an approved medical residency program at an entity in a nonhospital setting shall be counted towards the determination of full-time equivalency if the hospital incurs all, or substantially all, of the costs for the training program in that setting'' (emphasis added).

We understand that, as part of an approved medical residency program, residents are often required to participate in didactic and ''scholarly'' activities such as educational conferences, journal clubs, and seminars. Some of these activities may take place in nonhospital sites, such as freestanding clinics or physicians' offices, or in conference rooms at nonhospital settings. In implementing section 1886(h)(4)(E) of the Act for direct GME payment purposes, we specifically stated that ''only time spent in activities relating to patient care may be counted [in nonhospital sites]'' (54 FR 40292, September 29, 1989). In 1998, when we implemented the statute allowing FTE residents to be counted in nonhospital sites for IME, we reiterated that a hospital may only count resident training time ''in nonhospital sites for indirect and direct GME, respectively, if the resident is involved in patient care'' (63 FR 40986, July 31, 1998). While we have not explicitly defined in regulations ''patient care activities,'' we have applied the plain meaning of that term. In addition, we note that the scope of the term ''patient care'' had been well-established in the Medicare program even prior to issuance of the first rules on counting FTE residents for purposes of direct GME and IME payments. For example, prior to the IPPS, acute care hospitals were paid by Medicare for inpatient services based on their reasonable operating costs, or costs relating to the provision of reasonable and necessary ''patient care.'' The longstanding regulation at 42 CFR 413.9, entitled ''Costs related to patient care,'' states that ''all payments to providers of services must be based on the reasonable cost of services covered under Medicare and related to the care of beneficiaries.'' Thus, the scope of costs recognized as reasonable under Medicare had been limited to those relating to ''patient care,'' or to those relating to covered services for the care of beneficiaries. Although the agency appears to have made a conflicting statement in a letter directed to a particular individual implying that didactic time spent in nonhospital settings could be counted for direct GME and IME, that statement was inaccurate. We have applied and continue to apply the plain meaning of the statutory terms ''patient care activities'' and ''activities relating to patient care'' in the context of approved GME programs. That is, the plain meaning of patient care activities would certainly not encompass didactic activities. Rather, the plain meaning refers to the care and treatment of particular patients, or to services for which a physician or other practitioner may bill. Time spent by residents in such patient care activities may be counted for direct GME and IME payment purposes in the nonhospital site. Time spent by residents in other activities in the nonhospital site that do not involve the care and treatment of particular patients, such as didactic or ''scholarly'' activities, is not allowable for direct GME and IME payment purposes.

We note that there is a difference in the rules for counting FTE resident time for IME and direct GME payments when residents are training in a hospital. For direct GME payment purposes, under § 413.78(a), ''residents in an approved program working in all areas of the hospital complex may be counted.'' As explained in the September 29, 1989 **Federal Register** document (54 FR 40286), the hospital complex consist of the hospital and the hospital-based providers and subproviders. Therefore, the distinction between patient care activities and nonpatient care activities is not relevant to direct GME FTE count determinations when the residents are training in the hospital complex. However, for IME payment purposes, consistent with the regulations at § 413.9, only time spent in patient care activities in the hospital may be counted. It has been our longstanding policy that, regardless of the site of training, ''* * * we do not include residents in the IME count to the extent that the residents are not involved in furnishing patient care * * *'' (66 FR 39897, August 1, 2001).

6. Medicare GME Affiliated Groups: Technical Changes to Regulations

(If you choose to comment on issues in this section, please include the caption ''GME Affiliated Group Technical Changes'' at the beginning of your comment.)

In the FY 2005 IPPS final rule (69 FR 49112 and 49254 through 49265), we redesignated the contents of § 413.86 (which contained the regulations governing Medicare payment for direct GME) as §§ 413.75 through 413.83 and made corresponding cross-reference changes in the text of these regulations. We have discovered that under the definition of ''Medicare GME affiliated group'' under § 413.75(b), we incorrectly cited the cross-reference to the rotation requirements for GME affiliated groups in paragraphs (1), (2), and (3), as ''§ 413.79(g)(2)''. In this proposed rule, we are proposing to correct the cross-reference for the rotation requirements in paragraphs (2) and (3) of the definition to read ''§ 413.79(f)(2)''.

In the FY 2006 IPPS final rule (70 FR 47457 and 47489), we made additional changes in certain sections of the GME redesignated regulations to correct cross-references to other parts of 42 CFR Chapter IV relating to the definitions of the ''urban'' and ''rural'' location of a hospital. In one of the corrections, in paragraph (1) under the definition of ''Medicare GME affiliated group'' under § 413.75(b), we inadvertently dropped the language in that paragraph relating to the rotational requirements for these groups, including the incorrect cross-reference to § 413.79(g)(2). We are proposing to correct the language of paragraph (1) under the definition of ''Medicare GME affiliated group'' under § 413.75(b) by adding the dropped language and correcting the cross-reference to read ''§ 413.79(f)(2).''

In the FY 2006 IPPS final rule (70 FR 47454 and 47489), we revised

§ 413.79(e)(1)(iv) to provide that a new urban teaching hospital that qualifies for an adjustment to its FTE cap for a newly approved program may enter into a Medicare GME affiliation agreement, but only if the resulting adjustments to its direct GME and IME caps are ''positive adjustments.'' We specified in the preamble of that final rule that this provision is effective for affiliation agreements entered into on or after October 1, 2005. However, we inadvertently did not include this effective date in the regulation text. We are proposing to revise § 413.79(e)(1)(iv) to include the effective date as part of the text of that section.

In addition, we are proposing to correct a cross-reference in the introductory text of paragraph (f) of § 413.79 relating to Medicare GME affiliated groups. The cross-reference to ''paragraph (e)(3)'' of § 413.79 should read ''paragraph (d)'' of that section. This proposed change is necessary to accurately cite the reference to our rules regarding the 3-year rolling average.

*I. Payment for the Costs of Nursing and Allied Health Education Activities: Clarification (§ 413.85)*

(If you choose to comment on issues in this section, please include the caption ''Nursing and Allied Health Education Activities'' at the beginning of your comment.)

In addition to direct GME and IME payments to hospitals for the direct and indirect costs incurred for their graduate medical education programs in medicine, osteopathy, dentistry, and podiatry, Medicare makes payments to hospitals for two other categories of education-related costs for which different payment policies apply:

- Approved nursing and allied health education programs operated by the hospital. The costs of these programs are excluded from the definition of inpatient hospital operating costs and are not included in the calculation of the per discharge payment rates for hospitals paid under the IPPS, or in the calculation of payments to hospitals and hospital units excluded from the IPPS that are subject to the rate-of-increase ceiling. These costs are separately identified and ''passed through'' (that is, paid separately on a reasonable cost basis).
- All other costs that can be categorized as educational programs and activities (for example, continuing education, on the job training, or seminars). These costs are considered to be part of the hospitals' normal operating costs and payment for these costs is included in the per discharge payment amount for hospitals subject to the IPPS, the IRF PPS, or the LTCH PPS and the prospective per diem payment amount for facilities under the IPF PPS. Similarly, these costs are considered to be part of the hospitals' normal operating costs and are included as reasonable costs that are subject to the TEFRA rate-of-increase limits applicable to hospitals that continue to receive payments subject to those limits, including cancer and children's hospitals.

Regulations governing payment for the costs of approved and allied health education activities are located at 42 CFR 413.85.

In the FY 2004 IPPS final rule (68 FR 45429), we revised the regulations at § 413.85(h)(3) to further clarify the difference between provider-operated and continuing education programs. We revised the regulations to state that, effective October 1, 2003, programs in which employees participate that do not lead to the ability to practice and begin employment in a nursing or allied health specialty are also treated as normal operating costs. We now realize that when we revised § 413.85(h)(3) to include this clarification, we inadvertently did not specify that the provision was applicable to trainees as well as employees. In the preamble of the FY 2004 IPPS final rule, we stated that because § 413.85(h)(3) refers to education that will not lead to the ability to practice and *begin* employment, we intended the provisions to apply not only to employees but to trainees as well. Therefore, in this proposed rule, we are proposing to make a technical change to § 413.85(h)(3) to make it applicable to both employees and trainees. This proposed technical change would clarify that the educational activities in which employees or trainees participate, but that do not lead to the ability to practice and begin employment in a nursing or allied health specialty, are treated as normal operating costs. We note that we are not proposing to expand or make any changes to the current payment policy for nursing and allied health education activities; rather, we are merely proposing to clarify the language of the existing regulations.

*J. Hospital Emergency Services Under EMTALA (§ 489.24)*

(If you choose to comment on issues in this section, please include the caption ''EMTALA'' at the beginning of your comment.)

1. Background

Sections 1866(a)(1)(I), 1866(a)(1)(N), and 1867 of the Act impose specific obligations on certain Medicare-participating hospitals and CAHs. (Throughout this section of this proposed rule, when we reference the obligation of a ''hospital'' under these sections of the Act and in our regulations, we mean to include CAHs as well.) These obligations concern individuals who come to a hospital emergency department and request examination or treatment for medical conditions, and apply to all of these individuals, regardless of whether they are beneficiaries of any program under the Act.

The statutory provisions cited above are frequently referred to as the Emergency Medical Treatment and Labor Act (EMTALA), also known as the patient antidumping statute. EMTALA was passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Pub. L. 99–272. Congress enacted these antidumping provisions in the Social Security Act to ensure that individuals with emergency medical conditions are not denied essential lifesaving services because of a perceived inability to pay.

Under section 1866(a)(1)(I)(i) of the Act, a hospital that fails to fulfill its EMTALA obligations under these provisions may be liable for termination of its Medicare provider agreement, which would result in loss of all Medicare and Medicaid payments.

In general, section 1867 of the Act sets forth requirements for medical screening examinations for individuals who come to the hospital and request examination or treatment for a medical condition. The section further provides that if a hospital finds that such an individual has an emergency condition, it is obligated to provide that individual with either necessary stabilizing treatment or an appropriate transfer to another medical facility where stabilization can occur.

The EMTALA statute also outlines the obligation of hospitals to receive appropriate transfers from other hospitals. Section 1867(g) of the Act states that a participating hospital that has specialized capabilities or facilities (such as burn units, shock-trauma units, neonatal intensive care units or (with respect to rural areas) regional referral centers as identified by the Secretary in regulation) shall not refuse to accept an appropriate transfer of an individual who requires these specialized capabilities or facilities if the hospital has the capacity to treat the individual.

The regulations implementing section 1867 of the Act are found at 42 CFR 489.24.

2. Role of the EMTALA Technical Advisory Group (TAG)

Section 945 of Pub. L. 108–173 (MMA) required the Secretary to establish a Technical Advisory Group (TAG) to provide the Secretary with advice concerning issues related to EMTALA regulations and implementation. Section 945 of Pub. L. 108–173 further requires that the EMTALA TAG be composed of 19 members, including the Administrator of CMS, the Inspector General of HHS, hospital representatives and physicians representing various specialties, patient representatives, and representatives of organizations involved in EMTALA enforcement.

The EMTALA TAG was first established in 2005 and held three meetings during that year. At each of its meetings, the EMTALA TAG heard testimony from representatives of physician groups, hospital associations, and others regarding EMTALA issues and concerns. As explained more fully below in sections IV.K.3. and 4. of this preamble, we are proposing to revise the EMTALA regulations at § 489.24 based on the recommendations adopted and forwarded to the Secretary by the EMTALA TAG.

3. Definition of ''Labor''

As noted in the background portion of this section, the EMTALA statute and regulations require that if an individual comes to a hospital emergency department and a request is made on the individual's behalf for examination or treatment for a medical condition, the hospital is obligated to provide that individual with an appropriate medical screening examination within the capability of the hospital. If the individual is found to have an emergency medical condition, the hospital is obligated by EMTALA to provide either necessary stabilizing treatment or an appropriate transfer to another medical facility where stabilization can occur.

Section 489.24(b) of the regulations defines the key terms used in the section. The term ''emergency medical condition'' is defined as—

''A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery; or that transfer may pose a threat to the health and safety of the woman or the unborn child.''

This definition is identical to the definition of ''emergency medical condition'' in section 1867(e)(1) of the Act. In recognition of the fact that this definition gives special consideration to women in labor, the term ''labor'' is itself defined, in paragraph (b) of § 489.24, to mean ''the process of childbirth beginning with the latent or early phases of labor and continuing through the delivery of the placenta.'' The definition further states: ''A woman experiencing contractions is in true labor unless a physician certifies that, after a reasonable period of observation, the woman is in false labor.'' A woman found to be in false labor is considered not to have an emergency medical condition and that finding thus means that the hospital has no further EMTALA obligation to her.

The CMS interpretative guidelines used by State surveyors in EMTALA investigations provide that once an individual has presented to a hospital seeking emergency care, the determination as to whether an emergency medical condition exists is made by the examining physician(s) or other qualified medical person actually caring for the individual at the treating facility. The guidelines further provide that the medical screening examination must be conducted by one or more individuals who are determined to be qualified by the hospital bylaws or rules and regulations and who meet the hospital condition of participation in 42 CFR 482.55 regarding emergency services personnel and direction. (Of course, these individuals would not be expected or permitted to perform any screening functions other than those which they are allowed to perform under State scope of practice laws.) However, consistent with the definition of ''labor'' at § 489.24(b), the guidelines also state that if a qualified medical person other than a physician determines that a woman is in false labor, a physician must certify the diagnosis. The guidelines permit this certification to be made based either on actual examination of the patient or on a telephone consultation with the qualified medical person who actually examined the patient. (Medicare State Operations Manual, Appendix V—Interpretive Guidelines—Responsibility of Participating Hospitals in Emergency Cases, TAG A–406.)

At its meeting held on June 15–17, 2005, the EMTALA TAG heard testimony from representatives of both physician and nonphysician professional societies regarding the competence of practitioners other than physicians to certify false labor. In particular, a representative of the American College of Nurse-Midwives stated that the current requirement that allows only a physician to certify false labor is overly restrictive and does not adequately recognize the training and competence of certified nurse-midwives. Testimony was also presented by the American College of Obstetricians and Gynecologists, which recommended amending the EMTALA regulations to allow certified nurse-midwives and other qualified medical persons to determine whether a woman is in false labor.

After extensive consideration of the issue, the members of the EMTALA TAG voted to recommend to the Secretary that the definition of ''labor'' at § 489.24(b) be amended to permit certified nurse-midwives and other qualified medical personnel to certify false labor. The TAG recommended deleting the second sentence, which states that a woman experiencing contractions is in true labor unless a physician certifies that, after a reasonable time of observation, the woman is in false labor.

We agree with the TAG's recommendation that other health care practitioners besides physicians should be allowed to certify false labor, and believe that the recommendation is consistent with CMS' current policy regarding who may conduct medical screening examinations. However, we do not believe such a change can be best accomplished by simply deleting the second sentence of the current definition of ''labor'' in the existing regulations because doing so would also remove the explicit statement that a woman experiencing contractions is in labor unless she has been found to be in false labor. To achieve the principal objective of the EMTALA TAG recommendation without compromising the protections of EMTALA for women having contractions, we are proposing to modify the definition of ''labor'' in § 489.24(b) by revising the second sentence of that definition to state that a woman experiencing contractions is in true labor unless a physician, certified nurse-midwife, or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and State law, certifies that, after a reasonable time of

observation, the woman is in false labor. The effect of this change would be to have a single, uniform policy on the personnel who are authorized to make a determination as to whether an individual has an emergency medical condition.

4. Application of EMTALA Requirements to Hospitals Without Dedicated Emergency Departments

Section 489.24(b) of the regulations outlines when a hospital will be considered to be a hospital with a ''dedicated emergency department'' and makes it clear that only a hospital with a dedicated emergency department has an EMTALA responsibility with respect to an individual for whom no appropriate transfer is sought but who comes to the hospital seeking examination or treatment for a medical condition. However, it has come to CMS' attention that our policy regarding the application of EMTALA to hospitals that have specialized capabilities but are without dedicated emergency departments may be less well understood as it relates to individuals for whom an appropriate transfer is sought.

It has been CMS' longstanding policy that any Medicare-participating hospital with a specialized capability must, in accordance with section 1867(g) of the Act, accept, within the capacity of the hospital, an appropriate transfer from a requesting hospital. This policy has been applied to hospitals without regard to whether they have dedicated emergency departments. In fact, in the past, CMS has taken enforcement actions against hospitals with specialized capabilities that failed to accept appropriate transfers under EMTALA when the hospitals had the capacity to treat the transferred individuals.

At its meeting held on October 26–28, 2005, the EMTALA TAG heard testimony from representatives of physician groups, hospital associations, and others regarding EMTALA compliance by specialty hospitals that typically do not have dedicated emergency departments. After extensive consideration and discussion of the issues raised and views presented, the members of the EMTALA TAG voted to recommend to the Secretary that hospitals with specialized capabilities (as defined in § 489.24(f) of the regulation) that do not have a dedicated emergency department be bound by the same responsibility to accept an appropriate transfer under EMTALA as hospitals with a dedicated emergency department.

We agree with the EMTALA TAG's assessment. We believe that the recommendation is consistent with CMS' current policy and highlights the need to clarify CMS' policy regarding hospitals with specialized capabilities. Therefore, in this proposed rule, we are proposing to modify the regulations at § 489.24(f) to specifically indicate that any participating hospital with specialized capabilities or facilities, even if it does not have a dedicated emergency department, may not refuse to accept an appropriate transfer if the hospital has the capacity to treat the individual. We note that this proposed revision does not reflect any change in current CMS policy. We further note that the revision would not require hospitals without dedicated emergency departments to open dedicated emergency departments nor would it impose any EMTALA obligation on those hospitals with respect to individuals who come to the hospital as their initial point of entry into the medical system seeking a medical screening examination or treatment for a medical condition. Although this proposed revision seeks only to clarify, rather than change, current policy, we nevertheless, welcome comments on what effect, if any, commenters believe this proposed clarification may have on EMTALA compliance and patient health and safety.

5. Clarification of Reference to ''Referral Centers''

The language of the existing regulations at § 489.24(f) duplicates the language of section 1867(g) of the Act in that it identifies, as an example of a hospital with specialized capabilities, ''(with respect to rural areas) regional referral centers identified by the Secretary in regulation)''. Because the term ''regional referral centers'' is not used elsewhere in the Medicare regulations, it is unclear whether the reference is to referral centers as defined in 42 CFR 412.96, which must be located in rural areas and meet other criteria spelled out in that section, or to any facilities that are located in rural areas and accept patients on referral. To maintain consistency in the Medicare regulations and avoid confusion as to which facilities are considered to have specialized capabilities for purposes of EMTALA, we are proposing to amend § 489.24 by clarifying that ''regional referral centers'' are those centers meeting the requirements of § 412.96.

*K. Other Proposed Technical Changes*

1. Proposed Cross-Reference Correction in Regulations on Limitations on Beneficiary Charges (§ 412.42)

(If you choose to comment on issues in this section, please include the caption ''Cross-Reference § 412.42'' at the beginning of your comment.)

We are proposing to amend § 412.42 to correct an obsolete cross-reference. Paragraph (d) of § 412.42 contains a cross-reference to ''§ 405.310(k).'' This section was redesignated as § 411.15(k) in 1989 (54 FR 41737, October 11, 1989). We are proposing to amend paragraph (d) of § 412.42 to delete the obsolete cross-reference and insert the correct cross-reference.

2. Proposed Cross-Reference Corrections in Regulations on Payment Denials Based on Admissions and Quality Reviews (§ 412.48)

(If you choose to comment on issues in this section, please include the caption ''Cross-Reference § 412.48'' at the beginning of your comment.)

We are proposing to amend § 412.48 to correct an obsolete cross-reference. Paragraph (b) of § 412.48 contains a cross-reference to ''§§ 405.330 through 405.332''. Section 405.330 was redesignated as § 411.400, and § 405.332 was redesignated as § 411.402 in 1989 (54 FR 41746, October 11, 1989). (There was no § 405.331.) We are proposing to amend paragraph (b) of § 412.48 to delete the obsolete cross-references and to insert the correct cross-references.

3. Proposed Cross-Reference Correction in Regulations on Outlier Payments (§ 412.84)

(If you choose to comment on issues in this section, please include the caption ''Technical Correction: Outliers'' at the beginning of your comment.)

On June 9, 2003, we published a final rule in the **Federal Register** (68 FR 34494) that amended the portion of the hospital IPPS regulations that sets out the methodology for determining payments for extraordinarily high-cost cases (outliers). We changed the methodology because we concluded that, in certain cases, hospitals were dramatically and inappropriately increasing charges, thereby inflating CCRs, resulting in overestimation of these hospitals' costs per case, a critical factor in determining outlier payments.

As a part of these methodology changes, we required that outlier payments be reconciled using a hospital's settled cost report for the cost reporting year in which the outlier discharge occurred. This approach

meant that there would be some delay in computing the final outlier payment. To address this issue, we added § 412.84(m), which provided that reconciled outlier payments would be adjusted to account for the time value of any underpayments or overpayments.

We inadvertently included in paragraph (m) of § 412.84 a cross-reference to paragraph (h)(3) of § 412.84. The cross-reference should be to paragraph (i)(4), which sets out the requirement for reconciling outlier payments when the cost report for the year in which the discharge occurred is settled. We are proposing to amend paragraph (m) of § 412.84 to correct the cross-reference to read ''paragraph (i)(4)'' of § 412.84.

4. Removing References to Two Paper Claims Forms

(If you choose to comment of the issues in this section, please include the caption ''Claims Forms References'' at the beginning of your comment.)

Section 1862(a)(22) of the Act generally requires electronic submission of initial Medicare claims requesting payment for items and services. Section 1862(h) of the Act provides for limited exceptions when paper claims still may be used. Our existing regulations at 42 CFR 424.32 set out the requirements for submitting electronic and paper claims for payment, as well as when the exceptions apply and paper forms still may be used. Our existing regulations at paragraph (b) of § 424.32 list six forms that are to be used for submitting paper claims.

We have evaluated the use of two of these forms, Form CMS–1490U (Request for Medicare Payment by Organization) and Form CMS–1491 (Request for Medicare Payment—Ambulance). We found that these forms have limited use, we would incur expensive costs in redesigning these forms to comply with other reporting requirements, and that an alternate form is available to claim payments. For these reasons, we intend to no longer use these forms. Therefore, we are proposing to remove the references to these forms from paragraph (b) of § 424.32.

Form CMS–1490U is a paper claim form used by employers, unions, employer-employee organizations that pay physicians and suppliers for their services to employees, group practice prepayment plans, and health maintenance organizations. Form CMS–1490U is used to claim payment from carriers for bills already paid by these entities. We concluded that this form should no longer be used for several reasons. It is duplicative of Form CMS–1500 (Health Insurance Claim Form), which also may be used to claim payment for these services. We have encouraged suppliers to submit their paper claims using the Form CMS–1500. Unlike Form CMS–1500, Form CMS–1490U cannot accommodate an additional reporting requirement, the National Provider Identifier (NPI), without an expensive redesign. Finally, according to our records, relatively few suppliers currently use the form. The CMS component that supplies blank copies of this form for users reported that, between 2002 and 2005, only 2,550 copies of Form CMS–1490U were ordered by carriers. A 2005 survey of Part B carriers indicated that requests for the form are very low and that receipts of the form vary from very few to none.

Form CMS–1491 is a paper claim form used by ambulance suppliers to apply for payment for ambulance services. We concluded that this form should no longer be used for several reasons. It also is duplicative of Form CMS–1500, which also may be used to claim payment for ambulance services. In addition, we have encouraged suppliers to submit their paper ambulance claims using the Form CMS–1500. Unlike Form CMS–1500, Form CMS–1491 cannot accommodate the NPI without an expensive redesign and usage of this form is low. A recent survey of carriers, initiated by Joint Signature Memorandum RO–2324, Request for Information Concerning the CMS–1491, issued October 30, 2003, from the Centers for Medicare Management, was conducted to ascertain the usage of Form CMS–1491. The results of the survey showed that fewer than 2 percent (1.71 percent) of all suppliers of ambulance services currently use the Form CMS–1491. CMS received approximately 240,000 ambulance claims using Form CMS–1491 during the period from October 1, 2002, to September 30, 2003. These data were used for the most recent OMB renewal under the Paperwork Reduction Act. Since the last OMB renewal approval in 2001, CMS has printed a total of 1,620,000 forms at a cost of $42,890.

*L. Rural Community Hospital Demonstration Program*

(If you choose to comment on issues in this section, please include the caption ''Rural Community Hospital Demonstration Program'' at the beginning of your comment.)

In accordance with the requirements of section 410A(a) of Pub. L. 108–173, the Secretary has established a 5-year demonstration program (beginning with selected hospitals' first cost reporting period beginning on or after October 1, 2004) to test the feasibility and advisability of establishing ''rural community hospitals'' for Medicare payment purposes for covered inpatient hospital services furnished to Medicare beneficiaries. A rural community hospital, as defined in section 410A(f)(1), is a hospital that:

- Is located in a rural area (as defined in section 1886(d)(2)(D) of the Act) or is treated as being located in a rural area under section 1886(d)(8)(E) of the Act;
- Has fewer than 51 beds (excluding beds in a distinct part psychiatric or rehabilitation unit) as reported in its most recent cost report;
- Provides 24-hour emergency care services; and
- Is not designated or eligible for designation as a CAH.

As we indicated in the FY 2005 IPPS final rule (69 FR 49078), in accordance with sections 410A(a)(2) and (a)(4) of Pub. L.108–173 and using 2002 data from the U.S. Census Bureau, we identified 10 States with the lowest population density from which to select hospitals: Alaska, Idaho, Montana, Nebraska, Nevada, New Mexico, North Dakota, South Dakota, Utah, and Wyoming (Source: U.S. Census Bureau Statistical Abstract of the United States: 2003). Nine rural community hospitals located within these States are currently participating in the demonstration program for FY 2007. (Of the 13 hospitals that participated in the first 2 years of the demonstration program, 4 hospitals located in Nebraska have withdrawn from the program; they have become CAHs.)

Under the demonstration program, participating hospitals are paid the reasonable costs of providing covered inpatient hospital services (other than services furnished by a psychiatric or rehabilitation unit of a hospital that is a distinct part), applicable for discharges occurring in the first cost reporting period beginning on or after the October 1, 2004, implementation date of the demonstration program. Payments to the participating hospitals will be the lesser amount of the reasonable cost or a target amount in subsequent cost reporting periods. The target amount in the second cost reporting period is defined as the reasonable costs of providing covered inpatient hospital services in the first cost reporting period, increased by the inpatient prospective payment update factor (as defined in section 1886(b)(3)(B) of the Act) for that particular cost reporting period. The target amount in subsequent cost reporting periods is defined as the preceding cost reporting period's target

amount, increased by the inpatient prospective payment update factor (as defined in section 1886(b)(3)(B) of the Act) for that particular cost reporting period.

Covered inpatient hospital services are inpatient hospital services (defined in section 1861(b) of the Act), and include extended care services furnished under an agreement under section 1883 of the Act.

Section 410A of Pub. L. 108–173 requires that ''in conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented.'' Generally, when CMS implements a demonstration program on a budget neutral basis, the demonstration program is budget neutral in its own terms; in other words, the aggregate payments to the participating providers do not exceed the amount that would be paid to those same providers in the absence of the demonstration program. This form of budget neutrality is viable when, by changing payments or aligning incentives to improve overall efficiency, or both, a demonstration program may reduce the use of some services or eliminate the need for others, resulting in reduced expenditures for the demonstration program's participants. These reduced expenditures offset increased payments elsewhere under the demonstration program, thus ensuring that the demonstration program as a whole is budget neutral or yields savings. However, the small scale of this demonstration program, in conjunction with the payment methodology, makes it extremely unlikely that this demonstration program could be viable under the usual form of budget neutrality. Specifically, cost-based payments to the nine participating small rural hospitals are likely to increase Medicare outlays without producing any offsetting reduction in Medicare expenditures elsewhere. Therefore, a rural community hospital's participation in this demonstration program is unlikely to yield benefits to the participant if budget neutrality were to be implemented by reducing other payments for these providers.

In order to achieve budget neutrality for this demonstration program for FY 2007, we are proposing to adjust the national inpatient PPS rates by an amount sufficient to account for the added costs of this demonstration program. We are proposing to apply budget neutrality across the payment system as a whole rather than merely across the participants in this demonstration program. As we discussed in the FY 2005 and FY 2006 IPPS final rules (69 FR 49183 and 70 FR 47462), we believe that the language of the statutory budget neutrality requirements permits the agency to implement the budget neutrality provision in this manner. For FY 2007, using the most recent cost report data (that is, data for FY 2004), adjusted to account for the increased estimated costs for the remaining nine participating hospitals, we estimate that the proposed adjusted amount would be $9,197,870. This proposed estimated adjusted amount reflects the estimated difference between the participating hospitals' costs and the IPPS payment based on data from the hospitals' cost reports. We discuss the proposed payment rate adjustment that would be required to ensure the budget neutrality of the demonstration program for FY 2007 in section II.A.4. of the Addendum to this proposed rule.

*M. Health Care Information Transparency Initiative*

(If you choose to comment of issues in this section, please include the caption ''Transparency of Health Care Information'' at the beginning of your comment.)

The United States faces a dilemma in health care. Although the rate of increase in health care spending slowed last year, costs are still growing at an unsustainable rate. The United States spends $1.9 trillion on health care, or 16 percent of the gross domestic product (GDP). By 2015, projections are that health care will consume 20 percent of GDP. The Medicare program alone consumes 3.4 percent of the GDP; by 2040, it will consume 8.1 percent of the GDP and by 2070, 14 percent of the GDP.

Part of the reason health care costs are rising so quickly is that most consumers of health care—the patients—are frequently not aware of the actual cost of their care. Health insurance shields them from the full cost of services, and they do have only limited information about the quality and costs of their care. Consequently, consumers do not have the incentive or means to carefully shop for providers offering the best value. Thus, providers of care are not subject to the competitive pressures that exist in other markets for offering quality services at the best possible price. Reducing the rate of increase in health care prices and avoiding health services of little value could help to stem the growth in health care spending, and potentially translate into fewer individuals who are unable to afford health insurance. Part of the President's health care agenda is to expand Health Savings Accounts (HSAs), which would provide consumers with greater financial incentives to compare providers in terms of price and quality, and choose those that offer the best value.

In order to exercise such choices, consumers must have accessible and useful information on price and quality of health care items and services. Typically, health care providers do not publicly quote or publish their prices. Moreover, list prices, or charges, generally differ from the actual prices negotiated and paid by different health plans. Thus, even if consumers were financially motivated to shop for the best price, it would be very difficult at the current time for them to access usable information.

Similarly, individuals have very little information available to them about the quality of care that they receive. Although there are preliminary steps underway to rectify that fact, including the hospital quality reporting initiative in which a significant number of acute care hospitals are participating (see sections IV.A and IV.B of this preamble), those data are nascent and consumers lack sufficient information on which to base a judgment about where to receive care based on quality of care.

For these reasons, the Department intends to launch a major health care information transparency initiative in 2006. This effort will build on steps already taken by CMS to make quality and price information available. For example, we currently collect quality information and publish it through the CMS Hospital Compare Web site, which we reference in other parts of this proposed rule. We also make available unprecedented information on the prices of drugs to beneficiaries in the Medicare prescription drug plan for each pharmacy in the United States.

We intend to take further steps to collect and publish useful information on quality and cost. The Department intends to identify several regions in the United States where health care costs are high, and where there is significant interest in reducing health care costs and improving health care quality. The Department will use its leadership role in health care policy to help lead change in those areas.

The Secretary also has significant regulatory authority as well. In this proposed rule, we are soliciting comments on several proposals that the Secretary might adopt to increase the transparency of quality and pricing

information, and how this can be used to attenuate the growth in health care costs. In addition, we are soliciting comments from the public on additional ways that we could use our regulatory authority to enhance transparency of quality and pricing information.

Several possibilities exist. First, we could publish a list of hospital charges either for every region of the country or for selected regions of the country. In addition, we could publish the rates that Medicare actually pays to a particular hospital for every DRG or for selected DRGs that could be adjusted to take into account the hospital's labor market area, teaching hospital status, and DSH status. Some might argue that publishing these payment rates does not provide meaningful information to consumers because Medicare payment rates are not set by the market, but rather by a statutory payment formula. In addition, providing information on hospital payments only does not disclose the true cost of an episode of care because it would not take into account the cost of physician services, laboratory tests, and other procedures that go along with hospital charges. On the other hand, Medicare payment rates may provide a helpful benchmark, especially for uninsured individuals, to determine whether the charges they see on a hospital bill bear any relationship to what third-party fee-for-service payors pay to the hospital.

A second option would be for the Secretary to use his authority to establish conditions of participation for hospitals to propose a rule that relates to charges for uninsured patients. For example, the conditions of participation could include a requirement that hospitals post their prices and/or post their policies regarding discounts or other assistance for uninsured patients.

Yet another alternative to posting Medicare DRG payment rates would be to make publicly available the total Medicare payments for an episode of care. For example, one of the most common inpatient hospital procedures under the Medicare program (based on total dollars spent) is hip replacement surgery. Under this proposal, we could make publicly available the expected total payment for an episode of care for hip replacement surgery, including the inpatient hospital stay, physician payments (including the surgeon and the anesthesiologist), and payments for post-acute care services such as services provided in an IRF, SNF, or LTCH. We are currently assessing methods for making such information available and are seeking comments on how to do so as quickly and effectively as possible.

We are seeking comment on any ways in which the Department can encourage transparency in health care quality and pricing whether through its leadership on voluntary initiative or through regulatory requirements. We also are seeking comment on the Department's statutory authority to impose such requirements. Discussion of particular options in this proposed rule should not be taken as an indication that the Department will adopt any of these proposals. Rather, the proposals are included here to foster comment on possible options to promote the aims of transparency of quality and pricing information and the Department's authority and ability potentially to implement these options. The Department is anxious to receive comments on any of these proposals, or on other options that may be available that the Department could adopt either through voluntary initiatives or through its regulatory authority.

## V. Proposed Changes to the PPS for Capital-Related Costs

(If you choose to comment on issues in this section, please include the caption ''Capital PPS'' at the beginning of your comment.)

### *A. Background*

Section 1886(g) of the Act requires the Secretary to pay for the capital-related costs of inpatient acute hospital services ''in accordance with a PPS established by the Secretary.'' Under the statute, the Secretary has broad authority in establishing and implementing the PPS for hospital inpatient capital-related costs. We initially implemented the PPS for capital-related costs in the August 30, 1991 IPPS final rule (56 FR 43358), in which we established a 10-year transition period to change the payment methodology for Medicare hospital inpatient capital-related costs from a reasonable cost-based methodology to a prospective methodology (based fully on the Federal rate).

Federal fiscal year (FFY) 2001 was the last year of the 10-year transition period established to phase in the PPS for hospital inpatient capital-related costs. For cost reporting periods beginning in FY 2002, capital PPS payments are based solely on the Federal rate for most acute care hospitals (other than certain new hospitals and hospitals receiving certain exception payments). The basic methodology for determining capital prospective payments using the Federal rate is set forth in § 412.312. For the purpose of calculating payments for each discharge, the standard Federal rate is adjusted as follows:

(Standard Federal Rate) x (DRG Weight) x (Geographic Adjustment Factor (GAF)) x (Large Urban Add-on, if applicable) x (COLA for hospitals located in Alaska and Hawaii) x (1 + Capital DSH Adjustment Factor + Capital IME Adjustment Factor, if applicable).

Hospitals also may receive outlier payments for those cases that qualify under the threshold established for each fiscal year as specified in § 412.312(c) of the regulations.

The regulations at § 412.348(f) provide that a hospital may request an additional payment if the hospital incurs unanticipated capital expenditures in excess of $5 million due to extraordinary circumstances beyond the hospital's control. This policy was originally established for hospitals during the 10-year transition period, but as we discussed in the August 1, 2002 IPPS final rule (67 FR 50102), we revised the regulations at § 412.312 to specify that payments for extraordinary circumstances are also made for cost reporting periods after the transition period (that is, cost reporting periods beginning on or after October 1, 2001). Additional information on the exception payment for extraordinary circumstances in § 412.348(f) can be found in the FY 2005 IPPS final rule (69 FR 49185 and 49186).

During the transition period, under §§ 412.348(b) through (e), eligible hospitals could receive regular exception payments. These exception payments guaranteed a hospital a minimum payment percentage of its Medicare allowable capital-related costs depending on the class of hospital (§ 412.348(c)), but were available only during the 10-year transition period. After the end of the transition period, eligible hospitals can no longer receive this exception payment. However, even after the transition period, eligible hospitals receive additional payments under the special exceptions provisions at § 412.348(g), which guarantees all eligible hospitals a minimum payment of 70 percent of its Medicare allowable capital-related costs provided that special exceptions payments do not exceed 10 percent of total capital IPPS payments. Special exceptions payments may be made only for the 10 years from the cost reporting year in which the hospital completes its qualifying project, and the hospital must have completed the project no later than the hospital's cost reporting period beginning before October 1, 2001. Thus, an eligible hospital may receive special exceptions payments for up to 10 years beyond the end of the capital PPS transition period. Hospitals eligible for

special exceptions payments were required to submit documentation to the intermediary indicating the completion date of their project. (For more detailed information regarding the special exceptions policy under § 412.348(g), refer to the August 1, 2001 IPPS final rule (66 FR 39911 through 39914) and the August 1, 2002 IPPS final rule (67 FR 50102).)

Under the PPS for capital-related costs, § 412.300(b) of the regulations defines a new hospital as a hospital that has operated (under current or previous ownership) for less than 2 years. (For more detailed information, see the August 30, 1991 final rule (56 FR 43418).) During the 10-year transition period, a new hospital was exempt from the capital PPS for its first 2 years of operation and was paid 85 percent of its reasonable costs during that period. Originally, this provision was effective only through the transition period and, therefore, ended with cost reporting periods beginning in FY 2002. Because we believe that special protection to new hospitals is also appropriate even after the transition period, as discussed in the August 1, 2002 IPPS final rule (67 FR 50101), we revised the regulations at § 412.304(c)(2) to provide that, for cost reporting periods beginning on or after October 1, 2002, a new hospital (defined under § 412.300(b)) is paid 85 percent of its Medicare allowable capital-related costs through its first 2 years of operation, unless the new hospital elects to receive fully prospective payment based on 100 percent of the Federal rate. (Refer to the August 1, 2001 IPPS final rule (66 FR 39910) for a detailed discussion of the statutory basis for the system, the development and evolution of the system, the methodology used to determine capital-related payments to hospitals both during and after the transition period, and the policy for providing exception payments.)

Section 412.374 provides for the use of a blended payment amount for prospective payments for capital-related costs to hospitals located in Puerto Rico. Accordingly, under the capital PPS, we compute a separate payment rate specific to Puerto Rico hospitals using the same methodology used to compute the national Federal rate for capital-related costs. In general, hospitals located in Puerto Rico are paid a blend of the applicable capital PPS Puerto Rico rate and the applicable capital PPS Federal rate.

Prior to FY 1998, hospitals in Puerto Rico were paid a blended capital PPS rate that consisted of 75 percent of the capital PPS Puerto Rico specific rate and 25 percent of the capital PPS Federal rate. However, effective October 1, 1997 (FY 1998), in conjunction with the change to the operating PPS blend percentage for Puerto Rico hospitals required by section 4406 of Pub. L. 105–33, we revised the methodology for computing capital PPS payments to hospitals in Puerto Rico to be based on a blend of 50 percent of the capital PPS Puerto Rico rate and 50 percent of the capital PPS Federal rate. Similarly, in conjunction with the change in operating PPS payments to hospitals in Puerto Rico for FY 2005 required by section 504 of Pub. L. 108–173, we again revised the methodology for computing capital PPS payments to hospitals in Puerto Rico to be based on a blend of 25 percent of the capital PPS Puerto Rico rate and 75 percent of the capital PPS Federal rate effective for discharges occurring on or after October 1, 2004.

*B. Treatment of Certain Urban Hospitals Reclassified as Rural Hospitals Under § 412.103*

We are proposing technical changes to §§ 412.316(b) and 412.320(a)(1) to clarify that hospitals reclassified as rural under § 412.103 are not eligible for the large urban add-on payment or for the capital DSH adjustment. These proposed changes would reflect our historic policy that hospitals reclassified as rural under § 412.103 also will be considered rural under the capital PPS. Since the genesis of the capital PPS in FY 1992, the same geographic classifications used under the operating PPS also have been used under the capital PPS.

These proposed changes and clarifications are necessary because we inadvertently made an error when we updated our capital PPS regulations to incorporate OMB's new CBSA definitions for IPPS hospital labor market areas beginning in FY 2005. In the FY 2005 IPPS final rule (69 FR 49187 through 49188), in order to incorporate the new CBSA designations and the provisions of the newly established § 412.64, which incorporated the CBSA-based geographic classifications, we revised § 412.316(b) and § 412.320 to specify that, effective for discharges occurring on or after October 1, 2004, the capital PPS payment adjustments are based on the geographic classifications under § 412.64. However, § 412.64 does not reference the provisions of § 412.103 regarding the urban-to-rural reclassifications, as was previously found in § 412.63(b)(1).

We believe that this error must be corrected in order to maintain our historic policy for treating urban-to-rural hospital reclassifications under the operating PPS the same for purposes of the capital PPS. Therefore, we are proposing to specify under §§ 412.316(b)(2) and (b)(3) and 412.320(a)(1)(ii) and (a)(1)(iii) that, for discharges on or after October 1, 2006, hospitals that are reclassified from urban to rural under § 412.103 would be considered rural.

*C. Other Technical Corrections Relating to the Capital PPS Geographic Adjustment Factors*

We are proposing to make technical corrections to the regulations under paragraphs (a) and (c) of § 412.316. Specifically, we are proposing to make a technical change under § 412.316(a) to correct the cross-reference to ''§ 412.63(k)'' to clarify that the same wage index that applies to hospitals under the operating PPS is used to determine the geographic adjustment factor (GAF) under the capital PPS. We would cross-refer instead to subpart D of Part 412 to capture the applicable requirements in their entirety. This technical correction does not change any current payment policies because the regulation, as written, makes clear that the GAF adjustment for local cost variation under the capital PPS is based on a hospital's operating PPS wage index value. Thus, the same payment policies that are in effect prior to FY 2007 (that is, the GAF is based on a hospital's operating PPS wage index value) would continue in effect for FY 2007 and beyond; the only change in the regulation would be a correction of the erroneous cross-reference.

In addition, we are proposing to make a technical correction under § 412.316(c) to correct the cross-reference to ''§ 412.115'' to clarify that, for hospitals located in Alaska and Hawaii, the same COLA factor that applies to these hospitals under the operating PPS is used to determine the COLA factor under the capital PPS. The existing regulation erroneously references the COLA factor used to determine payment under § 412.115, which is not related to the operating PPS COLA factor or any other payment factors. Again, we would cross-refer instead to subpart D of Part 412 to capture the applicable requirements in their entirety. This proposed technical correction would not change any current payment policy; rather it would make clear that the capital PPS COLA factor is based on the hospital's COLA factor under the operating PPS. This proposed technical correction reflects our historic policy that the COLA factor under the capital PPS is based on the hospital's operating PPS COLA factor, which is how the capital PPS COLA

factor has been determined since the implementation of the capital PPS in FY 1992. Thus, the same payment policy that has been in effect prior to FY 2007 (that is, the use of the operating PPS COLA factor as shown in the table in section II.B.2 of the Addendum of this proposed rule in determining a hospital's capital PPS COLA factor) would continue to be in effect for FY 2007 and beyond; the only change in the regulation would be a correction of the erroneous cross-reference.

## VI. Proposed Changes for Hospitals and Hospital Units Excluded From the IPPS

(If you choose to comment on issues in this section, please include the caption ''Excluded Hospitals and Units'' at the beginning of your comment.)

### *A. Payments to Excluded Hospitals and Hospital Units (§ 413.40)*

#### 1. Payments to Existing and New Excluded Hospitals and Hospital Units

Historically, hospitals and hospital units excluded from the prospective payment system received payment for inpatient hospital services they furnished on the basis of reasonable costs, subject to a rate-of-increase ceiling. An annual per discharge limit (the target amount as defined in § 413.40(a)) was set for each hospital or hospital unit based on the hospital's own cost experience in its base year. The target amount was multiplied by the Medicare discharges and applied as an aggregate upper limit (the ceiling as defined in § 413.40(a)) on total inpatient operating costs for a hospital's cost reporting period. Prior to October 1, 1997, these payment provisions applied consistently to all categories of excluded providers (rehabilitation hospitals and units (now referred to as IRFs), psychiatric hospitals and units (now referred to as IPFs), LTCHs, children's hospitals, and cancer hospitals).

Payment for children's hospitals and cancer hospitals that are excluded from the IPPS continues to be subject to the rate-of-increase ceiling based on the hospital's own historical cost experience. (We note that, in accordance with § 403.752(a) of the regulations, RNHCIs are also subject to the rate-of-increase limits established under § 413.40 of the regulations.) For IPFs, IRFs, and LTCHs, reasonable cost payment provisions changed significantly for cost reporting periods beginning on or after October 1, 1997.

Section 1886(b)(3)(H) of the Act established caps on the target amounts for cost reporting periods beginning on or after October 1, 1997, through September 30, 2002, for certain existing hospitals and hospital units excluded from the IPPS. Section 413.40(c)(4)(iii) of the implementing regulations states that ''In the case of a psychiatric hospital or unit, rehabilitation hospital or unit, or long-term care hospital, the target amount is the lower of amounts specified in paragraph (c)(4)(iii)(A) or (c)(4)(iii)(B) of this section.'' Accordingly, in general, for ''existing'' IPFs, IRFs, or LTCHs for the applicable 5-year period, the target amount is the lower of: the hospital-specific target amount (§ 413.40(c)(4)(iii)(A)) or the 75th percentile cap (§ 413.40(c)(4)(iii)(B)).

For cost reporting periods beginning on or after October 1, 2002, all IRFs are paid 100 percent of the adjusted Federal rate under the IRF PPS. Therefore, an IRF, considered existing under section 1886(b)(3)(H) of the Act would have no portion of its payment subject to § 413.40(c)(4)(ii) of the regulations for cost reporting periods beginning on or after October 1, 2002.

For cost reporting periods beginning on or after October 1, 2002, to the extent an IPF or LTCH has all or a portion of its payment determined under reasonable cost principles, the target amounts for the reasonable cost-based portion of the payment are determined in accordance with section 1886(b)(3)(A)(ii) of the Act and the regulations at § 413.40(c)(4)(ii). Section 413.40(c)(4)(ii) states, ''Subject to the provisions of [§ 413.40] paragraph (c)(4)(iii) of this section, for subsequent cost reporting periods, the target amount equals the hospital's target amount for the previous cost reporting period increased by the update factor for the subject cost reporting period unless the provisions of [§ 413.40] paragraph (c)(5)(ii) of this section apply.'' Thus, because § 413.40(c)(4)(ii) indicates that the provisions of that paragraph are subject to the provisions of § 413.40(c)(4)(iii), which are applicable only for cost reporting periods beginning on or after October 1, 1997, through September 30, 2002, the target amount for FY 2003 is determined by updating the target amount for FY 2002 by the applicable update factor. For example, if a provider was paid the cap amount in FY 2002, the target amount for FY 2003 would be the amount paid in FY 2002, updated to FY 2003 (that is, the target amount from the previous year increased by the applicable update factor). As discussed below, IPFs, IRFs, and LTCHs are now paid under separate PPSs, although some are subject to transition payment provisions.

In addition, a new method of determining the payment amount for ''new'' excluded providers was established under section 1886(b)(7) of the Act. The law was applicable for three classes of excluded providers—IRFs, IPFs, and LTCHs—with a first cost reporting period beginning on or after October 1, 1997. For the first two cost reporting periods, these ''new'' excluded providers would be paid the lesser of their net inpatient operating costs or 110 percent of the national median of target amounts for its class of hospitals for cost reporting periods ending during FY 1996. This amount was updated to the first cost reporting period the hospital received payment, and adjusted for differences in area wage levels, as implemented in the regulations at § 413.40(f)(2)(ii). For the third and subsequent cost reporting periods, § 413.40(c)(4)(v) applies.

The 110 percent of the national median payment limits for new providers under TEFRA (§ 413.40(f)(2)(ii)) do not apply to those LTCHs or IPFs whose first cost reporting period begins on or after the date the particular class of hospitals implemented their respective PPS because they are paid 100 percent of their Federal PPS rate. IRFs are paid 100 percent of the Federal rate under the IRF PPS for cost reporting periods beginning on or after October 1, 2002. Therefore, the 110 percent of the median payment limitations are not applicable to IRFs for cost reporting periods beginning on or after that date.

#### 2. Separate PPS for IRFs

Section 1886(j) of the Act, as added by section 4421(a) of Pub. L. 105–33, provided for the phase-in of a case-mix adjusted PPS for inpatient hospital services furnished by IRFs for cost reporting periods beginning on or after October 1, 2000, and before October 1, 2002, with payments based entirely on the adjusted Federal prospective payment for cost reporting periods beginning on or after October 1, 2002. Section 1886(j) of the Act was amended by section 125 of Pub. L. 106–113 to require the Secretary to use a discharge as the payment unit under the PPS for inpatient hospital services furnished by IRFs and to establish classes of patient discharges by functional-related groups. Section 305 of Pub. L. 106–554 further amended section 1886(j) of the Act to allow IRFs, subject to the blend methodology, to elect to be paid the full Federal prospective payment rather than the transitional period payments specified in the Act.

On August 7, 2001, we issued a final rule in the **Federal Register** (66 FR 41316) establishing the PPS for IRFs, effective for cost reporting periods beginning on or after January 1, 2002.

There was a transition period for cost reporting periods beginning on or after January 1, 2002, and ending before October 1, 2002. For cost reporting periods beginning on or after October 1, 2002, payments are based entirely on the adjusted Federal prospective payment rate determined under the IRF PPS.

3. Separate PPS for LTCHs

In accordance with the requirements of section 123 of Pub. L. 106–113, as modified by section 307(b) of Pub. L. 106–554, we established a per discharge, DRG-based PPS for LTCHs as described in section 1886(d)(1)(B)(iv) of the Act for cost reporting periods beginning on or after October 1, 2002, in a final rule issued on August 30, 2002 (67 FR 55954). The LTCH PPS uses information from LTCH hospital patient records to classify patients into distinct LTC–DRGs based on clinical characteristics and expected resource needs. Separate payments are calculated for each LTC–DRG with additional adjustments applied.

On May 7, 2004, we issued in the **Federal Register** a final rule (69 FR 25673) that updated the payment rates for the LTCH PPS and made policy changes effective for a new LTCH PPS rate year of July 1, 2004 through June 30, 2005. For the LTCH PPS rate year of July 1, 2005 through June 30, 2006, we issued in the **Federal Register** a final rule (70 FR 24168) that further updated the payment rates and made policy changes. The 5-year period for LTCHs to transition from reasonable cost-based reimbursement to the fully Federal prospective rate will end with cost reporting periods beginning on or after October 1, 2005, and before October 1, 2006.

4. Separate PPS for IPFs

In accordance with section 124 of the BBRA and section 405(g)(2) of Pub. L. 108–173, we established a PPS for inpatient hospital services furnished in IPFs (that is, psychiatric hospitals and psychiatric units of acute care hospitals). On November 15, 2004, we issued in the **Federal Register** a final rule (69 FR 66922) that established the IPF PPS, effective for IPF cost reporting periods beginning on or after January 1, 2005. Under the final rule, we compute a Federal per diem base rate to be paid to all IPFs for inpatient psychiatric services based on the sum of the average routine operating, ancillary, and capital costs for each patient day of psychiatric care in an IPF, adjusted for budget neutrality. The Federal per diem base rate is adjusted to reflect certain patient characteristics, including age, specified DRGs, selected high-cost comorbidities, days of the stay, and certain facility characteristics, including a wage index adjustment, rural location, indirect teaching costs, the presence of a full-service emergency department, and COLAs for IPFs located in Alaska and Hawaii. We have established a 3-year transition period during which IPFs whose first cost reporting periods began before January 1, 2005, will be paid based on a blend of reasonable cost-based payment and IPF PPS payments. For cost reporting periods beginning on or after January 1, 2008, all IPFs will be paid 100 percent of the Federal per diem payment amount.

5. Grandfathering of Hospitals-Within-Hospitals (HwHs) and Satellite Facilities

(If you choose to comment on this section, please include the caption ''Hospitals-Within-Hospitals'' at the beginning of your comment.)

Existing regulations at 42 CFR 412.22(e) define a hospital-within-a-hospital (HwH) as a hospital that occupies space in a building also used by another hospital, or in one or more separate buildings located on the same campus as buildings used by another hospital. In order to be paid outside of the IPPS as an excluded hospital, a HwH is required to demonstrate compliance with requirements at § 412.22(e)(1) through (e)(3), as applicable, which were established to create operational and organizational separateness between the HwH and the host hospital with which it is co-located.

The existing regulations at § 412.22(h), relating to satellite facilities of hospitals excluded from the IPPS, define a satellite facility as a part of a hospital that provides inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital. Section 412.25(e), relating to satellite facilities of excluded hospital units, defines a satellite facility as a part of a hospital unit that provides inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

There are significant similarities between the definition of a satellite facility and the definition of a HwH as it relates to their co-location with other Medicare hospital-level providers (hosts). There are also similarities in our policy concerns about the potential for patient-shifting (and its consequences for the Medicare program) between the co-located entities and their hosts. Regarding HwHs and satellite facilities, particularly LTCH HwHs and satellite facilities of LTCHs, which were the original entities that we regulated beginning with FY 1995, we have repeatedly expressed our concerns (for example, in the FY 2005 IPPS final rule (69 FR 49191)) that a HwH's or a satellite facility's ''configuration could result in patient admission, treatment, and discharge patterns that are guided more by attempts to maximize Medicare payments than by patient welfare.'' (69 FR 48916 and 49191). We further believe that ''the unregulated linking of an IPPS hospital and a hospital excluded from the IPPS could lead to two Medicare payments for what was essentially one episode of patient care.'' (69 FR 48916 and 49191). Therefore, we established ''separateness and control'' criteria to govern these relationships with host hospitals, at § 412.22(e) for HwHs, and at §§ 412.22(h) and 412.25(e) for satellite facilities of excluded hospitals and satellite facilities of hospital units, respectively. Moreover, for each type of entity, we provided for the ''grandfathering'' of existing facilities, thereby exempting those that were in existence prior to the establishment of the ''separateness and control'' requirements from compliance with the criteria. At § 412.22(f), we provided for the grandfathering of HwHs that were in existence on or before September 30, 1995 or for HwHs that changed the terms and conditions under which they operated between September 30, 1995 and before October 1, 2003, and continued to operate under the terms and conditions in effect on September 30, 2003. At § 412.22(h)(3) and (h)(4) we grandfathered of satellite facilities that were part of a hospital, that were in existence on September 30, 1999, and that met certain other conditions. Further, at § 412.25(e)(3) and (e)(4), we grandfathered satellite facilities that were part of a hospital unit, were in existence on September 30, 1999, and that met certain other conditions.

The regulations addressing ''separateness and control'' policies for each of the above types of entities are presently not entirely uniform. This situation has arisen, in part, because the policies were implemented at different times and also because there are differences among the types of entities. (For example, in the FY 2003 IPPS final rule (67 FR 49982 and 50105), we included a detailed discussion of the ''performance of basic functions'' test utilized for HwHs and how this test was not applicable to satellite facilities.) There are also differences between

specific features of the grandfathering provisions for HwHs and satellite facilities, despite the fact that, as noted above, the intent of each of the grandfathering provisions was the same (for HwHs at § 412.22(f), for satellite facilities of hospitals at § 412.22(h)(3)(i) and (h)(4), and for satellite facilities of hospital units at § 412.25(e)(3) and (e)(4)). The regulations exempt certain of these entities from compliance with the ''separateness and control'' criteria governing the relationships with their host hospitals as long as they continue to operate under the same ''terms and conditions,'' including the number of beds and square footage considered to be part of the hospital or satellite facility, for purposes of Medicare participation and payment in effect as of the date that they were grandfathered.

This particular policy was adopted because we believed that those entities that were designated as grandfathered, versus those that were required to meet the ''separateness and control'' requirements, should not be permitted to alter their operations from the ''snapshot in time'' taken when they were grandfathered and thus benefit even more from this status. (LTCH HwHs and satellite facilities of LTCHs that are not grandfathered are also subject to a payment adjustment at § 412.534 related to Medicare discharges of patients who were admitted from their host hospitals.) In other words, we believed that grandfathered facilities received a benefit not enjoyed by nongrandfathered facilities—namely, they were free from compliance with the ''separateness and control'' regulations and we did not want to allow these entities to realize additional economic advantages by expansion that would increase their Medicare payments by virtue of their grandfathered status. Furthermore, it has been our policy that if a grandfathered HwH or satellite facility of the HwH chooses not to operate under the same terms and conditions in effect as of its grandfathering, it could still be paid under the applicable excluded hospital payment system if it changed its relationship with its host to the extent that it has come into compliance with the applicable ''separateness and control'' requirements.

Because the underlying rationale for the grandfathering policies for both HwHs and satellite facilities of HwHs is the same, upon review of these various provisions, we believe that, where appropriate, the grandfathering provisions should be consistent. Under the authority of section 1871(a)(1) of the Act, which authorizes the Secretary to prescribe such regulations as may be necessary to carry out the administration of the Medicare program, we are proposing the following revisions to make the policies consistent. As set forth below, we are proposing to revise the HwH provision at § 412.22(f) to include an exception to the requirement that a grandfathered HwH be operated under the terms and conditions in effect on October 1, 2003, that corresponds to the existing exceptions for HwH satellite facilities and for satellite facilities of hospital units at § 412.22(h)(4) and 412.25(e)(4), respectively. (As provided in § 412.22(f), the original September 1, 1995, ''snapshot in time'' date for grandfathered HwHs was extended to hospitals that changed the terms and conditions under which they operated between September 1, 1995, and before October 1, 2003, in the FY 2004 IPPS final rule (68 FR 45462).) Specifically, we are proposing a corresponding change to the HwH grandfathering provision at § 412.22(f)(3) that would allow for increases or decreases in square footage, or decreases in the number of beds of the HwH that are needed for specific circumstances beyond the control of the facility. We are specifying that increases or decreases in square footage or decreases in the number of beds that are required because of the relocation of a facility to permit construction or renovation necessary for compliance with Federal, State, or local law affecting the physical facility or because of catastrophic events such as fires, floods, earthquakes, or tornadoes. (64 FR 14535) We are proposing to add some phraseology to the existing provision in § 412.22(h)(4) for consistency with the regulations for grandfathered satellite facilities cited above.

As noted above, our existing grandfathering regulations at §§ 412.22(f), 412.22(h)(3) and (h)(4), and 412.25(e)(3) and (e)(4) require that the grandfathered entity make no change in either its square footage or number of beds in order to retain its grandfathered status. In establishing grandfathering provisions, generally, we intended to protect certain existing hospitals and satellite facilities from ''the potentially adverse impact of recent, more specific regulations that we now believe to be essential to the goals of the Medicare program'' (68 FR 45463). Moreover, it was our intention that our ''snapshot in time'' policy prevented grandfathered entities that were advantaged more than their nongrandfathered peer facilities as a result of their protected status from realizing additional benefits by changing their ''terms and conditions'' that could increase their Medicare reimbursement. However, as noted above, we did provide that a grandfathered HwH or satellite facility would have the option of changing square footage or number of beds if it decided to forego its grandfathered status and comply with the applicable ''separateness and control'' regulations.

Recently, several grandfathered LTCH HwHs and satellite facilities questioned whether a *decrease* in their square footage or their number of beds would result in negating their grandfathered status, because compliance with the each of the above cited grandfathering provisions require that they continue to operate under the *same* terms and conditions, including the number of beds and square footage considered to be part of the hospital, the satellite facility, or the hospital unit in effect on the day that the grandfathering policy was implemented. We also have been urged to modify our policies to allow these grandfathered entities to increase in square footage and number of beds without requiring compliance with the ''separateness and control'' policies discussed above. Clearly, under existing regulations, a decrease or an increase in square footage or number of beds would result in a loss of status as a grandfathered HwH or hospital satellite facility (unless § 412.22(h)(4) or § 412.25(b)(3) applies) because the existing regulations prohibit any change in the terms and conditions of operation, as described above.

We had two objectives in establishing our grandfathering policy. The first was to allow existing HwHs and satellite facilities to continue to be paid outside of the IPPS, despite the fact that, among other factors, no demonstration of operational or organizational separateness between these grandfathered entities and their host hospitals were required, as they were for HwHs established after September 30, 1995, and for satellite facilities established after September 30, 1999. However, the second objective was to ensure that these entities would not make changes that would lead to increased costs to the Medicare program. The nexus of these two objectives has been the basis of our ''snapshot in time'' policy discussed above. (For HwHs, as noted above, the ''snapshot in time'' date for changes in ''terms and conditions'' was extended to before October 1, 2003, if the HwH changed its terms and conditions under which it operated after September 30, 1995, but before October 1, 2003, in the FY 2004 IPPS final rule (68 FR 45462).)

As a result of the requests that we reconsider our policy for an HwH or

satellite facility that decreases or increases square footage or number of beds, we revisited the requirement for grandfathered entities to continue to operate under the ''same terms and conditions'' in effect when they were grandfathered. We have determined that, although increases in square footage or number of beds would confer additional benefits on grandfathered entities, as compared with those HwHs and satellite facilities that were required to comply with ''separateness and control'' policies at §§ 412.22(e), 412.22(h), and 412.25(e) by allowing expansion and result in additional costs to the Medicare program, this would not be the case regarding a *decrease* in either the square footage or the numbers of beds because a decrease in the number of beds or square footage would not result in additional costs to the Medicare program. Therefore, we are proposing revisions to the regulations at § 412.22(f) for grandfathered HwHs and at §§ 412.22(h) and 412.25(e)(5) for grandfathered satellites of hospitals and satellites of hospital units, respectively, to allow these entities to decrease their square footage or number of beds, or both, without jeopardizing their grandfathered status. Specifically, we are proposing to add a new paragraph (f)(3) to § 412.22; a new paragraph (h)(5) to § 412.22(h) (existing paragraphs (h)(5) through (h)(7) would be redesignated as paragraphs (h)(6) through (h)(8), respectively); and a new paragraph (e)(5) to § 412.25 (existing paragraph (e)(5) would be redesignated as paragraph (e)(6)). We are also proposing to revise the introductory text to paragraph (f) of § 412.22; paragraphs (h)(1), (h)(3), and (h)(4) of § 412.22; and paragraph (e)(3) of § 412.25.

Because grandfathered HwHs or grandfathered satellite facilities may be co-located with an acute care hospital or may be co-located with another excluded hospital (69 FR 49198), we want to emphasize that under our proposed policy revisions described above, where the HwH or satellite facility decreases its number of beds or square footage, there could be an impact on the host hospital if it is also grandfathered from compliance with the ''separateness and control'' requirements. (Because excluded hospitals are prohibited from having excluded hospital units under § 412.25(a)(1)(ii), this discussion is limited to HwHs and satellite facilities of hospitals.) For example, if grandfathered HwH ''A'' is co-located with another hospital excluded from the IPPS, hospital ''B'' (which is a rehabilitation hospital), a decrease in the number of beds in hospital ''A'' could impact the grandfathered status of hospital ''B'' if hospital ''B'' absorbed the extra beds. In such a case, if the determination were made that hospital ''B'' would expand, in order to maintain status as an excluded hospital, hospital ''B'' would then have to meet the applicable ''separateness and control'' requirements at § 412.22(e).

6. Proposed Changes to the Methodology for Determining LTCH Cost-to-Charge Ratios (CCRs) and the Reconciliation of High-Cost and Short-Stay Outlier Payments Under the LTCH PPS

a. Background

In the June 9, 2003 high-cost outlier final rule (68 FR 34498), we made revisions to our policies concerning the determination of LTCHs' CCRs and the reconciliation of high-cost and short-stay outlier payments under the LTCH PPS. As we stated in that final rule, (68 FR 34507), because the LTCH PPS high-cost outlier and short-stay outlier policies are modeled after the IPPS outlier policy, we believe they are susceptible to the same payment vulnerabilities and, therefore, merited revision. Specifically, because we believe that a hospital has the ability to inappropriately increase its outlier payments during the time lag between the current charges and the CCR from the settled cost report, through dramatic charge increases, we established new regulations under the LTCH PPS that would allow fiscal intermediaries to use more up-to-date data when determining the CCRs for each LTCH. We revised our regulations to specify that fiscal intermediaries will use either the most recent settled cost report or the most recent tentative settled cost report, whichever is from the later cost reporting period, because, in many cases, using CCRs from tentative settled cost report reduces the time lag for updating CCRs by a year or more.

However, even the later CCRs calculated from the tentative settled cost reports would overestimate costs for hospitals that have continued to increase charges much faster than costs during the time between the tentative settled cost report and the time when the claim is processed. Therefore, we also revised the regulations to specify that, in the event more recent charge data indicate that an alternative CCR would be more appropriate, CMS has the authority to direct the fiscal intermediary to change the LTCH's CCR to reflect the change evidenced by the more recent data. In addition, we further revised the regulations to allow a hospital to contact its fiscal intermediary to request that its CCR, otherwise applicable, be changed if the LTCH presents substantial evidence that its CCR is inaccurate. (68 FR 34497 and 34506 through 34508)

Also in the June 9, 2003 final rule, we noted that as hospitals raise their charges faster than their costs increase, over time their CCRs will decline. If hospitals continue to increase charges at a faster rate than their costs increase over a long period of time, or if they increase charges at extreme rates, their CCRs may fall below the range considered reasonable and fiscal intermediaries may assign a statewide average CCR. These statewide averages are generally considerably higher than the threshold. Therefore, prior to the change in the regulations, these hospitals benefited from an artificially high ratio being applied to their already high charges. Furthermore, hospitals could continue to increase charges faster than costs, without any further downward adjustment to their CCR. Consequently, in that same final rule, we revised the regulations to specify that a fiscal intermediary may use a statewide average CCR if it is unable to determine an accurate CCR in one of three circumstances (discussed in greater detail below). (68 FR 34499 through 34500 and 34506 through 34507)

In addition, in the June 9, 2003 final rule (68 FR 34500 through 34501 and 34506 through 34508), we noted that we had become increasingly aware that some hospitals had taken advantage of the former outlier policy by increasing their charges at extremely high rates, knowing that there would be a time lag before their CCRs would be adjusted to reflect the higher charges. We believed that even the revisions to the regulations described above would not completely eliminate all such opportunity. We explained that we believed that a hospital would still be able to dramatically increase its charges by far above the rate-of-increase in costs during any given year. Because this possibility was of great concern, we added a provision to our regulations to provide that outlier payments would become subject to reconciliation when hospitals' cost reports are settled.

Because we continue to have these same concerns, in the RY 2007 LTCH PPS proposed rule (71 FR 4648, 4674 through 4676, and 4690 through 4692), we discussed our current methodology for determining hospitals' CCRs under the LTCH PPS high-cost and short-stay outlier policies, and we presented proposals to refine our methodology for determining the annual CCR ceiling and

statewide average CCRs. In that same proposed rule, we also discussed our existing policy for the reconciliation of LTCH PPS high-cost and short-stay outlier payments, along with our proposal to codify in Subpart O of 42 CFR Part 412 those policies, including proposed modifications and editorial clarifications to those existing policies.

Historically, annual updates to LTCH CCR ceiling and statewide average CCRs have been effective on October 1. In that RY 2007 LTCH PPS proposed rule, we proposed that the proposed revisions to the policies governing the determination of LTCHs' CCRs and the reconciliation of high-cost and short-stay outlier payments would be effective October 1, 2006. In addition, our proposal stated that the LTCH CCR ceiling and statewide average CCRs that would be effective October 1, 2006, would be presented in the annual IPPS proposed and final rules.

We received a few specific comments concerning the proposed changes to the policies governing the determination of LTCHs' CCRs. Several other commenters referenced one of the specific comments on the proposed changes to the methodology for determining LTCH CCRs in their own comments on the RY 2007 LTCH PPS proposed rule. Based on one commenter's synopsis of our proposed changes concerning the determination of LTCH's CCRs, we believe that the commenters clearly understood the nature and purpose of the proposed changes. However, the commenter pointed out that, in the RY 2007 LTCH PPS proposed rule, we did not provide an analysis of the effect of this proposed change, nor did we provide an example of the new CCR values under this proposed methodology. Another commenter did not ''object in concept to the proposed combination of [IPPS] operating and capital cost-to-charge ratios'' (to compute a ''total'' CCR for each IPPS hospital by adding together each hospital's operating CCR and its capital CCR) from which to compute the LTCH CCR ceiling and applicable statewide average CCRs. However, the commenter also pointed out that we did not provide any impact data and requested that we defer adoption of that proposed change until such data are provided for comment.

Therefore, we are proposing in this IPPS proposed rule the same changes to the policies governing the determination of LTCHs' CCRs and the reconciliation of high-cost and short-stay outlier payments that we proposed in the RY 2007 LTCH PPS proposed rule. We are including in this proposed rule the values of the proposed LTCH CCR ceiling (discussed below in this section) and the proposed statewide average LTCH CCRs (as shown in Table 8C of the Addendum to this IPPS proposed rule) that would be effective October 1, 2006, based on our proposed policy changes (along with the values of the proposed LTCH CCRs that would be determined under our current methodology).

b. High-Cost Outliers

Under the broad authority conferred upon the Secretary by section 123 of the BBRA as amended by section 307(b) of BIPA, when we implemented the LTCH PPS, we established an adjustment for additional payments for outlier cases that have extraordinarily high-costs relative to the costs of most discharges at § 412.525(a). Providing additional payments for outliers strongly improves the accuracy of the LTCH PPS in determining resource costs at the patient level and hospital level. Specifically, under § 412.525(a), we make outlier payments for any discharge if the estimated cost of the case exceeds the adjusted LTCH PPS payment for the LTC–DRG plus a fixed-loss amount. Under the LTCH PPS high-cost outlier policy, the LTCH's loss is limited to the fixed-loss amount and a fixed percentage of costs above the marginal cost factor. We calculate the estimated cost of a case by multiplying the overall hospital CCR by the Medicare allowable covered charge. In accordance with § 412.525(a)(3), we pay outlier cases 80 percent of the difference between the estimated cost of the patient case and the outlier threshold (the sum of the adjusted Federal prospective payment for the LTC-DRG and the fixed-loss amount).

(1) CCR Ceiling

As noted above, we determine the estimated cost of the case by multiplying the LTCH's overall CCR by the Medicare allowable charges for the case. As we discussed in greater detail in the June 9, 2003 IPPS high-cost outlier final rule (68 FR 34506 through 34516), because the LTCH PPS high-cost outlier policy (§ 412.525) is modeled after the IPPS outlier policy, we believed that it and the short-stay outlier policy (§ 412.529) are susceptible to the same payment vulnerabilities that became evident under the IPPS and, therefore, merited revision. Thus, we revised the high-cost outlier policy at § 412.525(a) and the short-stay policy at § 412.529 in that same final rule for the determination of LTCHs' CCRs and the reconciliation of outlier payments.

Under the LTCH PPS, a single prospective payment per discharge is made for both inpatient operating and capital-related costs. Therefore, we compute a single ''overall'' or ''total'' CCR for LTCHs based on the sum of their operating and capital-related costs (as described in Chapter 3, section 150.24, of the Medicare Claims Processing Manual (CMS Pub. 100–4) as compared to total charges. Specifically, a LTCH's CCR is calculated by dividing an LTCH's total Medicare costs (that is, the sum of its operating and capital inpatient routine and ancillary costs) divided by its total Medicare charges (that is, the sum of its operating and capital inpatient routine and ancillary charges). (Instructions regarding the changes established in the June 9, 2003 IPPS high-cost outlier final rule for both LTCHs and IPPS hospitals can be found in Program Transmittal A–03–058 (Change Request 2785; July 3, 2003)).

As a result of the changes established in the June 9, 2003 IPPS high-cost outlier final rule, as we discussed in previous LTCH PPS final rules (RY 2004, 68 FR 34144 through 34146; RY 2005, 69 FR 25687 through 25690; and RY 2006, 70 FR 24192 through 24194), under our current policy, an LTCH is assigned the applicable statewide average CCR if, among other things, an LTCH's CCR is found to be in excess of the applicable maximum CCR threshold (that is, the combined IPPS operating and capital CCR ceiling). As we explained in that same final rule (68 FR 34507), CCRs above this threshold are most likely due to faulty data reporting or entry, and, therefore, these CCRs should not be used to identify and make payments for outlier cases. Such data are clearly errors and should not be relied upon. Thus, under our established policy, if an LTCH's CCR is above the applicable ceiling, the applicable combined IPPS statewide average CCR is assigned to the LTCH instead of the CCR computed from data in its most recent (settled or tentatively settled) cost report.

As we explained in the RY 2006 LTCH PPS final rule (70 FR 24192), we believe it is appropriate to use the combined IPPS operating and capital CCR ceiling and the applicable combined IPPS statewide average CCRs in determining LTCHs' CCRs because LTCHs' cost and charge structures are similar to that of IPPS acute care hospitals. For instance, LTCHs are certified as acute care hospitals, as set forth in section 1861(e) of the Act, to participate as a hospital in the Medicare program, and these hospitals, in general, are paid as LTCHs only because their Medicare average length of stay is greater than 25 days (§ 412.23(e)). Furthermore, as also explained in that

same final rule, prior to qualifying as a LTCH under § 412.23(e)(2)(i), a hospital generally is paid as an acute care hospital under the IPPS during the period in which it demonstrates that it has an average length of stay of greater than 25 days. In addition, because there are less than 400 LTCHs, and they are unevenly geographically distributed throughout the United States, there may not be sufficient LTCH CCR data to determine an appropriate LTCH PPS CCR ceiling using LTCH data.

As noted above, under the LTCH PPS, there is a single prospective payment per discharge for both inpatient operating and capital-related costs, and therefore, we compute a single ''overall'' or ''total'' CCR for LTCHs based on the sum of their Medicare operating and capital-related costs and charges. However, under the IPPS, Medicare per discharge payments to acute care hospitals for the costs of inpatient operating services are made under the ''operating IPPS'' and per discharge payments to acute care hospitals for inpatient capital-related costs are made under the ''capital IPPS.'' Because separate payments are made to acute care hospitals under the IPPS for operating and capital-related costs, separate operating and capital CCRs are calculated and used in determining IPPS high-cost outlier payments. Accordingly, under the IPPS, a separate ''operating'' CCR ceiling and a ''capital'' CCR ceiling are determined annually. As we explained above and as stated in annual instructions (Program Transmittal A–02–093 (Change Request 2288, September 27, 2002); Program Transmittal A–03–073 (Change Request 2891, August 22, 2003); Program Transmittal 309 (Change Request 3459, October 1, 2004); and Program Transmittal 692 (Change Request 4046, September 30, 2005)), under our current policy, if a LTCH's CCR is above the applicable ''combined'' IPPS operating and capital CCR ceiling (that is, adding the separate IPPS operating ceiling and the capital CCR ceiling together), the applicable statewide average CCR is assigned to the LTCH. For instance, for FY 2006, the IPPS operating CCR ceiling is 1.254 and the IPPS capital CCR ceiling is 0.169 (70 FR 47496). Therefore, under our current policy, the ''combined'' operating and capital CCR ceiling is 1.423 (1.254 + 0.169 = 1.423) as specified in Program Transmittal 692 (Change Request 4046, September 30, 2005).

Because LTCHs have a single ''total'' CCR (rather than separate operating and capital CCRs), under the broad authority of section 123 of the BBRA and section 307(b)(1) of BIPA, we are proposing to revise § 412.525(a)(4) to specify that, for discharges occurring on or after October 1, 2006, if, among other things, a LTCH's CCR is in excess of the LTCH CCR ceiling (which would be calculated as 3 standard deviations above the corresponding national geometric mean total CCR (established and published annually by CMS)), the fiscal intermediary may use a statewide average CCR (also established annually by CMS and discussed in more detail below). (We note, as discussed in greater detail below in this section, in conjunction with this proposed change in the calculation of the LTCH CCR ceiling, we are also proposing a change in our methodology for calculating the applicable statewide average CCRs under the LTCH PPS to be based on hospital-specific ''total'' CCRs.)

Specifically, under proposed revised § 412.525(a)(4)(iv)(C)(*2*), for discharges occurring on or after October 1, 2006, we are proposing that we would determine the single ''total'' CCR ceiling, based on IPPS CCR data, by first calculating the total (that is, operating and capital) CCR for each hospital and then determining the average total CCR for all hospitals. For example, if a hospital's operating CCR is 0.432 and its capital CCR is 0.027, its total CCR would be 0.459 (0.432 + 0.027 = 0.459). This calculation would be repeated for all hospitals in order to determine total CCRs for all hospitals. Next, those total CCRs would be used to determine the average total CCR and standard deviation across all hospitals. The LTCH CCR ceiling would then be established at 3 standard deviations from the mean total CCR, rather than determining the LTCH total CCR ceiling by adding the separate IPPS operating CCR and capital CCR ceilings, which are each separately determined at 3 standard deviations from the average operating CCR and average capital CCR, respectively, as we do under our current policy (as demonstrated above).

Under this proposed policy, we would use the same IPPS CCR data that we currently use to annually determine the separate IPPS operating CCR and capital CCR ceilings (that we add together under our current policy to determine the annual CCR ceiling for LTCHs) to compute IPPS hospital-specific total CCRs that would be used to determine the single LTCH total CCR ceiling. We believe that determining a LTCH CCR ceiling based on IPPS total (operating and capital-related) Medicare costs and charges rather than adding the separate IPPS CCR ceilings determined from operating CCRs and capital CCRs, respectively, would be more consistent with the LTCH PPS single payment, which does not differentiate payments between operating and capital-related costs. Our rationale for proposing to continue to use IPPS data to determine the LTCH CCR ceiling annually continues to be the same as the one stated above.

To summarize, our current methodology (that is, using the ''combined'' IPPS CCR ceiling) calculates two separate IPPS CCRs (an operating CCR and a capital CCR) by taking 3 standard deviations from the average of all IPPS operating CCRs and 3 standard deviations from the average of all IPPS capital CCRs separately to determine the IPPS operating CCR ceiling and IPPS capital CCR ceiling, respectively. Then we added the IPPS operating CCR ceiling and the IPPS capital CCR ceiling together to get a combined'' LTCH CCR ceiling. The proposed methodology would add each IPPS hospital's operating CCR and its capital CCR together first to get a ''total'' CCR for each IPPS hospital, and then determine the average (that is, national geometric mean) of all of those total CCRs across all IPPS hospitals. Next we would take 3 standard deviations above the corresponding national geometric mean total CCR to calculate the LTCH CCR ceiling. The underlying data upon which this calculation is based, that is, the IPPS CCRs, would remain the same.

Based on the most recent complete IPPS total CCR data from the December 2005 update to the Provider-Specific File, we are proposing a total CCR ceiling of 1.313 under the LTCH PPS that would be effective October 1, 2006. We note that this proposed ceiling was determined based on the same data used to determine the separate proposed IPPS operating CCR ceiling (1.25) and the proposed IPPS capital CCR ceiling (0.158) discussed in section II.A.4.c. of the Addendum to this proposed rule. Furthermore, we are proposing that, if more recent data are available (that is, data from the March 2006 update to the Provider-Specific File, for example), we would use those data to determine the final total CCR ceiling under the LTCH PPS for FY 2007 using the proposed methodology described above.

The LTCH CCR ceiling determined under our current ''combined'' methodology would result in a slightly higher LTCH CCR ceiling (that is, 1.25 + 0.158 = 1.408) for FY 2007 compared to the proposed ''total'' CCR ceiling of 1.313 for FY 2007. However, we note that, based on CCRs from the December 2005 update of the Provider-Specific File, there were no LTCHs that have a CCR that is greater than the proposed ceiling of 1.313 (the highest LTCH CCR in the database of 363 LTCHs is 1.132).

As we explained in the RY 2007 LTCH PPS proposed rule (71 FR 4675), we are proposing to amend § 412.525 by adding a new paragraph (a)(4)(iv)(C)(*2*) to reflect the refined methodology for determining the annual CCR ceiling under the LTCH PPS. We are proposing that the revision would be effective for discharges occurring on or after October 1, 2006, rather than July 1, 2006, because we are proposing to continue to use the same IPPS data used to determine the individual IPPS operating and capital CCR ceilings established and published annually in the IPPS proposed and final rules. Because both the separate IPPS operating and capital CCRs ceilings and the LTCH ''total'' CCR ceiling would be determined using the same data, we believe it would be administratively expedient to continue to establish the LTCH CCR ceiling to be effective for discharges occurring on or after October 1 of each year. (As stated previously, this is consistent with our current policy, where the LTCH CCR ceiling is updated annually on October 1.) Therefore, under this proposal, the public would continue to consult the annual IPPS proposed and final rules for changes to the LTCH CCR ceiling that would be effective for discharges occurring on or after October 1. Under this proposal, the current LTCH CCR ceiling established for discharges occurring on or after October 1, 2005, in the FY 2006 IPPS final rule would remain in effect for discharges occurring on or before September 30, 2006.

(2) Statewide Average CCRs

In the June 9, 2003 IPPS high-cost outlier final rule, we also established our existing policy for discharges occurring on or after August 8, 2003, that, in addition to assigning the applicable statewide average CCR to a LTCH whose CCR is above the ceiling, the fiscal intermediary may use the applicable statewide average CCR for LTCHs for whom data with which to calculate a CCR are not available (for example, missing or faulty data) or for new LTCHs that have not yet submitted their first Medicare cost report. (For this purpose, a ''new'' LTCH is defined as an entity that has not accepted assignment of an existing hospital's provider agreement in accordance with § 489.18.) We note that, consistent with our current policy, either CMS or the hospital may request the use of a different (higher or lower) CCR based on substantial evidence that such a CCR more accurately reflects the hospital's actual costs and charges. This applies to new LTCHs (as defined above) as well. For instance, CMS may determine that the applicable statewide average CCR should not be applied to hospitals that convert from acute care IPPS hospitals to LTCHs (and receive a new LTCH provider number). Rather, the cost and charge data from the IPPS hospital's cost report (even if they are for more or less than a 12-month cost reporting period) would be used to determine the LTCH's CCR.

Thus, in addition to proposing to revise our methodology for determining the annual CCR ceiling under the LTCH PPS for discharges occurring on or after October 1, 2006, under the broad authority of section 123 of the BBRA and section 307(b)(1) of BIPA, we are proposing to revise § 412.525(a)(4), for discharges occurring on or after October 1, 2006, to codify in Subpart O of 42 CFR Part 412 the remaining LTCH PPS high-cost policy changes that were established in the June 9, 2003 IPPS high-cost outlier final rule (68 FR 34506 through 34513), including proposed modifications and editorial clarifications to those existing policies established in that final rule, which are discussed in greater detail below in this section. We are proposing these additional revisions to § 412.525(a)(4) because we believe that making these revisions would more precisely describe the application of those policies as they relate to the determination of LTCH CCRs and because these proposed changes would be consistent with the proposed changes to the calculation of the LTCH CCR ceiling discussed above in this section.

Specifically, we are proposing to specify in new § 412.525(a)(4)(iv)(C) that the fiscal intermediary may use a statewide average CCR, which would be established annually by CMS, if it is unable to determine an accurate CCR for a LTCH in one of the following three circumstances: (1) New LTCHs that have not yet submitted their first Medicare cost report (for this purpose, consistent with current policy, a new LTCH would be defined as an entity that has not accepted assignment of an existing hospital's provider agreement in accordance with § 489.18); (2) LTCHs whose CCR is in excess of the LTCH CCR ceiling (that is, 3 standard deviations above the corresponding national geometric mean total CCR, as discussed in greater detail previously in this proposed rule); and (3) other LTCHs for whom data with which to calculate a CCR are not available (for example, missing or faulty data). (Other sources of data that the fiscal intermediary may consider in determining an LTCH's CCR included data from a different cost reporting period for the LTCH, data from the cost reporting period preceding the period in which the hospital began to be paid as an LTCH (that is, the period of at least 6 months that it was paid as a short-term acute care hospital), or data from other comparable LTCHs, such as LTCHs in the same chain or in the same region.)

In addition, under proposed § 412.525(a)(4)(iv)(C), for discharges occurring on or after October 1, 2006, we are proposing that we would annually establish statewide average ''total'' CCRs (as explained below in this section) for use under the LTCH PPS based on IPPS data rather than assigning the combined (operating and capital-related) statewide average CCRs (Transmittal 692 (Change Request 4046, September 30, 2005)). Specifically, under this proposed policy, we would use the same IPPS CCR data that we currently use to annually establish the separate IPPS operating and capital statewide CCRs (that we add together under our current policy to determine the applicable ''combined'' statewide average CCR for LTCHs) to compute statewide average total CCRs by first calculating the total (that is, operating and capital) CCR for each hospital and then determining the weighted average total CCR for all hospitals in each State rather than adding together the separate applicable IPPS operating and capital statewide weighted average CCRs as we do under our current policy.

We also are proposing that these statewide average ''total'' (operating and capital) CCRs that would be used under the LTCH PPS would continue to be published annually in the IPPS proposed and final rules, and, therefore, the public would continue to consult the annual IPPS proposed and final rules for changes to the applicable statewide average total CCRs that would be effective for discharges occurring on or after October 1. Under this proposal, the current applicable statewide average operating and capital CCRs, established for discharges occurring on or after October 1, 2005, would remain in effect for discharges occurring on or before September 30, 2006. Our rationale for proposing to establish statewide average ''total'' CCRs (as described above in this section) based on IPPS data under proposed § 412.525(a)(4)(iv)(C) is the same as the one stated above for proposing to use IPPS data to determine a ''total'' LTCH CCR ceiling.

Under the current methodology, we determine a ''combined'' statewide average CCRs for LTCHs located in rural areas of a State that accounts for operating and capital costs and charges and a ''combined'' statewide average CCRs for LTCHs located in urban areas of a State that accounts for operating and capital-related costs and charges. In

order to calculate a combined statewide average CCR under our current methodology, we must first calculate separate statewide average operating CCRs and capital CCRs. Under the IPPS, two statewide average operating CCRs are computed for each State: a statewide average CCR for rural areas and a statewide average CCR for urban areas. One statewide average capital CCR is computed for each State (applicable to both urban and rural areas). We use the same capital CCR for urban and rural areas because capital costs are the same regardless of geographic location. Below, we outline our existing methodology for calculating the combined statewide average CCR for a rural LTCH:

*Step 1:* Calculate the weighted average operating CCR for all IPPS hospitals located in rural areas of the State (as shown in the third column of Table 8A of the Addendum to this proposed rule).

*Step 2:* Calculate the weighted average capital CCR for all IPPS hospitals located in the State (both rural and urban areas) (as shown in Table 8B of the Addendum to this proposed rule).

*Step 3:* Add the weighted average rural operating CCR (Step 1) together with the weighted average capital CCR (Step 2) in order to arrive at a ''combined'' statewide average CCR for LTCHs in rural areas of the State.

For example, for a rural LTCH located in Alabama, under our current methodology, the ''combined'' statewide average CCR for FY 2007 would be 0.360, computed as the operating statewide rural average CCR of 0.334 (Table 8A of the Addendum to this proposed rule) plus the capital statewide average CCR 0.026 (Table 8B of the Addendum to this proposed rule). This same methodology is applied when determining the ''combined'' statewide average CCR for LTCHs located in urban areas under our current methodology, except that in Step 1 we substitute the average operating CCR for all rural IPPS hospitals with the weighted average operating CCR for all urban IPPS hospitals for the State (as shown in the second column of Table 8A of the Addendum to this proposed rule) and in Step 3, we add the weighted average urban operating CCR in Step 1 to the weighted average capital CCR in Step 2 in order to arrive at a ''combined'' statewide average CCR for LTCHs in urban areas of the State.

Under our proposed methodology for calculating a statewide average ''total'' CCR under the LTCH PPS that accounts for operating and capital-related costs and charges, first, for each IPPS hospital, we would add its operating CCR and its capital CCR together to determine its ''total'' CCR. Then we would use the ''total'' CCRs for all urban IPPS hospitals in the State to compute a statewide average total CCR for the urban areas of a State, and we would use the ''total'' CCR for all rural IPPS hospitals in the State to compute a statewide average CCR for the rural areas of a State. Below, we outline our proposed methodology for calculating the total statewide average CCR for a rural LTCH:

*Step 1:* Calculate the total CCR for each rural IPPS hospital by adding together its operating CCR and its capital CCR.

*Step 2:* Calculate the weighted average total CCR for all rural IPPS hospitals in the State (as shown in the third column of Table 8C of the Addendum to this proposed rule). For example, for a rural LTCH located in Alabama, under our proposed methodology, the proposed ''total'' statewide average CCR for FY 2007 would be 0.365 (Table 8C of the Addendum to this proposed rule). This same proposed methodology would be applied when determining the ''total'' statewide average CCR for LTCHs located in urban areas, except that we would replace ''rural IPPS hospitals'' with ''urban IPPS hospitals'' in Steps 1 and 2. (The total statewide average CCRs for urban LTCHs is shown in the second column of Table 8A of the Addendum to this proposed rule.) Under this proposal, the underlying data, that is, the IPPS CCRs, would remain the same.

Based on the most recent complete IPPS total CCR data from the December 2005 update of the Provider-Specific File, the proposed LTCH PPS statewide average CCRs that would be effective October 1, 2006, are presented in Table 8C of the Addendum to this proposed rule. (We note that, as is the case under the IPPS, all areas in the District of Columbia, New Jersey, Puerto Rico, and Rhode Island are classified as urban, and therefore, there are no proposed rural statewide average total CCRs listed for those jurisdictions in Table 8C of the Addendum to this proposed rule. We also note that, as is the case under the IPPS, although Massachusetts has areas that are designated as rural, there are no short-term acute care IPPS hospitals or LTCHs located in those areas as of March 2006, and therefore, there is no proposed rural statewide average total CCR listed for rural Massachusetts in Table 8C of the Addendum of this proposed rule.) Furthermore, we are proposing that, if more recent data are available (that is, data from the March 2006 update of the Provider-Specific File, for example), we would use those data to determine the final LTCH PPS statewide average CCRs for FY 2007 using the proposed methodology describe above.

Comparing the proposed statewide average ''total'' CCRs in Table 8C of the Addendum to this proposed rule to the ''combined'' statewide average CCRs that would be calculated using our existing methodology from the proposed operating PPS statewide average CCRs in Table 8A of the Addendum to this proposed rule and the proposed capital PPS statewide average CCRs in Table 8B of the Addendum to this proposed rule shows that the proposed changes to our methodology for determining LTCH statewide average CCRs would result in only minor changes in the average CCR for each State. In particular, the largest decrease in a statewide average CCR (with the exception of Maryland, as discussed below) would be in urban Indiana (−1.9 percent). However, there are currently no LTCHs located in Indiana. The largest increase in a statewide average CCR would be in urban District of Columbia (2.8 percent), and there are currently only 2 LTCHs located in the District of Columbia.

We are proposing to determine the urban and rural statewide average total CCRs for Maryland LTCHs paid under the LTCH PPS using, as a proxy, the national average total CCR for urban IPPS hospitals and the national average total CCR for rural IPPS hospitals, respectively. We are proposing this proxy because we believe that the CCR data on the Provider-Specific File for Maryland hospitals may not be accurate. We believe that the CCR data based on Maryland hospitals' cost report and charge data may not be accurate because acute care hospitals in Maryland are operating under a waiver of the Medicare's ratesetting methodologies for inpatient and outpatient services under the authorities of sections 1814(b)(3) and 1833(a)(2) of the Act. The State's Health Services Cost Review Commission (HSCRC) is the regulatory body that establishes hospital-specific rates for all hospital services in Maryland.

Because all Maryland short-term acute care hospitals are paid based on the hospital-specific rates set by the HSCRC rather than under the IPPS, CCRs are not required to determine their Medicare payments (as they are for other acute care hospitals that are not governed under the waiver at sections 1814(b)(3) and 1833(a)(2) of the Act, and who are reimbursed for their treatment of Medicare patients under the IPPS). Therefore, CCRs in the Provider-Specific File for Maryland acute care hospitals, for the most part, are missing (because they are not used for payment). Those CCRs that are input into the Provider-

Specific File for Maryland acute care hospitals by the fiscal intermediary are most likely unaudited because they are not used for making payments. For all these reasons, we are concerned that CCRs for Medicare acute care hospitals located in Maryland that are in the Provider-Specific File may not be reliable. Therefore, we believe that they should not be used as proxies for setting the statewide average total CCRs for Maryland LTCHs.

We believe it would be more appropriate to establish statewide average total CCRs for Maryland LTCHs based on national average total CCRs of IPPS hospitals that were audited by fiscal intermediaries. We are proposing to establish statewide average total CCRs for Maryland LTCHs based on the national average total CCRs of all IPPS hospitals because we believe that the average of the CCRs of all the IPPS hospitals across the country that were audited by fiscal intermediaries would be based on sufficient rigorous complete data that would be a representative proxy for the ratio of costs-to-charges of LTCHs in Maryland that are subject to LTCH PPS. (We note that, under our proposal, the fiscal intermediary may assign the statewide average CCR in one of three circumstances (that is, ''new'' LTCHs, as defined above; LTCHs with a CCR that is in excess of the LTCH ceiling; and LTCHs with unavailable data, as discussed above)).

However, we are soliciting comments or suggestions for an alternative proxy statewide average CCR to use for LTCHs that are located in Maryland and are paid under the LTCH PPS.

(3) Data Used to Determine a CCR

Similar to our current policy, we are also proposing to specify under proposed new § 412.525(a)(4)(iv)(B) that, for discharges occurring on or after October 1, 2006, the CCR applied at the time a claim is processed would be based on either the most recent settled cost report or the most recent tentatively settled cost report, whichever is from the latest cost reporting period. Furthermore, we are proposing under proposed new § 412.525(a)(4)(iv)(A) to state that CMS may specify an alternative to the CCR computed under proposed new § 412.525(a)(4)(iv)(B); that is, the CCR computed from the most recent settled cost report or the most recent tentatively settled cost report, whichever is later, or a hospital may also request that the fiscal intermediary use a different (higher or lower) CCR based on substantial evidence presented by the hospital. These proposed revisions to our policy for determining a LTCH's CCR for discharges occurring on or after October 1, 2006, under proposed revised new § 412.525(a)(4)(iv)(A) and (B) are similar to our existing policy established in the June 9, 2003 IPPS high-cost outlier final rule (68 FR 34506 through 34513). In addition, we are proposing a technical correction to existing § 412.525(a)(3) to change the plural reference from cost-to-charge ''ratios'' to the singular reference to a cost-to-charge ''ratio'' because, under the LTCH PPS, a single (total) CCR is computed for LTCHs.

(4) Reconciliation of High-Cost Outlier Payments Upon Cost Report Settlement

In the June 9, 2003 high-cost outlier final rule (68 FR 34508 through 34512), we established a policy for LTCHs that provided that, effective for LTCH PPS discharges occurring on or after August 8, 2003, any reconciliation of outlier payments will be based upon the actual CCR computed from the costs and charges incurred in the period during which the discharge occurs. In that same final rule, we also established that, for discharges occurring on or after August 8, 2003, at the time of any reconciliation, outlier payments may be adjusted to account for the time value of any underpayments or overpayments based upon a widely available index to be established in advance by the Secretary and will be applied from the midpoint of the cost reporting period to the date of reconciliation. These changes regarding the reconciliation of outlier payments under the LTCH PPS were made in conjunction with the changes regarding the determination of LTCHs' CCRs that we established under § 412.525(a)(4) in the June 9, 2003 IPPS high-cost outlier final rule, as discussed in greater detail in section IV.D.3.b. of this preamble. (We note that the instructions for implementing these regulations under both the IPPS and the LTCH PPS are discussed in further detail in Program Transmittal A–03–058. Additional information on the administration of the reconciliation process under the IPPS is provided in Program Transmittal 707 (Change Request 3966, October 12, 2005). We note that, in addition to the proposed changes to the high-cost outlier and short-stay outlier policies presented in this proposed rule, we are currently developing additional instructions on the administration of the existing reconciliation process under the LTCH PPS that would be similar to the IPPS reconciliation process.)

As discussed above, we are proposing, for discharges occurring on or after October 1, 2006, to codify into the LTCH PPS section of the regulations (Subpart O of 42 CFR Part 412) the provisions governing the determination of LTCHs' CCRs, including proposed modifications and editorial clarifications to our existing methodology for determining the annual LTCH CCR ceiling and applicable statewide average CCRs under the LTCH PPS.

In this proposed rule, under the broad authority of section 123 of the BBRA and section 307(b)(1) of BIPA, we are also proposing to revise § 412.525(a)(4), for discharges occurring on or after October 1, 2006, to codify in Subpart O of 42 CFR Part 412 the provisions discussed above concerning the reconciliation of LTCH PPS outlier payments, including proposed editorial clarifications discussed in greater detail below in this section, that would more precisely describe the application of those policies. We are proposing the additional revisions to § 412.525(a)(4) concerning the reconciliation of outlier payments, which are discussed in greater detail below in this section, because these proposed changes would be consistent with the proposed changes to the calculation of the LTCH CCR ceiling discussed above.

Specifically, at proposed new § 412.525(a)(4)(iv)(D), similar to our current policy, we are proposing to specify that, for discharges occurring on or after October 1, 2006, any reconciliation of outlier payments would be based on the CCR calculated based on a ratio of costs to charges computed from the relevant cost report and charge data determined at the time the cost report coinciding with the discharge is settled. In addition, at proposed new § 412.525(a)(4)(iv)(E), similar to our current policy, we are proposing to specify that, for discharges occurring on or after October 1, 2006, at the time of any reconciliation, outlier payments may be adjusted to account for the time value of any underpayments or overpayments. Consistent with our current policy, we also are proposing that such an adjustment would be based upon a widely available index to be established in advance by the Secretary and would be applied from the midpoint of the cost reporting period to the date of reconciliation.

We are proposing to make these additions to § 412.525(a)(4) because we believe that such proposed changes reinforce the concept that the LTCH PPS has a single payment rate for inpatient operating and capital-related costs (as discussed in greater detail previously), and because we believe it would be more appropriate and administratively simpler to include all of the regulatory provisions concerning the determination of LTCH PPS outlier payments applicable under the LTCH

PPS regulations in Subpart O of 42 CFR Part 412.

c. Short-Stay Outliers

(1) Background

When we implemented the LTCH PPS, under § 412.529, we established a special payment policy for short-stay outlier cases, that is, LTCH PPS cases with a length of stay that is less than or equal to five-sixths of the geometric average length of stay for each LTC–DRG. As noted previously, generally LTCHs are defined by statute as having an average length of stay of greater than 25 days. We believe that a short-stay outlier payment adjustment results in more appropriate payments, because these cases most likely would not receive a full course of a LTCH-level of treatment in such a short period of time and a full LTC–DRG payment may not always be appropriate. Under the existing short-stay outlier policy at § 412.529, for LTCH PPS discharges with a length of stay of up to and including five-sixths the geometric average length of stay for the LTC–DRG, in general, we adjust the per discharge payment under the LTCH PPS by the least of 120 percent of the estimated cost of the case, 120 percent of the LTC–DRG specific per diem amount multiplied by the length of stay of that discharge, or the full LTC–DRG payment. (We note we have proposed changes to this general payment formula in the RY 2007 LTCH PPS proposed rule (71 FR 4679).) Consistent with the LTCH PPS high-cost outlier policy, we calculate the estimated cost of a case by multiplying the overall hospital CCR by the Medicare allowable covered charge.

(2) Determination of LTCH CCRs and Reconciliation

In the June 9, 2003 IPPS outlier final rule (68 FR 34507), we revised the short-stay policy at § 412.529 (and the high-cost outlier policy at § 412.525(a)) because, as we discussed above in this section, we believed that the short-stay outlier (and high-cost outlier) policy are susceptible to the same payment vulnerabilities that became evident under the IPPS and, therefore, merited revision. Therefore, in the regulations under existing § 412.529(c)(5)(ii) and (iii), we established a policy for the determination of LTCH CCRs and the reconciliation of short-stay outlier payments, for discharges occurring on or after August 8, 2003 (§ 412.529(c)(5)(ii)) and October 1, 2003 (§ 412.529(c)(5)(iii)), respectively. (As noted above in this section, in that same final rule, we established the same changes to the high-cost outlier policy at existing § 412.525(a)(4)(ii) and (iii).)

As we discuss above in this section, we are proposing to revise the existing regulations at § 412.525(a)(4) to codify in Subpart O of 42 CFR Part 412 the provisions governing the determination of LTCHs' CCRs, including proposed modifications and editorial clarifications to our existing methodology for determining the annual LTCH CCR ceiling and applicable statewide average CCRs under the LTCH PPS, and the provisions governing the reconciliation of high-cost outlier payments.

We are proposing these changes, as we discuss in greater detail below in this section, because we believe that such proposed changes would be more consistent with the LTCH PPS single payment rate, and because we believe it would be more appropriate and administratively simpler to include the regulatory provisions that pertain only to LTCHs for the determination of LTCH PPS outlier payments applicable under the LTCH PPS regulations in Subpart O of 42 CFR Part 412 (as opposed to Subpart A). Because CCRs are also used in determining short-stay outlier payments under § 412.529, we are proposing, under the broad authority of section 123 of the BBRA as amended by section 307(b)(1) of BIPA, to revise § 412.529(c) consistent with the proposed changes to § 412.525(a)(4) discussed above in this section.

Specifically, we are proposing in new § 412.529(c)(5)(iv)(C)(*2*) to specify that, for discharges occurring on or after October 1, 2006, if, among other things, a LTCH's CCR is in excess of the LTCH CCR ceiling (which would be calculated as 3 standard deviations above the corresponding national geometric mean CCR (established and published annually by CMS)), the fiscal intermediary may use a statewide average CCR (also established annually by CMS). (We note that, similar to our current policy, we are also proposing under proposed §§ 412.529(c)(5)(iv)(C)(*1*) and (*3*) that the fiscal intermediary may use a statewide average CCR in two other circumstances, which are discussed in greater detail below in this section.)

Under our current methodology for determining the LTCH CCR ceiling, we add together the separate IPPS operating CCR ceiling and IPPS capital CCR ceiling, which are determined at 3 standard deviations from the average operating CCR and average capital CCR, respectively. Under proposed § 412.529(c)(5)(iv)(C)(*2*), for discharges occurring on or after October 1, 2006, we are proposing that we would determine the single ''total'' CCR ceiling (as we proposed under the high-cost outlier policy at proposed § 412.525(a)(4)(iv)(C)(*2*), as explained previously in this section) by first calculating the total (that is, operating and capital) CCR for each IPPS hospital and then determining the average total CCR for all IPPS hospitals. For example, if an IPPS hospital's operating CCR is 0.432 and its capital CCR is 0.027, its total CCR would be 0.459 (0.432 + 0.027 = 0.459). This calculation would be repeated for all IPPS hospitals in order to determine a total CCR for each IPPS hospital. Next, those total CCRs would be used to determine the average total CCR. Once the average total CCR across all IPPS hospitals is determined, we would take 3 standard deviations above the corresponding national geometric mean total CCR (in the previous step) to determine the LTCH CCR ceiling. This proposed change is similar to the proposed change to the LTCH PPS high-cost outlier policy discussed previously in this section. (We note, as discussed in greater detail below in this section, in conjunction with this proposed change in the calculation of the LTCH CCR ceiling, we are also proposing a change in our methodology for calculating the applicable statewide average CCRs under the LTCH PPS to be based on ''total'' hospital-specific CCRs.)

Specifically, we are proposing under the short-stay outlier policy at proposed new § 412.529(c)(5)(iv)(C) to use the same IPPS CCR data that we currently use to annually determine the separate IPPS operating CCR and capital CCR ceilings (that we add together under our current policy to determine the annual CCR ceiling for LTCHs) to compute the single LTCH ''total'' CCR ceiling based on IPPS hospital-specific total (operating and capital-related) Medicare costs and charges, as explained above in this section.

In other words, our current methodology (that is, using the ''combined'' IPPS CCR ceiling) calculates two separate IPPS CCRs (an operating CCR and a capital-related CCR) by taking 3 standard deviations from the average of all IPPS operating CCRs and 3 standard deviations from the average of all IPPS capital CCRs separately to determine the IPPS operating CCR ceiling and the IPPS capital CCR ceiling, respectively. Then we added the IPPS operating CCR ceiling and the IPPS capital CCR ceiling together to get a ''combined'' LTCH PPS ceiling. The proposed methodology would add each IPPS hospital's operating CCR and its capital CCR together first, to get a ''total'' CCR and then take the average of all of those total

CCRs across all IPPS hospitals to calculate a ceiling (that is, 3 standard deviations above the corresponding national geometric mean total CCR). The underlying data, upon which this calculation is based, that is, the IPPS CCRs, would remain the same.

As we explained in the RY 2007 LTCH PPS proposed rule (71 FR 4691), under this proposal, the total CCR ceiling would continue to be published annually in the IPPS proposed and final rules and, therefore, the public should continue to consult the annual IPPS proposed and final rules for changes to the applicable LTCH PPS statewide average total CCRs that would be effective for discharges occurring on or after October 1, 2006 (because, under this proposal the current applicable combined statewide average CCRs, established for discharges occurring on or after October 1, 2005 in the FY 2006 IPPS final rule, would remain in effect for discharges occurring on or before September 30, 2006.) The rationale for this proposed change to the short-stay outlier policy at proposed § 412.529(c)(5)(iv)(C) mirrors the rationale provided for the proposed changes to the high-cost outlier policy at proposed § 412.525(a)(4)(iv)(C) discussed above in this section.

Therefore, in this proposed rule, based on the most recent complete IPPS total CCR data from the December 2005 update of the Provider-Specific File, we are proposing a total CCR ceiling of 1.313 under the LTCH PPS that would be effective October 1, 2006. We note that this proposed ceiling was determined based on the same data used to determine to the separate proposed IPPS operating CCR ceiling (1.25) and the proposed IPPS capital CCR ceiling (0.158) discussed in section II.A.4.c. of the Addendum to this proposed rule. Furthermore, we are proposing that, if more recent data are available (that is, data from the March 2006 update of the Provider-Specific File, for example), we would use that data to determine the final total CCR ceiling under the LTCH PPS for FY 2007 using the proposed methodology described above. As noted previously in this section, the LTCH CCR ceiling determined under our current ''combined'' methodology would result in a slightly higher LTCH CCR ceiling (that is. 1.25 + 0.158 = 1.408) for FY 2007 compared to the proposed ''total'' CCR ceiling of 1.313 for FY 2007. However, we note that, based on CCRs from the December 2005 update of the Provider-Specific File, there were no LTCHs that have a CCR that is greater than the proposed ceiling of 1.313 (the highest LTCH CCR in the database of 363 LTCHs is 1.132).

Consistent with the proposed changes to §§ 412.525(a)(4)(iv)(A) through (C), under the broad authority of section 123 of the BBRA and section 307(b)(1) of BIPA, we are also proposing at new §§ 412.529(c)(5)(iv)(A) through (C), for discharges occurring on or after October 1, 2006, to codify in Subpart O of 42 CFR Part 412 the remaining LTCH PPS short-stay outlier policy changes concerning the determination of LTCHs' CCRs that were established in the June 9, 2003 IPPS high-cost outlier final rule (68 FR 34506 through 34513), including proposed modifications and editorial clarifications to those existing policies established in that final rule in order to more precisely describe the application of those policies as they relate to LTCHs.

Specifically, similar to our current policy and consistent with the proposed changes to the high-cost outlier policy at § 412.525(a)(4) discussed previously in this section, we are proposing in § 412.529(c)(5)(iv)(C) to specify that the fiscal intermediary may use a statewide average CCR, which would be established annually by CMS, if it is unable to determine an accurate CCR for a LTCH in one of the following three circumstances: (1) New LTCHs that have not yet submitted their first Medicare cost report (for this purpose, consistent with current policy, a new LTCH would be defined as an entity that has not accepted assignment of an existing hospital's provider agreement in accordance with § 489.18); (2) LTCHs whose CCRs are in excess of the LTCH CCR ceiling (that is, 3 standard deviations above the corresponding national geometric mean total CCR); and (3) other LTCHs for whom data with which to calculate a CCR are not available (for example, missing or faulty data). (As noted above, other sources of data that the fiscal intermediary may consider in determining a LTCH's CCR include data from a different cost reporting period for the LTCH, data from the cost reporting period preceding the period in which the hospital began to be paid as a LTCH (that is, the period of at least 6 months that it was paid as a short-term acute care hospital), or data from other comparable LTCHs, such as other LTCHs in the same chain or in the same region. As also noted above and consistent with our current regulations, either CMS or the hospital may request the use of a different (higher or lower) CCR based on substantial evidence that such a CCR more accurately reflects the hospital's actual costs and charges. This applies to new LTCHs (as defined above) as well. For instance, CMS may determine that the applicable statewide average CCR should not be applied to hospitals that convert from acute care IPPS hospitals to LTCHs (and receive a new LTCH provider number). Rather, the cost and charge data from the IPPS hospital's cost report (even if it is for more or less than a 12-month cost reporting period) would be used to determine the LTCH's CCR.)

In addition, similar to our current practice and consistent with the proposed change to the high-cost outlier policy discussed previously in this proposed rule under § 412.525(a)(4)(iv)(C), we are proposing that, under § 412.529(c)(5)(iv)(C), for discharges occurring on or after October 1, 2006, we would annually establish statewide average ''total'' CCRs for use under the LTCH PPS based on IPPS data by first calculating the total (that is, operating and capital) CCR for each hospital and then determining the weighted average total CCR for all hospitals in each State rather than assigning the combined (operating and capital) statewide weighted average CCRs, as we do under our current policy. Specifically, in proposing to compute statewide average total CCRs, we would use the same IPPS CCR data that we currently use to annually establish the separate IPPS operating statewide average CCRs and capital statewide CCRs (that we add together under our current policy to determine the applicable ''combined'' statewide average CCR for LTCHs) to compute statewide average total CCRs as explained above in this section.

To summarize, our current methodology (that is, using the ''combined'' IPPS operating and capital statewide average CCRs) calculates two separate IPPS average CCRs for each State (an operating statewide average CCR (one average CCR for urban areas and another average CCR for rural areas) and a capital statewide average (for all areas within each State)) by taking the weighted average of all IPPS operating CCRs in each State (for urban areas and for rural areas separately) and the weighted average of all IPPS capital CCRs in each State (for all areas), and then adding the two averages together for the particular State to get a ''combined'' statewide average CCR (one for urban areas and one for rural areas). The proposed methodology would add each IPPS hospital's operating CCR and its capital CCR together first, and then takes the weighted average of all of those total CCRs for all urban IPPS hospitals in the State to get the urban statewide average CCR and for all rural IPPS hospitals in the State to get the rural statewide average CCR. This process is repeated for each State

(except Maryland, as discussed below). The underlying data, that is, the IPPS CCRs, would remain the same. In this proposed rule, based on the most recent complete IPPS total CCR data from the December 2005 update of the Provider-Specific File, the proposed LTCH PPS statewide average CCRs that would be effective October 1, 2006 are presented in Table 8C of the Addendum to this proposed rule. (We note that, as is the case under the IPPS, all areas in the District of Columbia, New Jersey, Puerto Rico, and Rhode Island are classified as urban, and therefore, there are no proposed rural statewide average total CCRs listed for those jurisdictions in Table 8C of the Addendum to this proposed rule. We also note that, as is the case under the IPPS, although Massachusetts has areas that are designated as rural, there are no short-term acute care IPPS hospitals or LTCHs located in those areas as of March 2006, and therefore, there is no proposed rural statewide average total CCR listed for rural Massachusetts in Table 8C of the Addendum of this proposed rule.)

Furthermore, as stated above, we are proposing that, if more recent data are available (that is, data from the March 2006 update of the Provider-Specific File, for example), we would use those data to determine the final LTCH PPS statewide average CCRs for FY 2007 using the proposed methodology described above.

As we also noted above, we are proposing to determine the urban and rural statewide average total CCRs for Maryland LTCHs paid under the LTCH PPS using, as a proxy, the national average total CCR for urban IPPS hospitals and the national average total CCR for rural IPPS hospitals, respectively. We are proposing this proxy because we believe that the CCR data on the Provider-Specific File for Maryland hospitals may not be accurate. As discussed in greater detail above, we believe that the CCR data in the Provider-Specific File based on Maryland short-term acute care hospitals' cost report and charge data may not be reliable because acute care hospitals in Maryland are waived from Medicare's ratesetting methodologies for inpatient and outpatient services under the authorities of sections 1814(b)(3) and 1833(a)(2) of the Act. The State's HSCRC is the regulatory body that establishes hospital-specific rates for all hospital services in Maryland. Because Maryland hospitals are paid based on the hospitals-specific rates set by HSCRC rather than under the IPPS, CCRs are not required to determine their Medicare payments (as they are for other acute care hospitals that are not governed under the waiver in sections 1814(b)(3) and 1833(a)(2) of the Act, and who are reimbursed for their treatment of Medicare patients under the IPPS). Therefore, as discussed above, CCRs in the Provider-Specific File for Maryland acute care hospitals, for the most part, are missing or unaudited (because they are not used for making payments).

Thus, we believe it would be more appropriate to establish statewide average total CCRs for Maryland LTCHs based on a national average total CCRs of IPPS hospitals that were audited by fiscal intermediaries. We are proposing to establish statewide average total CCRs for Maryland based on the national average total CCRs of all IPPS hospitals because we believe that the average of the CCRs of all of the IPPS hospitals across the country that were audited by fiscal intermediaries would be based on sufficient rigorous complete data that would be a representative proxy for the ratio of costs to charges of LTCHs located in Maryland that are subject to the LTCH PPS. (We note, that under our proposal, the fiscal intermediary may assign the statewide average CCR in one of three circumstances (that is, ''new'' LTCHs, as defined above; LTCHs with a CCR that is in excess of the LTCH CCR ceiling; and LTCHs with unavailable data, as discussed above).) However, we are soliciting comments on suggestions for an alternative proxy statewide average CCR to use for LTCHs that are located in Maryland that are paid under the LTCH PPS.

In addition, under this proposal, the statewide average total CCRs would continue to be published annually in the IPPS proposed and final rules and, therefore, the public would continue to consult the annual IPPS proposed and final rules for changes to the applicable LTCH PPS statewide average total CCRs that would be effective for discharges occurring on or after October 1, 2006 (because, under this proposal, the current applicable combined statewide average CCRs, established for discharges occurring on or after October 1, 2005, in the FY 2006 IPPS final rule, would remain in effect for discharges occurring on or before September 30, 2006). Our rationale for this proposed change to the short-stay outlier policy at proposed § 412.529(c)(5)(iv)(C) mirrors the rationale provided for the proposed changes to the high-cost outlier policy at proposed § 412.525(a)(4)(iv)(C) discussed in greater detail above in this section.

We also are proposing under § 412.529(c)(5)(iv)(B), similar to our current policy and consistent with the proposed change to the high-cost outlier policy discussed above, for discharges occurring on or after October 1, 2006, that the CCR applied at the time a claim is processed would be based on either the most recent settled cost report or the most recent tentative settled cost report, whichever is from the latest cost reporting period. We are proposing under § 412.529(c)(5)(iv)(A) that CMS may specify an alternative to the CCR computed from the most recent settled cost report or the most recent tentative settled cost report, whichever is later, or a hospital may also request that its fiscal intermediary use a different (higher or lower) CCR based on substantial evidence presented by the hospital. As noted previously in this proposed rule, these proposed revisions to our policy for determining a LTCH's CCR for discharges occurring on or after October 1, 2006, under proposed revised § 412.529(c)(5)(iv)(A) and (B) are similar to our existing policy established in the June 9, 2003 IPPS high-cost outlier final rule (68 FR 34506 through 34513) and consistent with the proposed changes to the high-cost outlier policy previously discussed in this proposed rule.

Furthermore, similar to our current policy and consistent with the proposed change to the high-cost outlier policy discussed previously in this section, under the broad authority under section 123 of the BBRA as amended by section 307(b) of BIPA, we are also proposing under § 412.529(c)(5)(iv), for discharges occurring on or after October 1, 2006, to codify in the LTCH PPS regulations (Subpart O of 42 CFR Part 412) the outlier reconciliation provisions that were established in the June 9, 2003 IPPS high-cost outlier final rule (68 FR 34506 through 34513), including proposed editorial clarifications to those provisions (which are the same as the proposed changes to the high-cost outlier policy discussed above in this section).

Specifically, under proposed § 412.529(c)(5)(iv)(D), similar to our current policy and consistent with the proposed change to the high-cost outlier policy, we are proposing to specify that, for discharges occurring on or after October 1, 2006, any reconciliation of outlier payments would be based on the CCR calculated based on a ratio of costs to charges computed from the relevant cost report and charge data determined at the time the cost report coinciding with the discharge is settled. In addition, at proposed § 412.529(c)(5)(iv)(E), similar to our current policy and consistent with the proposed change to the high-cost outlier policy, we are proposing to specify that, for discharges occurring on or after October 1, 2006, at the time of any reconciliation, outlier payments may be

adjusted to account for the time value of any underpayments or overpayments. This adjustment would be based upon a widely available index that would be established in advance by the Secretary and would be applied from the midpoint of the cost reporting period to the date of reconciliation. Our rationale for these proposed changes to the short-stay outlier policy at proposed § 412.529(c)(5)(iv)(D) and (E) mirrors the rationale provided for the proposed changes to the high-cost outlier policy at proposed § 412.525(a)(4)(iv)(D) and (E), discussed in greater detail above in this section.

7. Technical Corrections Relating to LTCHs

We are proposing to make the following technical changes to various sections of the regulations relating to LTCHs to update or correct cross-references or to include inadvertently omitted provisions:

a. In the following sections, we are proposing to correct several incorrect cross-references in the existing regulations:

- In § 412.505(b)(1), changing the cross-reference ''§ 412.22(e) and (h)(5)'' to the phrase ''§ 412.22(e)(3) and (h)(6), if applicable''.
- In § 412.508(c)(3), changing the cross-reference ''§ 1001.301'' to ''§ 1001.201.''
- In § 412.541(b)(2)(i), changing the cross-reference ''§ 412.533(b)'' to ''§ 412.533(a)(5) and § 412.533(c)'' to correctly refer to the provisions on the determination of the LTCH PPS rates.

b. We are proposing to revise § 412.511 to change the cross-reference ''§ 412.22(e) and (h)(5)'' to the phrase ''§ 412.22(e)(3) and (h)(6)'' and to clarify the requirement that LTCHs must meet under §§ 412.22(e)(3) and (h)(6) to report co-location status as part of its overall reporting requirements.

c. We are proposing to revise § 412.525(d) by adding new paragraphs (d)(3) and (d)(4) to specify two additional payment adjustments to the per discharge payments under the LTCH PPS that were inadvertently omitted; that is, the special payment under the onsite transfer and readmission policy at § 412.532 and the special payment provisions for LTCH HwHs and satellites of LTCHs at § 412.534.

d. We are proposing to revise § 412.532(a)(2) to correct the cross-reference to the definition of a satellite facility by changing ''§ 412.22(f)'' to ''§ 412.22(h)''. In addition, we are proposing to revise paragraph (b) of § 412.532 to include satellite facilities and SNFs as part of the definition of entities that may be ''co-located'' or ''onsite'' with a hospital. In existing § 412.532, (a)(2) and (a)(3), we include satellite facilities and SNFs, respectively, within the onsite provider payment policy as entities that may be co-located with a LTCH, but omitted to mention them in § 412.533(b) as being included when we defined ''co-located or onsite'' facilities. We are proposing to conform § 412.532(b) to include their mention.

8. Proposed Cross-Reference Correction in Authority Citations for 42 CFR Parts 412 and 413

As stated earlier, on November 15, 2004, we published in the **Federal Register** the final rule establishing a PPS for IPFs (69 FR 66922). As a part of that rule, we amended the authority citations for 42 CFR parts 412 and 413 to include references to section 124 of Public Law 106–113. Section 124 directed us to take various actions regarding a per diem PPS for IPFs. We included incorrect cross-references to the United States Statutes at Large citation for this provision. We are proposing to amend the authority citations for parts 412 and 413 by removing the incorrect cross-reference to ''113 Stat. 1515'' and inserting the correct cross-reference ''113 Stat. 1501A–332''.

*B. Critical Access Hospitals (CAHs)*

(If you choose to comment on this section, please include the caption ''CAHs'' at the beginning of your comment.)

1. Background

Section 1820 of the Act provides for the establishment of Medicare Rural Hospital Flexibility Programs (MRHFPs), under which individual States may designate certain facilities as critical access hospitals (CAHs). Facilities that are so designated and meet the CAH conditions of participation under 42 CFR part 485, Subpart F, will be certified as CAHs by CMS. Regulations governing payments to CAHs for services to Medicare beneficiaries are located in 42 CFR part 413.

2. Sunset of Designation of CAHs as Necessary Providers: Technical Correction

Under section 1820(c)(2)(B)(i) of the Act, a CAH is required to be located more than a 35-mile drive (or in the case of mountainous terrain or only secondary roads, a 15-mile drive) from a hospital or another CAH, unless the CAH is certified by the State as a necessary provider of health care services to residents in the area. Section 405(h) of Public Law 108–173 amended section 1820(c)(2)(B)(i)(II) of the Act by adding language that terminated a State's authority to waive the location requirement for a CAH by designating the CAH as a necessary provider, effective January 1, 2006. As a result of this amendment, as of January 1, 2006, States are no longer able to designate CAH status based upon a determination that an entity is a necessary provider of health care. However, section 405(h) of Public Law 108–173 also included a grandfathering provision for CAHs that are certified as necessary providers prior to January 1, 2006. Under this provision, a CAH that is designated as a necessary provider in its State's rural health plan prior to January 1, 2006, is permitted to maintain its necessary provider designation.

The regulations that specify the location requirements for CAHs described above are set forth at 42 CFR 485.610(c). To implement the amendment made by section 405(h) of Public Law 108–173, we published a final rule in the **Federal Register** on August 11, 2004 (69 FR 49271) to revise the regulations under paragraph (c) of § 485.610. In that revision, we inadvertently included an erroneous date: In the second sentence of paragraph (c), we stated that a CAH that is designated as a necessary provider as of October 1, 2006, will maintain its necessary provider designation after October 1, 2006. Although a correction notice was published in the **Federal Register** on October 7, 2004 (69 FR 60252), the notice corrected only the second citation of the date in that paragraph. As a result, the second sentence of § 485.610(c) continues to state, incorrectly, that a CAH that is designated as a necessary provider as of October 1, 2006, will maintain its necessary provider designation as of January 1, 2006.

To avoid further confusion, and to ensure that the regulations implementing the CAH location requirement under section 1820(c)(2)(B)(i)(II) of the Act specify that requirement accurately, we are proposing to revise the second sentence of § 485.610(c) to state that a CAH that was designated as a necessary provider on or before December 31, 2005, will maintain its necessary provider designation as of January 1, 2006. We note that this change would merely correct the previous error and does not reflect any change in our policy as to how the statutory provision is implemented.

## VII. Payment for Services Furnished Outside the United States

(If you choose to comment on this section, please include the caption ''Services Outside the United States'' at the beginning of your comment.)

*A. Background*

Section 1862(a)(4) of the Act generally prohibits payment under Medicare for items and services furnished outside the United States. Under sections 1861(x) and 210(i) of the Act, ''United States'' is defined to include the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, and America Samoa. Furthermore, under Public Law 94–241, ''those laws which provide Federal services and financial assistance programs'' apply to the Northern Mariana Islands to the same extent as they do to Guam. In addition, we have interpreted the term ''United States'' as including U.S. territorial waters. We consider shipboard services furnished in a port of the United States or within 6 hours before arrival at, or departure from, a port of the United States to be furnished in the United States territorial waters. (54 FR 41723) Therefore, in our regulations at § 411.9(a), we define the United States to include the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, and for purposes of services furnished on board ship, the territorial waters adjoining the land areas of the United States. This general prohibition has exceptions, under which payment may be made for inpatient hospital services, emergency inpatient hospital services, and for physician and ambulance services associated with these hospital services that are furnished outside the United States.

Payment may be made for inpatient hospital services if a Medicare beneficiary who is a United States resident received these services at a hospital located outside of the United States that either was closer to, or was substantially more accessible from, the beneficiary's residence than the nearest United States hospital that was adequately equipped and available to treat the beneficiary. Payment may be made for emergency inpatient hospital services if a beneficiary was in the United States (or in Canada while traveling between Alaska and another State without unreasonable delay and by the most direct route) when the emergency arose, and the hospital located outside the United States was closer to, or substantially more accessible from, the place where the emergency arose than the nearest available adequately equipped hospital within the United States. Payment may be made for physician and ambulance services furnished in connection with these inpatient and emergency inpatient hospital services. Our existing regulations that implement these statutory provisions are located at 42 CFR 409.3, 409.5, 410.14, 410.66, 411.9, 413.74 and Subparts G and H of Part 424.

*B. Proposed Clarification of Regulations*

Services that fall under these exceptions typically are furnished in Canada or Mexico. However, in accordance with section 1814(f) of the Act and the definition of the term ''United States'' (42 CFR 411.9(a)), it is permissible for Medicare to pay for services furnished in foreign countries other than Canada and Mexico. For example, if a Medicare beneficiary who is in Guam needed emergency inpatient hospital services and the nearest available hospital adequately equipped to treat that beneficiary was located in the Philippines, Medicare payment would be permitted for the services.

Several of our existing regulations (§§ 409.3, 409.5, 410.66, and 413.74) specifically refer to services furnished in Canada and Mexico and do not indicate that it is permissible for Medicare payment to be made for services furnished in other foreign countries. The references in these sections also are more limited than the provisions of 42 CFR part 424, subpart H, the portion of our regulations that addresses treatment furnished in a foreign country. Therefore, we are proposing to amend those regulations that refer to Canada and Mexico in order to conform them to the Act and to our other regulations addressing these situations.

We also are proposing to make some related technical changes. In §§ 409.3(e) and 424.123(c)(2), we are proposing to change the references from the Joint Commission on Accreditation of Hospitals (JCAH) to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the current name of that organization. In § 424.121(c), we are proposing to change the obsolete cross-reference from § 405.313 to the correct cross-reference, § 411.9.

## VIII. Payment for Blood Clotting Factor Administered to Inpatients With Hemophilia

(If you choose to comment on the issues in this section, please add the caption ''Blood Clotting Factor'' at the beginning of your comment.)

Section 1886(a)(4) of the Act excludes the costs of administering blood clotting factors to inpatients with hemophilia from the definition of ''operating costs of inpatient hospital services.'' Section 6011(b) of Pub. L. 101–239 states that the Secretary of Health and Human Services shall determine the payment amount made to hospitals under Medicare Part A for the costs of administering blood clotting factors to individuals with hemophilia by multiplying a predetermined price per unit of blood clotting factor by the number of units provided to the individual. The regulations governing payment for blood clotting factors furnished to hospital inpatients and for payment for the furnishing fee are located in §§ 412.2(f)(8) and 412.115(b).

In FY 2005, we made payments for blood clotting factors furnished to inpatients at 95 percent of average wholesale price (AWP), consistent with the rates then paid under section 1842(o) of the Act for Medicare Part B drugs (including blood clotting factor furnished to beneficiaries who are not inpatients).

Section 303 of Pub. L. 108–173 added section 1847A to the Act. Effective January 1, 2005, this section requires that almost all Medicare Part B drugs not paid on a cost or prospective basis be paid at 106 percent of average sales price (ASP), while section 1842(o)(5) of the Act provides for a Medicare Part B payment of a furnishing fee for blood clotting factor. On November 15, 2004, we published regulations in the **Federal Register** (69 FR 66310 through 66319) that implemented the provisions of section 1847A of the Act. These regulations are codified at Subpart K of Part 414 and § 410.63, respectively.

The furnishing fee is updated each calendar year as specified by section 1842(o)(5) of the Act. The furnishing fee for clotting factor for years after CY 2005 is equal to the fee for the previous year increased by the percentage increase in the consumer price index (CPI) for medical care for the 12-month period ending with June of the previous year. This requirement is set forth in our regulations at § 410.63.

In the FY 2006 IPPS final rule (70 FR 47473), we amended our regulations at §§ 412.2(f)(8) and 412.115(b) to state that, for discharges occurring on or after October 1, 2005, we make payment for blood clotting factor administered to hospital inpatients using the Medicare Part B payment amounts for blood clotting factor as determined under subpart K of 42 CFR part 414 and for the furnishing fee as determined under § 410.63.

On November 21, 2005, we issued regulations in the **Federal Register** (70 FR 70225) updating the furnishing fee payment amount for CY 2006. We announced that the increase in the CPI for medical care for the 12 months ending June 30, 2005 was 4.2 percent. Consequently, the furnishing fee for CY 2006, initially established effective January 1, 2005, at $0.14 per unit of clotting factor, for CY 2006 was set at $0.146 per individual unit (I.U.) for blood clotting factor. We indicated in the preamble to that rule that while ''the furnishing fee payment rate is calculated at 3 digits, the actual amount paid to providers and suppliers is rounded to 2 digits.''

The fiscal intermediaries continue to use the Medicare Part B Drug Pricing File to make payments for blood clotting factor. The furnishing fee is included in the ASP price per unit sent with the Medicare Part B Drug Pricing File that is updated annually. By using the Medicare Part B Drug Pricing File, Medicare will be making consistent payments for blood clotting factor provided to inpatients and outpatients. For further updates on pricing, we refer readers to the Medicare Part B drug pricing regulations.

## IX. Limitation on Payments to Skilled Nursing Facilities for Bad Debt

### *A. Background*

Under section 1861(v)(1) of the Act and § 413.89 of our existing regulations, Medicare may pay for uncollectible deductible and coinsurance amounts to those entities eligible to receive payment for bad debt. Under our existing regulations, Medicare generally pays 100 percent of allowable bad debt amounts to SNFs, CAHs, rural health clinics, federally qualified health clinics, community mental health clinics, health maintenance organizations reimbursed on a cost basis, competitive medical plans, and health care prepayment plans. To determine if bad debt amounts are allowable, the requirements at § 413.89 and the Provider Reimbursement Manual (PRM) (CMS Pub.15 Part 1, Chapter 3) must be met.

However, under our existing regulations, Medicare payments for allowable bad debt amounts for hospitals are reduced by 30 percent. Moreover, Medicare does not pay for bad debt amounts arising from anesthetists' services paid under a fee schedule. In addition, although Medicare pays end-stage renal disease (ESRD) facilities 100 percent of allowable bad debt claims, these payments are capped at facilities' unrecovered cost (§ 413.178 of the regulations).

### *B. Changes Made by Section 5004 of Pub. L. 109–171*

Section 5004 of Pub. L. 109–171 (DRA of 2005) amended section 1861(v)(1) of the Act to mandate that, for cost reporting periods beginning on or after October 1, 2005, Medicare payments to SNFs for certain allowable bad debt amounts be reduced. Specifically, for patients that are not full-benefit dual eligible individuals (as defined in section 1935(c)(6)(A)(ii) of the Act), allowable bad debt amounts attributable to the coinsurance amounts under the Medicare program are reduced by 30 percent (deductibles are not applicable to patients in SNFs). Allowable bad debt amounts for patients that are full-benefit dual eligible individuals (as defined in section 1935(c)(6)(A)(ii) of the Act) will continue to be paid at 100 percent.

### *C. Proposed Regulation Changes*

We are proposing to conform the Medicare regulations under § 413.89 to the provisions of section 5004 of Pub. L. 109–171. Specifically, we are proposing to revise paragraph (h) by redesignating the existing contents as paragraph (h)(1) and add a new paragraph (h)(2) to reflect this payment limitation. We are proposing to include in proposed paragraph (h)(2) a cross-reference to the definition of ''full-benefit dual eligible individual'' found at § 423.772 of our regulations. In addition, we are proposing to revise § 413.89(a) to add a cross-reference to the existing limitations on payments to hospitals and the new limitations on payments to SNFs found in paragraph (h), and to correct the cross-reference to the exception for payments for bad debts arising from anesthetists' services paid under a fee schedule from ''paragraph (h)'' to ''paragraph (i).''

## X. MedPAC Recommendations

(If you choose to comment on issues in this section, please include the caption ''MedPAC Update Recommendation'' at the beginning of your comment.)

We are required by section 1886(e)(4)(B) of the Act to respond to MedPAC's IPPS recommendations in our annual proposed IPPS rule. We have reviewed MedPAC's March 2006 ''Report to the Congress: Medicare Payment Policy'' and have given it careful consideration in conjunction with the proposed policies set forth in this document. MedPAC's Recommendation 2A states that ''The Congress should increase payment rates for the acute inpatient and outpatient prospective payment systems in 2007 by the projected increase in the hospital market basket index less half of the Commission's expectation for productivity growth.'' This recommendation is discussed in Appendix B to this proposed rule.

In section II.C. of the preamble of this proposed rule, we further address MedPac's 2005 recommendations included in Recommendation 1 in the March 2005 Report to Congress on Physician-Owned Specialty Hospitals as well as Recommendation 3, which recommended that the Secretary implement MedPAC's recommended policies over a transition period. The recommendations in Recommendation 1 relate to refining the DRGs used under the IPPS to more fully capture differences in severity of illness among patients; basing the DRG relative weights on the estimated cost of providing care rather than on charges; and basing the weights on the national average of hospitals' relative values in each DRG. In section II.E. of the preamble to this proposed rule, we also further address Recommendation 2 of the March 2005 Report on Physician-Owned Specialty Hospitals, which recommended adjusting the DRG relative weights to account for differences in the prevalence of high-cost outlier cases.

For further information relating specifically to the MedPAC reports or to obtain a copy of the reports, contact MedPAC at (202) 653–7220, or visit MedPAC's Web site at: *http://www.medpac.gov.*

## XI. Other Required Information

### *A. Requests for Data From the Public*

In order to respond promptly to public requests for data related to the prospective payment system, we have established a process under which commenters can gain access to raw data on an expedited basis. Generally, the data are available in computer tape or cartridge format; however, some files are available on diskette as well as on the Internet at *http://www.cms.hhs.gov/providers/hipps.* Data files and the cost for each file, if applicable, are listed below. Anyone wishing to purchase data tapes, cartridges, or diskettes should submit a written request along with a company check or money order (payable to CMS–PUF) to cover the cost to the following address: Centers for Medicare & Medicaid Services, Public Use Files, Accounting Division, P.O. Box 7520, Baltimore, MD 21207–0520, (410) 786–3691. Files on the Internet may be downloaded without charge.

1. CMS Wage Data

This file contains the hospital hours and salaries for FY 2003 used to create the proposed FY 2007 prospective payment system wage index. The file will be available by the beginning of February for the NPRM and the beginning of May for the final rule.

| Processing year | Wage data year | PPS fiscal year |
|---|---|---|
| 2006 | 2003 | 2007 |
| 2005 | 2002 | 2006 |
| 2004 | 2001 | 2005 |
| 2003 | 2000 | 2004 |
| 2002 | 1999 | 2003 |
| 2001 | 1998 | 2002 |
| 2000 | 1997 | 2001 |
| 1999 | 1996 | 2000 |
| 1998 | 1995 | 1999 |
| 1997 | 1994 | 1998 |
| 1996 | 1993 | 1997 |
| 1995 | 1992 | 1996 |
| 1994 | 1991 | 1995 |
| 1993 | 1990 | 1994 |
| 1992 | 1989 | 1993 |
| 1991 | 1988 | 1992 |

These files support the following:

- NPRM published in the **Federal Register**.
- Final Rule published in the **Federal Register**.

*Media:* Diskette/most recent year on the Internet

*File Cost:* $165.00 per year

*Periods Available:* FY 2007 PPS Update

2. CMS Hospital Wages Indices (Formerly: Urban and Rural Wage Index Values Only)

This file contains a history of all wage indices since October 1, 1983.

*Media:* Diskette/most recent year on the Internet

*File Cost:* $165.00 per year

*Periods Available:* FY 2007 PPS Update

3. FY 2007 Proposed Rule Occupational Mix Adjusted and Unadjusted AHW by Provider

This file includes each hospital's adjusted and unadjusted average hourly wage.

*Media:* Internet

*Periods Available:* FY 2007 PPS Update

4. FY 2007 Proposed Rule Occupational Mix Adjusted and Unadjusted AHW and Pre-Reclassified Wage Index by CBSA

This file includes each CBSA's adjusted and unadjusted average hourly wage.

*Media:* Internet

*Periods Available:* FY 2007 PPS Update

5. Provider Occupational Mix Adjustment Factors for Each Occupational Category

This file contains each hospital's occupational mix adjustment factors by occupational category.

*Media:* Internet

*Periods Available:* FY 2007 PPS Update

6. PPS SSA/FIPS MSA State and County Crosswalk

This file contains a crosswalk of State and county codes used by the Social Security Administration (SSA) and the Federal Information Processing Standards (FIPS), county name, and a historical list of Metropolitan Statistical Areas (MSAs).

*Media:* Diskette/Internet

*File Cost:* $165.00 per year

*Periods Available:* FY 2007 PPS Update

7. Reclassified Hospitals New Wage Index (Formerly: Reclassified Hospitals by Provider Only)

This file contains a list of hospitals that were reclassified for the purpose of assigning a new wage index. Two versions of these files are created each year. They support the following:

- NPRM published in the **Federal Register**.
- Final Rule published in the **Federal Register**.

*Media:* Diskette/Internet

*File Cost:* $165.00 per year

*Periods Available:* FY 2007 PPS Update

8. PPS–IV to PPS–XII Minimum Data Set

The Minimum Data Set contains cost, statistical, financial, and other information from Medicare hospital cost reports. The data set includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare participating hospital by the Medicare fiscal intermediary to CMS. This data set is updated at the end of each calendar quarter and is available on the last day of the following month.

*Media:* Tape/Cartridge

*File Cost:* $770.00 per year

| | Periods beginning on or after | and before |
|---|---|---|
| PPS–IV | 10/01/86 | 10/01/87 |
| PPS–V | 10/01/87 | 10/01/88 |
| PPS–VI | 10/01/88 | 10/01/89 |
| PPS–VII | 10/01/89 | 10/01/90 |
| PPS–VIII | 10/01/90 | 10/01/91 |
| PPS–IX | 10/01/91 | 10/01/92 |
| PPS–X | 10/01/92 | 10/01/93 |
| PPS–XI | 10/01/93 | 10/01/94 |
| PPS–XII | 10/01/94 | 10/01/95 |

**(Note:** The PPS–XIII, PPS–XIV, PPS–XV, PPS–XVI, PPS–XVII, PPS–XVIII, PPS–XIX PPS–XX, and PPS–XXI Minimum Data Sets are part of the PPS–XIII, PPS–XIV, PPS–XV, PPS–XVI, PPS–XVII, PPS–XVIII, PPS–XIX, PPS–XX, and PPS–XXI Hospital Data Set Files (refer to item 10 below).)

9. PPS–IX to PPS–XII Capital Data Set

The Capital Data Set contains selected data for capital-related costs, interest expense and related information and complete balance sheet data from the Medicare hospital cost report. The data set includes only the most current cost report (as submitted, final settled or reopened) submitted for a Medicare certified hospital by the Medicare fiscal intermediary to CMS. This data set is updated at the end of each calendar quarter and is available on the last day of the following month.

*Media:* Tape/Cartridge

*File Cost:* $770.00 per year

| | Periods beginning on or after | and before |
|---|---|---|
| PPS–IX | 10/01/91 | 10/01/92 |
| PPS–X | 10/01/92 | 10/01/93 |
| PPS–XI | 10/01/93 | 10/01/94 |
| PPS–XII | 10/01/94 | 10/01/95 |

**(Note:** The PPS–XIII, PPS–XIV, PPS–XV, PPS–XVI, PPS–XVII, PPS–XVIII, PPS–XIX PPS–XX, and PPS–XXI Capital Data Sets are part of the PPS–XIII, PPS–XIV, PPS–XV, PPS–XVI, PPS–XVII, PPS–XVIII, PPS–XIX, PPS XX, and PPS–XXI Hospital Data Set Files (refer to item 10 below).)

10. PPS–XIII to PPS–XXI Hospital Data Set

The file contains cost, statistical, financial, and other data from the Medicare Hospital Cost Report. The data set includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare-certified hospital by the Medicare fiscal intermediary to CMS. The data set is updated at the end of each calendar quarter and is available on the last day of the following month.

*Media:* Diskette/Internet

*File Cost:* $2,500.00

| | Periods beginning on or after | and before |
|---|---|---|
| PPS–XIII | 10/01/95 | 10/01/96 |
| PPS–XIV | 10/01/96 | 10/01/97 |
| PPS–XV | 10/01/97 | 10/01/98 |
| PPS–XVI | 10/01/98 | 10/01/99 |
| PPS–XVII | 10/01/99 | 10/01/00 |
| PPS–XVIII | 10/01/00 | 10/01/01 |
| PPS–XIX | 10/01/01 | 10/01/02 |
| PPS–XX | 10/01/02 | 10/01/03 |
| PPS–XXI | 10/01/03 | 10/01/04 |

11. Provider-Specific File

This file is a component of the PRICER program used in the fiscal intermediary's system to compute DRG payments for individual bills. The file contains records for all prospective payment system eligible hospitals, including hospitals in waiver States, and data elements used in the prospective payment system recalibration processes and related activities. Beginning with December 1988, the individual records were enlarged to include pass-through per diems and other elements.

*Media:* Diskette/Internet
*File Cost:* $265.00
*Periods Available:* FY 2007 PPS Update

12. CMS Medicare Case-Mix Index File

This file contains the Medicare case-mix index by provider number as published in each year's update of the Medicare hospital inpatient prospective payment system. The case-mix index is a measure of the costliness of cases treated by a hospital relative to the cost of the national average of all Medicare hospital cases, using DRG weights as a measure of relative costliness of cases. Two versions of this file are created each year. They support the following:

- NPRM published in the **Federal Register**.
- Final rule published in the **Federal Register**.

*Media:* Diskette/most recent year on Internet
*Price:* $165.00 per year/per file
*Periods Available:* FY 1985 through FY 2007

13. DRG Relative Weights (Formerly Table 5 DRG)

This file contains a listing of DRGs, DRG narrative descriptions, relative weights, and geometric and arithmetic mean lengths of stay as published in the **Federal Register**. The hard copy image has been copied to diskette. There are two versions of this file as published in the **Federal Register:**

- NPRM.
- Final rule.

*Media:* Diskette/Internet
*File Cost:* $165.00
*Periods Available:* FY 2007 PPS Update

14. PPS Payment Impact File

This file contains data used to estimate payments under Medicare's hospital inpatient prospective payment systems for operating and capital-related costs. The data are taken from various sources, including the Provider-Specific File, Minimum Data Sets, and prior impact files. The data set is abstracted from an internal file used for the impact analysis of the changes to the prospective payment systems published in the **Federal Register.** This file is available for release 1 month after the proposed and final rules are published in the **Federal Register**.

*Media:* Diskette/Internet
*File Cost:* $165.00
*Periods Available:* FY 2007 PPS Update

15. AOR/BOR Tables

This file contains data used to develop the DRG relative weights. It contains mean, maximum, minimum, standard deviation, and coefficient of variation statistics by DRG for length of stay and standardized charges. The BOR tables are ''Before Outliers Removed'' and the AOR is ''After Outliers Removed.'' (Outliers refer to statistical outliers, not payment outliers.)

Two versions of this file are created each year. They support the following:

- NPRM published in the **Federal Register**.
- Final rule published in the **Federal Register**.

*Media:* Diskette/Internet
*File Cost:* $165.00
*Periods Available:* FY 2007 PPS Update

16. Prospective Payment System (PPS) Standardizing File

This file contains information that standardizes the charges used to calculate relative weights to determine payments under the prospective payment system. Variables include wage index, cost-of-living adjustment (COLA), case-mix index, disproportionate share, and the Metropolitan Statistical Area (MSA). The file supports the following:

- NPRM published in the **Federal Register**.
- Final rule published in the **Federal Register**.

*Media:* Internet.
*File Cost:* No charge.
*Periods Available:* FY 2007 PPS Update.

For further information concerning these data tapes, contact the CMS Public Use Files Hotline at (410) 786–3691.

Commenters interested in obtaining or discussing any other data used in constructing this rule should contact Mark Hartstein at (410) 786–4548.

*B. 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 is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the PRA requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

The following information collection requirements included in this proposed rule and their associated burdens are subject to the PRA.

We are soliciting public comment on each of the issues for the following sections of this document that contain information collection requirements.

*Section 412.64—Reporting of Hospital Quality Data for Annual Hospital Payment Update*

Section 412.64(d)(2) requires hospitals, in order to qualify for the full annual market basket update, to submit quality data on a quarterly basis to CMS, as specified by CMS. In this proposed rule, we are setting out the specific requirements related to the data that must be submitted for the update for FY 2007.

The burden associated with this section is the time and effort associated with collecting, copying and submitting the data. We estimate that there will be approximately 4,000 respondents per year. Of this number, approximately 3,600 hospitals are JCAHO-accredited and are currently collecting measures and submitting data to the JCAHO on a quarterly basis. Of the JCAHO-accredited hospitals, approximately 3,300 are collecting the same measures CMS will be collecting for public reporting. Therefore, there will be no additional burden for these hospitals. Only approximately 300 of the JCAHO-accredited hospitals will need to collect an additional topic in addition to the data already collected for maintaining JCAHO accreditation. In addition, there are approximately 400 hospitals that do not participate in the JCAHO accreditation process. These hospitals will have the additional burden of collecting data on all three topics.

For JCAHO-accredited hospitals that are not already collecting all of the required measures, we estimate it will take 25 hours per month per topic for collection. We expect the burden for all

of these hospitals to total 102,000 hours per year, including time allotted for overhead. For non-JCAHO accredited hospitals, we estimate the burden to be 136,000 hours per year. This estimate also includes overhead. The total number of burden hours for all hospitals combined is 238,000. The number of respondents will vary according to the level of voluntary participation. One hundred percent of the data may be collected electronically.

Our validation process requires participating hospitals to submit 5 charts per quarter. The burden associated with this requirement is the time and effort associated with collecting, copying, and submitting these charts. It will take approximately 2 hours per hospital to submit the 5 charts per quarter. There will be a total of approximately 19,000 charts (3,800 hospitals × 5 charts per hospital) submitted by the hospitals to CMS per quarter for a total burden of 7,600 hours per quarter and a total annual burden of 30,400 hours.

The burden associated with the requirements under § 412.64 are currently approved under OMB Number 0938–0918. OMB approval will expire on December 31, 2008.

*Proposed Revised § 412.92(b)(3) Special Treatment: Sole Community Hospitals*

Proposed revised § 412.92(b)(3) would require an approved SCH to notify the appropriate CMS Regional Office of any change which would affect its classification as an SCH.

The burden associated with this requirement is the time and effort it would take for the SCH to provide such notification to the CMS Regional Office. We estimate that on an annual basis it would take an SCH 1 hour to provide notification. While this requirement is subject to the PRA, we believe the requirement is exempt because it impacts less than 10 SCHs.

*Proposed Revised § 412.108(b)(4) Special Treatment: Medicare-Dependent, Small Rural Hospitals*

Proposed revised § 412.108(b)(4) would require an approved MDH to notify the appropriate CMS Regional Office of any change which would affect its status as an MDH.

The burden associated with this requirement is the time and effort it would take for the MDH to provide such notification to the CMS Regional Office. We estimate that on an annual basis it would take an MDH 1 hour to provide notification. While this requirement is subject to the PRA, we believe the requirement is exempt because it impacts less than 10 MDHs.

If you comment on these information collection and recordkeeping requirements, please mail the copies directly to the following:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group, Attn.: Melissa Musutto, CMS–1488–P. Room C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850; and

Office of Information and Regulatory Affairs, Office of Management and Budget Room 10235, New Executive Office Building, Washington, DC 20503, Attn.: Carolyn Lovett, CMS Desk Officer, CMS–1488–P, *carolyn_lovett@omb.eop.gov.* Fax (202) 395–5167.

*C. Public Comments*

Because of the large number of public comments we normally receive on **Federal Register** documents, 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 those comments in the preamble to that document.

**XII. Regulation Text**

**List of Subjects**

*42 CFR Part 409*

Health Facilities, Medicare.

*42 CFR Part 410*

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

*42 CFR Part 412*

Administrative practice and procedure, Health facilities, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

*42 CFR Part 413*

Health facilities, Kidney diseases, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

*42 CFR Part 424*

Emergency medical services, Health facilities, Health professions, Medicare.

*42 CFR Part 485*

Grant programs-health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements.

*42 CFR Part 489*

Health facilities, Medicare, Reporting and recordkeeping requirements.

For the reasons stated in the preamble of this proposed rule, the Centers for Medicare & Medicaid Services is proposing to amend 42 CFR Chapter IV as follows:

## PART 409—HOSPITAL INSURANCE BENEFITS

1. The authority citation for part 409 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. Section 409.3 is amended by revising paragraph (e) under the definition of ''Qualified hospital'' to read as follows:

### § 409.3 Definitions.

* * * * *

*Qualified hospital* means a facility that—* * *

(e) If it is a foreign hospital, is licensed, or approved as meeting the standard for licensing, by the appropriate foreign licensing agency, and for purposes of furnishing nonemergency services to U.S. residents, is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or by a foreign program under standards that CMS finds to be equivalent to those of JCAHO.

3. Section 409.5 is revised to read as follows:

### § 409.5 General description of benefits.

Hospital insurance (Part A of Medicare) helps pay for inpatient hospital or inpatient CAH services and posthospital SNF care. It also pays for home health services and hospice care. There are limitations on the number of days of care that Medicare can pay for and there are deductible and coinsurance amounts for which the beneficiary is responsible. For each type of service, certain conditions must be met as specified in the pertinent sections of this subpart and in part 418 of this chapter regarding hospice care. Conditions for payment of emergency inpatient services furnished by a nonparticipating U.S. hospital and for services furnished in a foreign country are set forth in subparts G and H of part 424 of this chapter.

## PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

4. 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).

5. Section 410.66 is revised to read as follows:

**§ 410.66 Emergency outpatient services furnished by a nonparticipating hospital and services furnished in a foreign country.**

Conditions for payment of emergency inpatient services furnished by a nonparticipating U.S. hospital and for services furnished in a foreign country are set forth in subparts G and H of part 424 of this chapter.

## PART 412—PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL SERVICES

6. The authority citation for part 412 is revised to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh), and sec. 124 of Pub. L. 106–113 (113 Stat. 1501A–332).

7. Section 412.22 is amended by—

a. Revising the introductory text of paragraph (f).

b. Adding a new paragraph (f)(3).

c. Revising paragraph (h)(1).

d. In paragraph (h)(2), removing the phrase ''(h)(3), (h)(6), and (h)(7) of this section'' and adding the phrase ''(h)(3), (h)(7), and (h)(8) of this section'' in its place.

e. Revising the introductory text of paragraph (h)(3).

f. Revising paragraph (h)(4).

g. Redesignating paragraphs (h)(5), (h)(6), and (h)(7) as paragraphs (h)(6), (h)(7), and (h)(8), respectively.

h. Adding a new paragraph (h)(5).

The revisions and addition read as follows:

**§ 412.22 Excluded hospitals and hospital units: General rules.**

* * * * *

(f) *Application for certain hospitals.* Except as provided in paragraph (f)(3) of this section, if a hospital was excluded from the prospective payment systems under the provisions of this section on or before September 30, 1995, and at that time occupied space in a building also used by another hospital, or in one or more buildings located on the same campus as buildings used by another hospital, the criteria in paragraph (e) of this section do not apply to the hospital as long as the hospital—

* * * * *

(3) For cost reporting periods beginning on or after October 1, 2006, in applying the provisions of paragraph (f)(1) or (f)(2) of this section, any hospital that was excluded from the prospective payment systems under the provisions of this section on or before September 30, 1995, and at that time occupied space in a building also used by another hospital, or in one or more buildings located on the same campus as buildings used by another hospital—

(i) May decrease its square footage or number of beds, or both, without affecting the provisions of paragraph (f)(1) or (f)(2) of this section;

(ii) May increase or decrease the square footage or decrease the number of beds considered to be part of the hospital at any time, if these changes are made necessary by relocation of the hospital—

(A) To permit construction or renovation necessary for compliance with changes in Federal, State, or local law affecting the physical facility; or

(B) Because of catastrophic events such as fires, floods, earthquakes, or tornadoes.

* * * * *

(h) *Satellite facilities.* (1) For purposes of paragraphs (h)(2) through (h)(5) of this section, a satellite facility is a part of a hospital that provides inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

* * * * *

(3) Except as provided in paragraphs (h)(4) and (h)(5) of this section, the provisions of paragraph (h)(2) of this section do not apply to—

* * * * *

(4) In applying the provisions of paragraph (h)(3) of this section, any hospital structured as a satellite facility on September 30, 1999, may increase or decrease the square footage of the satellite facility or may decrease the number of beds in the satellite facility considered to be part of the satellite facility at any time, if these changes are made necessary by relocation of a facility —

(i) To permit construction or renovation necessary for compliance with changes in Federal, State, or local law affecting the physical facility; or

(ii) Because of catastrophic events such as fires, floods, earthquakes, or tornadoes.

(5) For cost reporting periods beginning on or after October 1, 2006, in applying the provisions of paragraph (h)(3) of this section, a satellite facility may decrease its number of beds or square footage, or both, without affecting the provisions of paragraph (h)(3) of this section.

* * * * *

8. Section 412.25 is amended by—

a. In paragraph (e)(2), removing the cross-reference ''(e)(5)'' and adding the cross-reference ''(e)(6)'' in its place.

b. Revising paragraph (e)(3).

c. Redesignating paragraph (e)(5) as paragraph (e)(6).

d. Adding a new paragraph (e)(5).

The revision and addition read as follows:

**§ 412.25 Excluded hospital units: Common requirements.**

* * * * *

(e) * * *

(3) Except as specified in paragraphs (e)(4) and (e)(5) of this section, the provisions of paragraph (e)(2) of this section do not apply to any unit structured as a satellite facility on September 30, 1999, and excluded from the prospective payment systems on that date, to the extent the unit continues operating under the same terms and conditions, including the number of beds and square footage considered to be part of the unit, in effect on September 30, 1999.

* * * * *

(5) For cost reporting periods beginning on or after October 1, 2006, in applying the provisions of paragraph (e)(3) of this section, a satellite facility may decrease its number of beds or square footage, or both, without affecting the provision of paragraph (e)(3) of this section.

* * * * *

**§ 412.42 [Amended]**

9. In paragraph (d) of § 412.42, the cross-reference ''§ 405.310(k)'' is removed, and the cross-reference ''§ 411.15(k)'' is added in its place.

**§ 412.48 [Amended]**

10. In paragraph (b) of § 412.48, the cross-reference ''§§ 405.330 through 405.332'' is removed and the cross-reference ''§ 411.400 and § 411.402'' is added in its place.

11. Section 412.64 is amended by—

a. Revising paragraph (d)(2).

b. Adding a new paragraph (h)(6).

The revision and addition read as follows:

**§ 412.64 Federal rates for inpatient operating costs for Federal fiscal year 2005 and subsequent fiscal years.**

* * * * *

(d) * * *

(2)(i) In the case of a ''subsection (d) hospital,'' as defined under section 1886(d)(1)(B) of the Act, that does not submit quality data on a quarterly basis to CMS, in the form and manner specified by CMS, the applicable percentage change specified in paragraph (d)(1) of this section is reduced:

(A) For fiscal years 2005 and 2006, by 0.4 percentage points; and

(B) For fiscal year 2007 and subsequent fiscal years, by 2.0 percentage points.

(ii) Any reduction of the percentage change will apply only to the fiscal year involved and will not be taken into account in computing the applicable percentage change for a subsequent fiscal year.

* * * * *

(h) * * *

(6) If a new rural hospital that is subject to the hospital inpatient prospective payment system opens in a State that has an imputed rural floor and has rural areas, CMS uses the imputed floor as the hospital's wage index until the hospital's first cost report as an inpatient prospective payment system provider is contemporaneous with the cost reporting period being used to develop a given fiscal year's wage index.

* * * * *

12. A new § 412.79 is added to Subpart E to read as follows:

**§ 412.79 Determination of the hospital-specific rate for inpatient operating costs for Medicare-dependent, small rural hospitals based on a Federal fiscal year 2002 base period.**

(a) *Base-period costs*—(1) *General rule.* Except as provided in paragraph (a)(2) of this section, for each MDH, the intermediary determines the MDH's Medicare Part A allowable inpatient operating costs, as described in § 412.2(c), for the 12-month or longer cost reporting period ending on or after October 1, 2001, and before October 1, 2002.

(2) *Exceptions.* (i) If the MDH's last cost reporting period ending before October 1, 2002, is for less than 12 months, the base period is the MDH's most recent 12-month or longer cost reporting period ending before that short cost reporting period.

(ii) If the MDH does not have a cost reporting period ending on or after October 1, 2001, and before October 1, 2002, and does have a cost reporting period beginning on or after October 1, 2000, and before October 1, 2001, that cost reporting period is the base period unless the cost reporting is for less than 12 months. In that case, the base period is the MDH's most recent 12-month or longer cost reporting period ending before that short cost reporting period.

(b) *Costs on a per discharge basis.* The intermediary determines the MDH's average base-period operating cost per discharge by dividing the total operating costs by the number of discharges in the base period. For purposes of this section, a transfer as described in § 412.4(b) is considered to be a discharge.

(c) *Case-mix adjustment.* The intermediary divides the average base-period cost per discharge by the MDH's case-mix index for the base period.

(d) *Updating base period costs.* For purposes of determining the updated base-period costs for cost reporting periods beginning in Federal fiscal year 2002, the update factor is determined using the methodology set forth in § 412.73(c)(14) and (c)(15).

(e) *DRG adjustment.* The applicable hospital-specific cost per discharge is multiplied by the appropriate DRG weighting factor to determine the hospital-specific base payment amount (target amount) for a particular covered discharge.

(f) *Notice of hospital-specific rate.* The intermediary furnishes the MDH a notice of its hospital-specific rate which contains a statement of the hospital's Medicare Part A allowable inpatient operating costs, number of Medicare discharges, and case-mix index adjustment factor used to determine the hospital's cost per discharge for the Federal fiscal year 2002 base period.

(g) *Right to administrative and judicial review.* An intermediary's determination of the hospital-specific rate for a hospital is subject to administrative and judicial review. Review is available to an MDH upon receipt of the notice of the hospital-specific rate. The notice is treated as a final intermediary determination of the amount of program reimbursement for purposes of subpart R of Part 405 of this chapter, governing provider reimbursement determinations and appeals.

(h) *Modification of hospital-specific rate.* (1) The intermediary recalculates the hospital-specific rate to reflect the following:

(i) Any modifications that are determined as a result of administrative or judicial review of the hospital-specific rate determinations; or

(ii) Any additional costs that are recognized as allowable costs for the MDH's base period as a result of administrative or judicial review of the base-period notice of amount of program reimbursement.

(2) With respect to either the hospital-specific rate determination or the amount of program reimbursement determination, the actions taken on administrative or judicial review that provide a basis for recalculations of the hospital-specific rate include the following:

(i) A reopening and revision of the MDH's base-period notice of amount of program reimbursement under §§ 405.1885 through 405.1889 of this chapter.

(ii) A prehearing order or finding issued during the provider payment appeals process by the appropriate reviewing authority under § 405.1821 or § 405.1853 of this chapter that resolved a matter at issue in the MDH's base-period notice of amount of program reimbursement.

(iii) An affirmation, modification, or reversal of a Provider Reimbursement Review Board decision by the Administrator of CMS under § 405.1875 of this chapter that resolved a matter at issue in the hospital's base-period notice of amount of program reimbursement.

(iv) An administrative or judicial review decision under §§ 405.1831, 405.1871, or 405.1877 of this chapter that is final and no longer subject to review under applicable law or regulations by a higher reviewing authority, and that resolved a matter at issue in the hospital's base-period notice of amount of program reimbursement.

(v) A final, nonappealable court judgment relating to the base-period costs.

(3) The adjustments to the hospital-specific rate made under paragraphs (h)(1) and (2) of this section are effective retroactively to the time of the intermediary's initial determination of the rate.

(i) *Maintaining budget neutrality.* CMS makes an adjustment to the hospital-specific rate to ensure that changes to the DRG classifications and recalibrations of the DRG relative weights are made in a manner so that aggregate payments to section 1886(d) hospitals are not affected.

**§ 412.84 [Amended]**

13. In paragraph (m) of § 412.84, the cross-reference ''paragraph (h)(3)'' is removed and the cross-reference ''paragraph (i)(4)'' is added in its place.

14. Section 412.90 is amended by revising paragraph (j) to read as follows:

**§ 412.90 General rules.**

* * * * *

(j) *Medicare-dependent, small rural hospitals.* For cost reporting periods beginning on or after April 1, 1990, and before October 1, 1994, and for discharges occurring on or after October 1, 1997, and before October 1, 2011, CMS adjusts the prospective payment rates for inpatient operating costs determined under subparts D and E of this part if a hospital is classified as a Medicare-dependent, small rural hospital.

* * * * *

15. Section 412.92 is amended by—

a. In paragraph (b)(2)(iv) of § 412.92, the word ''djustment'' is removed and the word ''adjustment'' is added in its place.

b. Revising paragraph (b)(3) to read as follows:

**§ 412.92 Special treatment: Sole community hospitals.**

* * * * *

(b) * * *

(3) *Duration of classification.* An approved classification as a sole community hospital remains in effect without need for reapproval unless there is a change in the circumstances under which the classification was approved. An approved sole community hospital must notify the appropriate CMS regional office of any change that would affect its classification as a sole community hospital. If CMS determines that a sole community hospital failed to comply with this requirement, CMS will cancel the hospital's classification as a sole community hospital effective on the earliest discernable date that the fiscal intermediary can determine that the hospital no longer met the criteria for such classification.

* * * * *

**§ 412.105 [Amended]**

16. In paragraph (f)(1)(ii)(C) of § 412.105, the cross-reference ''§ 413.78(c) or § 413.78(d)'' is removed and the cross-reference ''§ 413.78(c), § 413.78(d), or § 413.78(e)'' is added in its place.

17. Section 412.106 is amended by—

a. Revising paragraph (a)(1)(iii).

b. Republishing the introductory text of paragraph (d)(2)(iv).

c. Revising paragraph (d)(2)(iv)(C)(*3*).

d. Adding a new paragraph (d)(2)(iv)(D).

e. Adding a new paragraph (d)(2)(v).

The revision and additions read as follows:

**§ 412.106 Special treatment: Hospitals that serve a disproportionate share of low-income patients.**

(a) * * *

(1) * * *

(iii) The hospital's location, in an urban or rural area, is determined in accordance with the definitions in § 412.64, except that a reclassification that results from an urban hospital reclassified as rural as set forth in § 412.103 is classified as rural.

* * * * *

(d) * * *

(2) * * *

(iv) If the hospital meets the criteria of paragraph (c)(1)(iv) of this section—

* * * * *

(C) * * *

(*3*) Except as provided in paragraph (d)(2)(iv)(D) of this section, the maximum payment adjustment factor is 12 percent.

(D) Effective for discharges occurring on or after October 1, 2006, for a hospital that is classified as a Medicare-dependent, small rural hospital under § 412.108, the payment adjustment factor limitation specified in paragraph (d)(2)(iv)(C)(*3*) does not apply.

(v) If the hospital meets the criteria of paragraph (c)(2) of this section, the payment adjustment factor is as follows:

(A) 30 percent for discharges occurring on or after April 1, 1990, and before October 1, 1991.

(B) 35 percent for discharges occurring on or after October 1, 1991.

* * * * *

18. Section 412.108 is amended by—

a. Revising paragraph (a)(1) introductory text.

b. Revising paragraph (b)(4).

c. Adding a new paragraph (c)(2)(iii).

The revisions and addition read as follows:

**§ 412.108 Special Treatment: Medicare-dependent, small rural hospitals.**

(a) *Criteria for classification as a Medicare-dependent, small rural hospital.*—(1) *General considerations.* For cost reporting periods beginning on or after April 1, 1990, and ending before October 1, 1994, or for discharges occurring on or after October 1, 1997, and before October 1, 2011, a hospital is classified as a Medicare-dependent, small rural hospital if it is located in a rural area (as defined in subpart D of this part) and meets all of the following conditions:

* * * * *

(b) * * *

(4) A determination of MDH status made by the fiscal intermediary is effective 30 days after the date the fiscal intermediary provides written notification to the hospital. An approved MDH status determination remains in effect unless there is a change in the circumstances under which the status was approved. An approved MDH must notify the appropriate CMS regional office of any change that would affect its status as an MDH. If CMS determines that an MDH failed to comply with this requirement, CMS will cancel the hospital's MDH status effective on the earliest discernable date that the fiscal intermediary can determine that the hospital no longer met the criteria for such status.

* * * * *

(c) * * *

(2) * * *

(iii) For discharges occurring during cost reporting periods (or portions thereof) beginning on or after October 1, 2006, and before October 1, 2011, 75 percent of the amount that the Federal rate determined under paragraph (c)(1) of this section is exceeded by the highest of the following:

(A) The hospital-specific rate as determined under § 412.73.

(B) The hospital-specific rate as determined under § 412.75.

(C) The hospital-specific rate as determined under § 412.79.

* * * * *

19. Section 412.234 is amended by—

a. In paragraph (a)(3)(ii), removing the term ''fiscal year'' and adding the term ''Federal fiscal year'' in its place.

b. Revising paragraph (a)(3)(iii).

c. Adding a new paragraph (a)(3)(iv).

The revisions and addition read as follows:

**§ 412.234 Criteria for all hospitals in an urban county seeking redesignation to another urban area.**

(a) * * *

(3) * * *

(iii) For Federal fiscal year 2007, hospitals located in counties that are in the same Combined Statistical Area (CSA) (under the MSA definitions announced by the OMB on June 6, 2003) as the urban area to which they seek redesignation qualify as meeting the proximity requirement for reclassification to the urban area to which they seek redesignation.

(iv) For Federal fiscal year 2008 and thereafter, hospitals located in counties that are in the same Combined Statistical Area (CSA) or Core-Based Statistical Area (CBSA) (under the MSA definitions announced by the OMB on June 6, 2003) as the urban area to which they seek redesignation qualify as meeting the proximity requirements for reclassification to the urban area to which they seek redesignation.

* * * * *

20. Section 412.316 is amended by—

a. Revising paragraph (a).

b. Revising paragraph (b)(2).

c. Adding a new paragraph (b)(3).

d. Revising paragraph (c).

The revisions and addition read as follows:

**§ 412.316 Geographic adjustment factors.**

(a) *Local cost variation.* CMS adjusts for local cost variation based on the hospital wage index value that is applicable to the hospital under subpart D of this part. The adjustment factor equals the hospital wage index value applicable to the hospital raised to the .6848 power and is applied to 100 percent of the Federal rate.

(b) * * *

(2) For discharges occurring on or after October 1, 2004, the definition of large urban area under § 412.63(c)(6) continues to be in effect for purposes of the payment adjustment under this section, based on the geographic classification under § 412.64, except as provided for in paragraph (b)(3) of this section.

(3) For purposes of this section, the geographic classifications specified under § 412.64 apply, except that, effective for discharges occurring on or after October 1, 2006, for an urban hospital that is reclassified as rural as set forth in § 412.103, the geographic classification is rural.

(c) *Cost-of-living adjustment.* CMS provides an additional payment to a hospital located in Alaska and Hawaii equal to [0.3152 x (the cost-of-living adjustment factor used to determine payments under subpart D of this part − 1)] percent.

21. Section 412.320 is amended by—

a. Revising paragraph (a)(1)(ii).

b. Adding a new paragraph (a)(1)(iii).

The revision and addition read as follows:

**§ 412.320 Disproportionate share adjustment factor.**

(a) * * *

(1) * * *

(ii) For discharges occurring on or after October 1, 2004, the payment adjustment under this section is based on the geographic classifications specified under § 412.64, except as provided for in paragraph (a)(1)(iii) of this section.

(iii) For purposes of this section, the geographic classifications specified under § 412.64 apply, except that, effective for discharges occurring on or after October 1, 2006, for an urban hospital that is reclassified as rural as set forth in § 412.103, the geographic classification is rural.

* * * * *

22. Section 412.505 is amended by revising paragraph (b)(1) to read as follows:

**§ 412.505 Conditions for payment under the prospective payment system for long-term care hospitals.**

* * * * *

(b) *General requirements.* (1) Effective for cost reporting periods beginning on or after October 1, 2002, a long-term care hospital must meet the conditions for payment of this section, § 412.22(e)(3) and (h)(6), if applicable, and § 412.507 through § 412.511 to receive payment under the prospective payment system described in this subpart for inpatient hospital services furnished to Medicare beneficiaries.

* * * * *

**§ 412.508 [Amended]**

23. In paragraph (c)(3) of § 412.508, the cross-reference ''§ 1001.301'' is removed and the cross-reference ''1001.201'' is added in its place.

24. Section 412.511 is revised to read as follows:

**§ 412.511 Reporting and recordkeeping requirements.**

A long-term care hospital participating in the prospective payment system under this subpart must meet the requirement of §§ 412.22(e)(3) and 412.22(h)(6) to report co-located status, if applicable, and the recordkeeping and cost reporting requirements of §§ 413.20 and 413.24 of this subchapter.

25. Section 412.525 is amended by—

a. Revising paragraph (a)(3).

b. Revising paragraph (a)(4)(ii).

c. Revising paragraph (a)(4)(iii).

d. Adding a new paragraph (a)(4)(iv).

e. Adding a new paragraph (d)(3).

f. Adding a new paragraph (d)(4).

The revisions and additions read as follows:

**§ 412.525 Adjustments to the Federal prospective payment.**

(a) * * *

(3) The additional payment equals 80 percent of the difference between the estimated cost of the patient's care (determined by multiplying the hospital-specific cost-to-charge ratio by the Medicare allowable covered charge) and the sum of the adjusted LTCH PPS Federal prospective payment and the fixed-loss amount.

(4) * * *

(ii) For discharges occurring on or after August 8, 2003, and before October 1, 2006, high-cost outlier payments are subject to the provisions of § 412.84(i)(1), (i)(3), and (i)(4) and (m) for adjustments of cost-to-charge ratios.

(iii) For discharges occurring on or after October 1, 2003, and before October 1, 2006, high-cost outlier payments are subject to the provisions of § 412.84(i)(2) for adjustments to cost-to-charge ratios.

(iv) For discharges occurring on or after October 1, 2006, high-cost outlier payments are subject to the following provisions:

(A) CMS may specify an alternative to the cost-to-charge ratio otherwise applicable under paragraph (a)(4)(iv)(B) of this section. A hospital may also request that its fiscal intermediary use a different (higher or lower) cost-to-charge ratio based on substantial evidence presented by the hospital. A request must be approved by the CMS Regional Office.

(B) The cost-to-charge ratio applied at the time a claim is processed is based on either the most recent settled cost report or the most recent tentatively settled cost report, whichever is from the latest cost reporting period.

(C) The fiscal intermediary may use a statewide average cost-to-charge ratio, which CMS establishes annually, if it is unable to determine an accurate cost-to-charge ratio for a hospital in one of the following circumstances:

(*1*) A new hospital that has not yet submitted its first Medicare cost report. (For this purpose, a new hospital is defined as an entity that has not accepted assignment of an existing hospital's provider agreement in accordance with § 489.18 of this chapter.)

(*2*) A hospital whose cost-to-charge ratio is in excess of 3 standard deviations above the corresponding national geometric mean cost to charge ratio. CMS establishes and publishes this mean annually.

(*3*) Any other hospital for which data to calculate a cost-to-charge ratio are not available.

(D) Any reconciliation of outlier payments is based on the cost-to-charge ratio calculated based on a ratio of costs to charges computed from the relevant cost report and charge data determined at the time the cost report coinciding with the discharge is settled.

(E) At the time of any reconciliation under paragraph (a)(4)(iv)(D) of this section, outlier payments may be adjusted to account for the time value of any underpayments or overpayments. Any adjustment is based upon a widely available index to be established in advance by the Secretary, and is applied from the midpoint of the cost reporting period to the date of reconciliation.

* * * * *

(d) * * *

(3) Patients who are transferred to onsite providers and readmitted to a long-term care hospital, as provided for in § 412.532.

(4) Long-term care hospitals-within-hospitals and satellites of long-term care hospitals as provided in § 412.534.

26. Section 412.529 is amended by revising paragraph (c)(5) to read as follows:

**§ 412.529 Special payment provision for short-stay outliers.**

* * * * *

(c) * * *

(5)(i) For discharges occurring on or after October 1, 2002, and before August 8, 2003, no reconciliations are made to

short-stay outlier payments upon cost report settlement to account for differences between cost-to-charge ratio and the actual cost-to-charge ratio of the case.

(ii) For discharges occurring on or after August 8, 2003, and before October 1, 2006, short-stay outlier payments are subject to the provisions of § 412.84(i)(1), (i)(3), and (i)(4) and (m) for adjustments of cost-to-charge ratios.

(iii) For discharges occurring on or after October 1, 2003, and before October 1, 2006, short-stay outlier payments are subject to the provisions of § 412.84(i)(2) for adjustments to cost-to-charge ratios.

(iv) For discharges occurring on or after October 1, 2006, short-stay outlier payments are subject to the following provisions:

(A) CMS may specify an alternative to the cost-to-charge ratio otherwise applicable under paragraph (c)(5)(iv)(B) of this section. A hospital may also request that its fiscal intermediary use a different (higher or lower) cost-to-charge ratio based on substantial evidence presented by the hospital. This request must be approved by the CMS Regional Office.

(B) The cost-to-charge ratio applied at the time a claim is processed is based on either the most recent settled cost report or the most recent tentatively settled cost report, whichever is from the latest cost reporting period.

(C) The fiscal intermediary may use a statewide average cost-to-charge ratio, which CMS establishes annually, if it is unable to determine an accurate cost-to-charge ratio for a hospital in one of the following circumstances:

(*1*) A new hospital that has not yet submitted its first Medicare cost report. (For this purpose, a new hospital is defined as an entity that has not accepted assignment of an existing hospital's provider agreement in accordance with § 489.18 of this chapter.)

(*2*) A hospital whose cost-to-charge ratio is in excess of 3 standard deviations above the corresponding national geometric mean. CMS establishes and publishes this mean annually.

(*3*) Any other hospital for which data to calculate a cost-to-charge ratio are not available.

(D) Any reconciliation of outlier payments is based on the cost-to-charge ratio calculated based on a ratio of costs to charges computed from the relevant cost report and charge data determined at the time the cost report coinciding with the discharge is settled.

(E) At the time of any reconciliation under paragraph (c)(5)(iv)(D) of this section, outlier payments may be adjusted to account for the time value of any underpayments or overpayments. Any adjustment is based upon a widely available index to be established in advance by the Secretary, and is applied from the midpoint of the cost reporting period to the date of reconciliation.

27. Section 412.532 is amended by—

a. Revising paragraph (a)(2).

b. Revising paragraph (b).

The revisions read as follows:

**§ 412.532 Special payment provisions for patients who are transferred to onsite providers and readmitted to a long-term care hospital.**

(a) * * *

(2) A satellite facility, as defined in § 412.22(h), that is co-located with the long-term care hospital.

* * * * *

(b) As used in this section, ''co-located'' or ''onsite'' facility means a hospital, satellite facility, unit, or SNF that occupies space in a building also used by another hospital or unit or in one or more buildings on the same campus, as defined in § 413.65(a)(2) of this subchapter, as buildings used by another hospital or unit.

* * * * *

**§ 412.541 [Amended]**

28. In § 412.541, paragraph (b)(2)(i), remove the cross-reference ''§ 412.533(b)'' and add in its place ''§ 412.533(a)(5) and § 412.533(c)''.

## PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES

29. The authority citation for part 413 is revised to read as follows:

**Authority:** Secs. 1102, 1812(d), 1814(b), 1815, 1833(a), (i), and (n), 1861(v), 1871, 1881, 1883, and 1886 of the Social Security Act (42 U.S.C. 1302, 1395d(d), 1395f(b), 1395g, 1395l(a), (i), and (n), 1395x(v), 1395hh, 1395rr, 1395tt, and 1395ww); and sec. 124 of Pub. L. 106–133 (113 Stat. 1501A–332).

30. Section 413.74 is amended by revising paragraph (a) to read as follows:

**§ 413.74 Payment to a foreign hospital.**

(a) *Principle.* Section 1814(f) of the Act provides for the payment of emergency and nonemergency inpatient hospitals services furnished by foreign hospitals to Medicare beneficiaries. Subpart H of part 424 of this chapter, together with this section, specifies the conditions for payment.

* * * * *

31. Section 413.75 is amended by—

a. In paragraph (b), revising paragraph (1) under the definition of ''Medicare GME affiliated group''.

b. In paragraph (b), removing the cross-reference ''§ 413.79(g)(2)'' under paragraph (2) of the definition of ''Medicare GME affiliated group'' and adding the cross-reference ''§ 413.79(f)(2)'' in its place.

c. In paragraph (b), removing the cross-reference ''§ 413.79(g)(2)'' under paragraph (3) of the definition of ''Medicare GME affiliated group'' and adding the cross-reference ''§ 413.79(f)(2)'' in its place.

The revision reads as follows:

**§ 413.75 Direct GME payments: General requirements.**

* * * * *

(b) * * *

*Medicare GME affiliated group* means—

(1) Two or more hospitals that are located in the same urban or rural area (as those terms are defined in subpart D of Part 412 of this subchapter) or in a contiguous area and meet the rotation requirements in § 413.79(f)(2).

* * * * *

32. Section 413.77 is amended by revising paragraphs (e)(1) introductory text and (e)(1)(i) to read as follows:

**§ 413.77 Direct GME payments: Determination of per resident amounts.**

* * * * *

(e) *Exceptions*—(1) *Base period for certain hospitals.* If a hospital did not have any approved medical residency training programs or did not participate in Medicare during the base period, but either condition changes in a cost reporting period beginning on or after July 1, 1985, the fiscal intermediary establishes a per resident amount for the hospital using the information from the first cost reporting period during which the hospital participates in Medicare and the residents are on duty during the first month of that period. Effective for cost reporting periods beginning on or after October 1, 2006, if a hospital did not have any approved medical residency training programs or did not participate in Medicare during the base period, but either condition changes in a cost reporting period beginning on or after October 1, 2006, and the residents are not on duty during the first month of that period, the fiscal intermediary establishes a per resident amount for the hospital using the information from the first cost reporting period immediately following the cost reporting period during which the hospital participates in Medicare and residents began training at the hospital. The per resident

amount is based on the lower of the amount specified in paragraph (e)(1)(i) or paragraph (e)(1)(ii) of this section, subject to the provisions of paragraph (e)(1)(iii) of this section. Any GME costs incurred by the hospital during the cost reporting period prior to the base period used for calculating the PRA are reimbursed on a reasonable cost basis.

(i) The hospital's actual cost per resident incurred in connection with the GME program(s) based on the cost and resident data from the hospital's base year cost reporting period as established in paragraph (e)(1) of this section.

* * * * *

33. Section 413.79 is amended by—

a. Revising paragraph (e)(1)(iv).

b. In the introductory text of paragraph (f), removing the cross-reference ''paragraph (e)(3) of this section'' and adding the cross-reference ''paragraph (d) of this section'' in its place.

The revision reads as follows:

**§ 413.79 Direct GME payments: Determination of the weighted number of FTE residents.**

* * * * *

(e) * * *

(1) * * *

(iv) Effective for affiliation agreements entered into on or after October 1, 2005, an urban hospital that qualifies for an adjustment to its FTE cap under paragraph (e)(1) of this section is permitted to be part of a Medicare GME affiliated group for purposes of establishing an aggregate FTE cap only if the adjustment that results from the affiliation is an increase to the urban hospital's FTE cap.

* * * * *

34. Section 413.85 is amended by revising paragraph (h)(3) to read as follows:

**§ 413.85 Costs of approved nursing and allied health education activities.**

* * * * *

(h) * * *

(3) Educational seminars, workshops, and continuing education programs in which the employees or trainees participate that enhance the quality of medical care or operating efficiency of the provider and, effective October 1, 2003, do not lead to the ability to practice and begin employment in a nursing or allied health specialty.

* * * * *

35. Section 413.89 is amended by—

a. Revising paragraph (a).

b. Revising paragraph (h).

The revisions read as follows:

**§ 413.89 Bad debts, charity, and courtesy allowances.**

(a) *Principle.* Bad debts, charity, and courtesy allowances are deductions from revenue and are not to be included in allowable cost. However, subject to the limitations described under paragraph (h) of this section and the exception for anesthetists' services described under paragraph (i) of this section, bad debts attributable to the deductibles and coinsurance amounts are reimbursable under the program.

* * * * *

(h) *Limitations on bad debts.* (1) *Hospitals.* In determining reasonable costs for hospitals, the amount of bad debt otherwise treated as allowable costs (as defined in paragraph (e) of this section) is reduced by—

(i) For cost reporting periods beginning during fiscal year 1998, by 25 percent;

(ii) For cost reporting periods beginning during fiscal year 1999, by 40 percent;

(iii) For cost reporting periods beginning during fiscal year 2000, by 45 percent; and

(iv) For cost reporting periods beginning during a subsequent fiscal year, by 30 percent.

(2) *Skilled nursing facilities.* For cost reporting periods beginning during fiscal year 2006 or during a subsequent fiscal year, the amount of skilled nursing facility bad debts for coinsurance otherwise treated as allowable costs (as defined in paragraph (e) of this section) for services furnished to a patient who is not a full-benefit dual eligible individual (as defined in § 423.772) is reduced by 30 percent.

* * * * *

## PART 424—CONDITIONS FOR MEDICARE PAYMENT

36. The authority citation for part 424 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

**§ 424.32 [Amended]**

37. In § 424.32, in paragraph (b), the phrase ''CMS–1490U–Request for Medicare Payment by Organization. (For use by an organization requesting payment for medical services.)'' is removed and the phrase ''CMS–1491–Request for Medicare Payment-Ambulance. (For use by an organization requesting payment for ambulance services.)'' is removed.

**§ 424.121 [Amended]**

38. In § 424.121, paragraph (c) is amended by removing the cross-reference ''§ 405.313'' and adding the cross-reference ''§ 411.9'' in its place.

39. Section 424.123 is amended by revising paragraph (c)(2) to read as follows:

**§ 424.123 Conditions for payment for nonemergency inpatient hospital services furnished by a hospital closer to the individual's residence.**

* * * * *

(c) * * *

(2) Accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or accredited or approved by a program of the country where it is located under standards the CMS finds to be essentially equivalent to those of the JCAHO.

* * * * *

## PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

40. The authority citation for part 485 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

**§ 485.610 [Amended]**

41. In paragraph (c) of § 485.610, the phrase ''as of October 1, 2006'' is removed and the phrase ''on or before December 31, 2005'' is added in its place.

## PART 489—PROVIDER AGREEMENTS AND SUPPLIER APPROVAL

42. The authority citation for part 489 continues to read as follows:

**Authority:** Secs. 1102, 1819, 1861, 1864(m), 1866, 1869, and 187l of the Social Security Act (42 U.S.C. 1302, 1395i-3, 1395x, 1395aa(m), 1395cc, 1395ff, and 1395hh).

43. Section 489.24 is amended by—

a. Revising the definition of ''Labor'' under paragraph (b).

b. Revising paragraph (f).

The revisions read as follows:

**§ 489.24 Special responsibilities of Medicare hospitals in emergency cases.**

* * * * *

(b) * * *

*Labor* means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician, certified nurse-midwife, or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and State law, certifies that, after a reasonable time of observation, the woman is in false labor.

* * * * *

(f) *Recipient hospital responsibilities.* A participating hospital that has specialized capabilities or facilities (including, but not limited to, facilities such as burn units, shock-trauma units, neonatal intensive care units, or (with respect to rural areas) regional referral centers, which, for purposes of this subpart, means hospitals meeting the requirements of referral centers found at § 412.96 of this chapter) may not refuse to accept from a referring hospital within the boundaries of the United States an appropriate transfer of an individual who requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual. This requirement applies to any participating hospital with specialized capabilities, regardless of whether the hospital has a dedicated emergency department.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 30, 2006.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

Dated: April 10, 2006.

**Michael O. Leavitt,**

*Secretary.*

**[Editorial Note:** The following Addendum and appendices will not appear in the Code of Federal Regulations.]

## Addendum—Proposed Schedule of Standardized Amounts Effective With Discharges Occurring On or After October 1, 2006 and Update Factors and Rate-of-Increase Percentages Effective With Cost Reporting Periods Beginning On or After October 1, 2006

(If you choose to comment on issues in this section, please include the caption ''Operating Payment Rates'' at the beginning of your comment.)

### I. Summary and Background

In this Addendum, we are setting forth the proposed amounts and factors for determining prospective payment rates for Medicare hospital inpatient operating costs and Medicare hospital inpatient capital-related costs. We are also setting forth the proposed rate-of-increase percentages for updating the target amounts for hospitals and hospital units excluded from the IPPS.

For discharges occurring on or after October 1, 2006, except for SCHs, MDHs, and hospitals located in Puerto Rico, each hospital's payment per discharge under the IPPS has been based on 100 percent of the Federal national rate, which has been based on the national adjusted standardized amount. This amount reflects the national average hospital cost per case from a base year, updated for inflation.

SCHs are paid based on whichever of the following rates yields the greatest aggregate payment: the Federal national rate; the updated hospital-specific rate based on FY 1982 costs per discharge; the updated hospital-specific rate based on FY 1987 costs per discharge; or the updated hospital-specific rate based on FY 1996 costs per discharge.

Under section 1886(d)(5)(G) of the Act, MDHs were paid for FY 2006 based on the Federal national rate or, if higher, the Federal national rate plus 50 percent of the difference between the Federal national rate and the updated hospital-specific rate based on FY 1982 or FY 1987 costs per discharge, whichever is higher. (MDHs do not have the option to use their FY 1996 hospital-specific rate.) Section 5003(a)(1) of Pub. L. 109–171 extended and modified the MDH special payment provision which was previously set to expire on October 1, 2006, to discharges occurring on or after October 1, 2006, but before October 1, 2011. Under section 5003(b) of Pub. L. 109–171, if the change results in an increase to its target amount, MDHs must rebase their hospital-specific rates to their FY 2002 cost reports. In addition, under section 5003(c) of Pub. L. 109–171, MDHs will now be paid based on the Federal national rate or, if higher, the Federal national rate plus 75 percent of the difference between the Federal national rate and the updated hospital-specific rate. Further, based upon section 5003(d) of Pub. L. 109–171, MDHs will no longer be subject to the 12-percent cap on their DSH payment adjustment factor.

For hospitals in Puerto Rico, the payment per discharge is based on the sum of 25 percent of a Puerto Rico rate that reflects base year average costs per case of Puerto Rico hospitals and 75 percent of the Federal national rate. (See section II.D.3. of this Addendum for a complete description.)

As discussed below in section II. of this Addendum, we are proposing to make changes in the determination of the prospective payment rates for Medicare inpatient operating costs for FY 2007. The proposed changes, to be applied effective with discharges occurring on or after October 1, 2006, affect the calculation of the Federal rates. In section III. of this Addendum, we discuss our proposed changes for determining the prospective payment rates for Medicare inpatient capital-related costs for FY 2007. Section IV. of this Addendum sets forth our proposed changes for determining the rate-of-increase limits for hospitals excluded from the IPPS for FY 2007. Section V. of this Addendum sets forth proposed policies on payment for blood clotting factors administered to hemophilia inpatients. The tables to which we refer in the preamble of this proposed rule are presented in section VI. of this Addendum.

### II. Proposed Changes to Prospective Payment Rates for Hospital Inpatient Operating Costs for FY 2007

The basic methodology for determining prospective payment rates for hospital inpatient operating costs for FY 2005 and subsequent fiscal years is set forth at § 412.64. The basic methodology for determining the prospective payment rates for hospital inpatient operating costs for hospitals located in Puerto Rico for FY 2005 and subsequent fiscal years is set forth at §§ 412.211 and 412.212. Below we discuss the factors used for determining the prospective payment rates.

In summary, the proposed standardized amounts set forth in Tables 1A, 1B, 1C, and 1D of section VI. of this Addendum reflect—

- Equalization of the standardized amounts for urban and other areas at the level computed for large urban hospitals during FY 2004 and onward, as provided for under section 1886(d)(3)(A)(iv) of the Act, updated by the applicable percentage increase required under sections 1886(b)(3)(B)(i)(XX) and 1886(b)(3)(B)(viii) of the Act.
- The two labor-related shares that are applicable to the standardized amounts and Puerto Rico-specific standardized amounts, depending on whether the hospital's payments would be higher with a lower (in the case of a wage index less than or equal to 1.0000) or higher (in the case of a wage index above 1.0000) labor share, as provided for under sections 1886(d)(3)(E), and 1886(d)(9)(C)(iv) of the Act.
- Proposed updates of 3.4 percent for all areas (that is, the full market basket percentage increase of 3.4 percent), as required by section 1886(b)(3)(B)(i)(XX) of the Act, as amended by section 5001 of Pub. L. 109–171, and reflecting the requirements of section 1886(b)(3)(B)(viii) of the Act, as added by section 5001(a)(3) of Pub. L. 109–171, to reduce the applicable percentage increase by 2.0 percentage points for a hospital that fails to submit data, in a form and manner specified by the Secretary, relating to the quality of inpatient care furnished by the hospital;
- An adjustment to ensure the proposed DRG recalibration and wage index update and changes are budget neutral, as provided for under sections 1886(d)(4)(C)(iii) and 1886(d)(3)(E) of the Act, by applying new budget neutrality adjustment factors to the standardized amount;
- An adjustment to ensure the effects of the special transition measures adopted in relation to the implementation of new labor market areas are budget neutral;
- An adjustment to ensure the effects of geographic reclassification are budget neutral, as provided for in section 1886(d)(8)(D) of the Act, by removing the FY 2006 budget neutrality factor and applying a revised factor;
- An adjustment to apply the new outlier offset by removing the FY 2006 outlier offset and applying a new offset;
- An adjustment to ensure the effects of the rural community hospital demonstration required under section 410A of Pub. L. 108–173 are budget neutral, as required under section 410A(c)(2) of Pub. L. 108–173.

#### *A. Calculation of the Adjusted Standardized Amount*

1. Standardization of Base-Year Costs or Target Amounts

The national standardized amount is based on per discharge averages of adjusted

hospital costs from a base period (section 1886(d)(2)(A) of the Act) or, for Puerto Rico, adjusted target amounts from a base period (section 1886(d)(9)(B)(i) of the Act), updated and otherwise adjusted in accordance with the provisions of section 1886(d) of the Act. The September 1, 1983 interim final rule (48 FR 39763) contained a detailed explanation of how base-year cost data (from cost reporting periods ending during FY 1981) were established in the initial development of standardized amounts for the IPPS. The September 1, 1987 final rule (52 FR 33043 and 33066) contains a detailed explanation of how the target amounts were determined, and how they are used in computing the Puerto Rico rates.

Sections 1886(d)(2)(B) and (d)(2)(C) of the Act require us to update base-year per discharge costs for FY 1984 and then standardize the cost data in order to remove the effects of certain sources of cost variations among hospitals. These effects include case-mix, differences in area wage levels, cost-of-living adjustments for Alaska and Hawaii, indirect medical education costs, and costs to hospitals serving a disproportionate share of low-income patients.

In accordance with section 1886(d)(3)(E) of the Act, the Secretary estimates, from time-to-time, the proportion of hospitals' costs that are attributable to wages and wage-related costs. The standardized amount is divided into labor-related and nonlabor-related amounts; only the proportion considered the labor-related amount is adjusted by the wage index. Section 1886(d)(3)(E) of the Act requires that 62 percent of the standardized amount be adjusted by the wage index, unless doing so would result in lower payments to a hospital than would otherwise be made. (Section 1886(d)(9)(C)(iv)(II) of the Act extends this provision to the labor-related share for hospitals located in Puerto Rico.)

For FY 2007, we are proposing not to adjust the national and Puerto Rico-specific labor-related and nonlabor-related share from the percentages established in FY 2006. Accordingly, we are proposing to adjust 62 percent of the national standardized amount for all hospitals whose wage indexes are less than or equal to 1.0000. For all hospitals whose wage values are greater than 1.0000, we are proposing to adjust 69.7 percent of the national standardized amount by the hospitals' wage indexes. For hospitals in Puerto Rico, we are proposing to adjust 58.7 percent of the Puerto Rico-specific standardized amount for all hospitals whose Puerto Rico-specific wage indexes are less than or equal to 1.0000. For Puerto Rico hospitals whose Puerto Rico-specific wage index values are greater than 1.0000, we are proposing to adjust 62 percent of the Puerto Rico-specific standardized amount.

The proposed standardized amounts appear in Table 1A, 1B, and 1C of the Addendum to this proposed rule.

2. Computing the Average Standardized Amount

Section 1886(d)(3)(A)(iv) of the Act requires that, beginning with FY 2004 and thereafter, an equal standardized amount is to be computed for all hospitals at the level computed for large urban hospitals during FY 2003, updated by the applicable percentage update. Section 1886(d)(9)(A) of the Act equalizes the Puerto Rico-specific urban and rural area rates. Accordingly, we are using this proposed rule to provide for a single national standardized amount and a single Puerto Rico standardized amount for FY 2007.

3. Updating the Average Standardized Amount

In accordance with section 1886(d)(3)(A)(iv)(II) of the Act, we are proposing to update the equalized standardized amount for FY 2007 by the full estimated market basket percentage increase for hospitals in all areas, as specified in section 1886(b)(3)(B)(i)(XX) of the Act, as amended by section 5001(a)(1) of Pub. L. 109–171. The percentage change in the market basket reflects the average change in the price of goods and services purchased by hospitals to furnish inpatient care. The most recent forecast of the hospital market basket increase for FY 2007 is 3.4 percent. Thus, for FY 2007, the proposed update to the average standardized amount is 3.4 percent for hospitals in all areas.

Section 1886(b)(3)(B) of the Act specifies the mechanism used to update the standardized amount for payment for inpatient hospital operating costs. Section 1886(b)(3)(B)(viii) of the Act, as added by section 5001(a)(3) of Pub. L. 109–171, provides for a reduction of 2.0 percentage points to the update percentage increase (also known as the market basket update) for FY 2007 and each subsequent fiscal year for any ''subsection (d) hospital'' that does not submit quality data as discussed in section IV.A. of the preamble of this proposed rule. The proposed standardized amounts in Tables 1A through 1C of section VI. of this Addendum reflect these differential amounts.

Although the update factors for FY 2007 are set by law, we are required by section 1886(e)(4) of the Act to recommend, taking into account MedPAC's recommendations, appropriate update factors for FY 2007 for both IPPS hospitals and hospitals and hospital units excluded from the IPPS. Our recommendation on the update factors (which is required by sections 1886(e)(4)(A) and (e)(5)(A) of the Act) is set forth in Appendix B of this proposed rule.

4. Other Adjustments to the Average Standardized Amount

As in the past, we are proposing to adjust the FY 2007 standardized amount to remove the effects of the FY 2006 geographic reclassifications and outlier payments before applying the proposed FY 2007 updates. We then apply the new offsets for outliers and geographic reclassifications to the proposed standardized amount for FY 2007.

We do not remove the prior year's budget neutrality adjustments for reclassification and recalibration of the DRG weights and for updated wage data because, in accordance with sections 1886(d)(4)(C)(iii) and 1886(d)(3)(E) of the Act, estimated aggregate payments after the changes in the DRG relative weights and wage index should equal estimated aggregate payments prior to the changes. If we removed the prior year adjustment, we would not satisfy these conditions.

Budget neutrality is determined by comparing aggregate IPPS payments before and after making the changes that are required to be budget neutral (for example, reclassifying and recalibrating the DRGs, updating the wage data, and geographic reclassifications). We include outlier payments in the payment simulations because outliers may be affected by changes in these payment parameters.

We are also proposing to adjust the standardized amount this year by an amount estimated to ensure that aggregate IPPS payments do not exceed the amount of payments that would have been made in the absence of the rural community hospital demonstration required under section 410A of Pub. L. 108–173. This demonstration is required to be budget neutral under section 410A(c)(2) of Pub. L. 108–173.

a. Recalibration of DRG Weights and Updated Wage Index—Budget Neutrality Adjustment

Section 1886(d)(4)(C)(iii) of the Act specifies that, beginning in FY 1991, the annual DRG reclassification and recalibration of the relative weights must be made in a manner that ensures that aggregate payments to hospitals are not affected. As discussed in section II. of the preamble, we normalized the recalibrated DRG weights by an adjustment factor, so that the average case weight after recalibration is equal to the average case weight prior to recalibration. However, equating the average case weight after recalibration to the average case weight before recalibration does not necessarily achieve budget neutrality with respect to aggregate payments to hospitals because payments to hospitals are affected by factors other than average case weight. Therefore, as we have done in past years, we are proposing to make a budget neutrality adjustment to ensure that the requirement of section 1886(d)(4)(C)(iii) of the Act is met.

Section 1886(d)(3)(E) of the Act requires us to update the hospital wage index on an annual basis beginning October 1, 1993. This provision also requires us to make any updates or adjustments to the wage index in a manner that ensures that aggregate payments to hospitals are not affected by the change in the wage index. For FY 2007, we are proposing to continue to adjust 10 percent of the wage index factor for occupational mix. We describe the proposed occupational mix adjustment in section III.C. of the preamble to this proposed rule. Because section 1886(d)(3)(E) of the Act requires us to update the wage index on a budget neutral basis, we are including the effects of this proposed occupational mix adjustment on the wage index in our budget neutrality calculations.

In FY 2005, those urban hospitals that became rural under the new labor market area definitions were assigned the wage index of the urban area in which they were located under the previous labor market definitions for a 3-year period of FY 2005, FY 2006, and FY 2007. Because we are in the third year of this 3-year transition, we are proposing to adjust the standardized amounts for FY 2007 to ensure budget neutrality for this policy. We discuss this proposed

adjustment in section III.B. of the preamble to this proposed rule.

Section 4410 of Pub. L. 105–33 provides that, for discharges on or after October 1, 1997, the area wage index applicable to any hospital that is not located in a rural area may not be less than the area wage index applicable to hospitals located in rural areas in that State. This provision is required by section 4410(b) of Pub. L. 105–33 to be budget neutral. Therefore, we include the effects of this provision in our calculation of the proposed wage update budget neutrality factor. As discussed in the FY 2006 IPPS final rule (70 FR 47493), FY 2007 is the third and final year of the 3-year provision that uses an imputed wage index floor for States that have no rural areas and States that have geographic rural areas, but that have no hospitals actually classified as rural. We are also proposing to adjust for the effects of this provision in our calculation of the wage update budget neutrality factor.

To comply with the requirement that DRG reclassification and recalibration of the relative weights be budget neutral, and the requirement that the updated wage index be budget neutral, we used FY 2005 discharge data to simulate payments and compared aggregate payments using the FY 2006 relative weights and wage indexes to aggregate payments using the proposed FY 2007 relative weights and wage indexes. The same methodology was used for the FY 2006 budget neutrality adjustment.

Based on this comparison, we computed a proposed budget neutrality adjustment factor equal to 0.998363. We also are proposing to adjust the Puerto Rico-specific standardized amount for the effect of DRG reclassification and recalibration. We computed a proposed budget neutrality adjustment factor for the Puerto Rico-specific standardized amount equal to 0.998963. These proposed budget neutrality adjustment factors are applied to the standardized amounts without removing the effects of the FY 2006 budget neutrality adjustments. In addition, as discussed in section IV.E. of the preamble to this proposed rule, we are applying the same proposed DRG reclassification and recalibration budget neutrality factor of 0.998963 to the hospital-specific rates that are to be effective for cost reporting periods beginning on or after October 1, 2006.

Using the same data, we calculated a proposed transition budget neutrality adjustment to account for the ''hold harmless'' policy under which urban hospitals that became rural under the new labor market area definitions were assigned the wage index of the urban area in which they were located under the previous labor market area definitions for a 3-year period of FY 2005, FY 2006, and FY 2007 (see Table 2 in section VI. of this Addendum). Using the pre-reclassified wage index, we simulated payments under the new labor market area definitions and compared them to simulated payments under the ''hold harmless'' policy. Based on this comparison, we computed a proposed transition budget neutrality adjustment of 0.999591.

b. Reclassified Hospitals—Budget Neutrality Adjustment

Section 1886(d)(8)(B) of the Act provides that, effective with discharges occurring on or after October 1, 1988, certain rural hospitals are deemed urban. In addition, section 1886(d)(10) of the Act provides for the reclassification of hospitals based on determinations by the MGCRB. Under section 1886(d)(10) of the Act, a hospital may be reclassified for purposes of the wage index.

Under section 1886(d)(8)(D) of the Act, the Secretary is required to adjust the standardized amount to ensure that aggregate payments under the IPPS after implementation of the provisions of sections 1886(d)(8)(B) and (C) and 1886(d)(10) of the Act are equal to the aggregate prospective payments that would have been made absent these provisions. We note that neither the wage index reclassifications provided under section 508 of Pub. L. 108–173 nor the wage index adjustments provided under section 1886(d)(13) of the Act are budget neutral. Section 508(b) of Pub. L. 108–173 provides that the wage index reclassifications approved under section 508(a) of Pub. L. 108–173 ''shall not be effected in a budget neutral manner.'' Section 1886(d)(13)(H) of the Act similarly provides that any increase in a wage index under section 1886(d)(13) shall not be taken into account ''in applying any budget neutrality adjustment with respect to such index'' under section 1886(d)(8)(D) of the Act. To calculate this proposed budget neutrality factor, we used FY 2005 discharge data to simulate payments, and compared total IPPS payments prior to any reclassifications under sections 1886(d)(8)(B) and (C) and 1886(d)(10) of the Act to total IPPS payments after such reclassifications. Based on these simulations, we are proposing to apply an adjustment factor of 0.991727 to ensure that the effects of this reclassification are budget neutral.

The proposed adjustment factor is applied to the standardized amount after removing the effects of the FY 2006 budget neutrality adjustment factor. We note that the proposed FY 2007 adjustment reflects FY 2007 wage index reclassifications approved by the MGCRB or the Administrator, and the effects of MGCRB reclassifications approved in FY 2005 and FY 2006 (section 1886(d)(10)(D)(v) of the Act makes wage index reclassifications effective for 3 years).

c. Outliers

Section 1886(d)(5)(A) of the Act provides for payments in addition to the basic prospective payments for ''outlier'' cases involving extraordinarily high costs. To qualify for outlier payments, a case must have costs greater than the sum of the prospective payment rate for the DRG, any IME and DSH payments, any new technology add-on payments, and the ''outlier threshold'' or ''fixed loss'' amount (a dollar amount by which the costs of a case must exceed payments in order to qualify for an outlier payment). We refer to the sum of the prospective payment rate for the DRG, any IME and DSH payments, any new technology add-on payments, and the outlier threshold as the outlier ''fixed-loss cost threshold.'' To determine whether the costs of a case exceed the fixed-loss cost threshold, a hospital's cost-to-charge ratio is applied to the total covered charges for the case to convert the charges to costs. Payments for eligible cases are then made based on a marginal cost factor, which is a percentage of the costs above the fixed-loss cost threshold. The marginal cost factor for FY 2007 is 80 percent—the same marginal cost factor we have used since FY 1995 (59 FR 45367).

In accordance with section 1886(d)(5)(A)(iv) of the Act, outlier payments for any year are projected to be not less than 5 percent nor more than 6 percent of total operating DRG payments plus outlier payments. Section 1886(d)(3)(B) of the Act requires the Secretary to reduce the average standardized amount by a factor to account for the estimated proportion of total DRG payments made to outlier cases. Similarly, section 1886(d)(9)(B)(iv) of the Act requires the Secretary to reduce the average standardized amount applicable to hospitals in Puerto Rico to account for the estimated proportion of total DRG payments made to outlier cases. More information on outlier payments may be found on the CMS Web site at *http://www.cms.hhs.gov/AcuteInpatientPPS/04_outlier.asp#TopOfPage*.

i. Proposed FY 2007 Outlier Fixed-Loss Cost Threshold

For FY 2007, we are proposing to use the same methodology used for FY 2006 (70 FR 47493) to calculate the outlier threshold. As we have done in the past, to calculate the proposed FY 2007 outlier threshold, we simulated payments by applying proposed FY 2007 rates and policies using cases from the FY 2005 MedPAR files. Therefore, in order to determine the proposed FY 2007 outlier threshold, we are proposing to inflate the charges on the MedPAR claims by 2 years, from FY 2005 to FY 2007.

In certain years in the past, we have inflated MedPAR claims by calculating a 2-year average annual rate-of-change in charges-per-case using the charge data for the two most recent years for which we had relatively complete MedPAR data. As discussed in the FY 2006 IPPS final rule (70 FR 47494), however, we believe that charge data from FY 2003 may be distorted due to the atypically high rate of hospital charge inflation during FY 2003. Therefore, we are not proposing to inflate charges using a 2-year average annual rate-of-change from FY 2003 to FY 2004 and FY 2004 to FY 2005.

Instead, we are proposing to continue to use a refined methodology that takes into account the lower inflation in hospital charges that is occurring as a result of the outlier final rule (68 FR 34494), which changed our methodology for determining outlier payments by implementing the use of more current and accurate CCRs. Our refined methodology uses more recent data that reflects the rate-of-change in hospital charges under the new outlier policy. Specifically, we are proposing to establish the proposed FY 2007 outlier threshold as follows: Using the latest data available, we propose to calculate the 1-year average annualized rate-of-change in charges-per-case from the last quarter of FY 2004 in combination with the

first quarter of FY 2005 (July 1, 2004 through December 31, 2004) to the last quarter of FY 2005 in combination with the first quarter of FY 2006 (July 1, 2005 through December 31, 2005). This rate of change was 7.57 percent (1.0757) or 15.15 percent (1.1515) over 2 years.

As we have done in the past, we are proposing to establish the proposed FY 2007 outlier threshold using hospital cost-to-charge ratios from the December 2005 update to the Provider-Specific File—the most recent available at the time of this proposed rule. This file includes cost-to-charge ratios that reflect implementation of the changes to the policy for determining the applicable cost-to-charge ratios that became effective August 8, 2003 (68 FR 34494).

Using this methodology, we are proposing to establish an outlier fixed-loss cost threshold for FY 2007 equal to the prospective payment rate for the DRG, plus any IME and DSH payments, and any add-on payments for new technology, plus $25,530.

We note that the case-weighted national average cost-to-charge ratio declined by approximately 1 percent from the March 2005 to the December 2005 update of the Provider-Specific File. Hospital charges continue to increase at a steady rate of growth between 7 and 8 percent over each of the last 2 years, resulting in a decline to the cost-to-charge ratios that are used to compute the outlier threshold. Using lower cost-to-charge ratios from the December 2005 Provider-Specific File, in combination with the FY 2005 MedPAR claims and inflated charges, contributes to a higher proposed outlier threshold for FY 2007 compared to FY 2006.

As we did in establishing the FY 2006 outlier threshold (70 FR 47494), in our projection of FY 2007 outlier payments, we are not making an adjustment for the possibility that hospitals' cost-to-charge ratios and outlier payments may be reconciled upon cost report settlement. We continue to believe that, due to the policy implemented in the June 9, 2003 outlier final rule, cost-to-charge ratios will no longer fluctuate significantly and, therefore, few hospitals will actually have these ratios reconciled upon cost report settlement. In addition, it is difficult to predict which specific hospitals will have cost-to-charge ratios and outlier payments reconciled in their cost reports in any given year. We also note that reconciliation occurs because hospitals' actual cost-to-charge ratios for the cost reporting period are different than the interim cost-to-charge ratios used to calculate outlier payments when a bill is processed. Our simulations assume that cost-to-charge ratios accurately measure hospital costs and, therefore, are more indicative of post-reconciliation than pre-reconciliation outlier payments. As a result, we are proposing to continue to omit any assumptions about the effects of reconciliation from the outlier threshold calculation.

ii. Other Changes Concerning Outliers

As stated in the FY 1994 IPPS final rule (58 FR 46348, September 1, 1993), we establish outlier thresholds that are applicable to both hospital inpatient operating costs and hospital inpatient capital-related costs. When we modeled the combined operating and capital outlier payments, we found that using a common set of thresholds resulted in a lower percentage of outlier payments for capital-related costs than for operating costs. We project that the thresholds for FY 2007 will result in outlier payments equal to 5.1 percent of operating DRG payments and 4.87 percent of capital payments based on the Federal rate.

In accordance with section 1886(d)(3)(B) of the Act, we are proposing to reduce the proposed FY 2007 standardized amount by the same percentage to account for the projected proportion of payments paid to outliers.

The proposed outlier adjustment factors that would be applied to the standardized amount for FY 2007 are as follows:

| | Operating standardized amounts | Capital Federal rate |
|---|---|---|
| National | 0.948984 | 0.951305 |
| Puerto Rico | 0.970984 | 0.968473 |

We are proposing to apply the outlier adjustment factors to the FY 2007 rates after removing the effects of the FY 2006 outlier adjustment factors on the standardized amount.

To determine whether a case qualifies for outlier payments, we apply hospital-specific cost-to-charge ratios to the total covered charges for the case. Operating and capital costs for the case are calculated separately by applying separate operating and capital cost-to-charge ratios. These costs are then combined and compared with the outlier fixed-loss cost threshold.

The outlier final rule (68 FR 34494) eliminated the application of the statewide average cost-to-charge ratios for hospitals whose cost-to-charge ratios fall below 3 standard deviations from the national mean cost-to-charge ratio. However, for those hospitals for which the fiscal intermediary computes operating cost-to-charge ratios greater than 1.25 or capital cost-to-charge ratios greater than 0.158, or hospitals for whom the fiscal intermediary is unable to calculate a cost-to-charge ratio (as described at § 412.84(i)(3) of our regulations), we are still using statewide average cost-to-charge ratios to determine whether a hospital qualifies for outlier payments.[22] Table 8A in section VI. of this Addendum contains the proposed statewide average operating cost-to-charge ratios for urban hospitals and for rural hospitals for which the fiscal intermediary is unable to compute a hospital-specific cost-to-charge ratio within the above range. Effective for discharges occurring on or after October 1, 2006, these proposed statewide average ratios would replace the ratios published in the IPPS final rule for FY 2006 (70 FR 47672). Table 8B in section VI. of this Addendum contains the proposed comparable statewide average capital cost-to-charge ratios. Again, the proposed cost-to-charge ratios in Tables 8A and 8B would be used during FY 2007 when hospital-specific cost-to-charge ratios based on the latest settled cost report are either not available or are outside the range noted above. For an explanation of Table 8C, please see section VI. of this Addendum.

We finally note that we published a manual update (Change Request 3966) to outliers on October 12, 2005. The manual update covered an array of topics, including cost-to-charge ratios, reconciliation, and the time value of money. To download and view the manual update, please visit *http://www.cms.hhs.gov/transmittals/downloads/R707CP.pdf*.

iii. FY 2005 and FY 2006 Outlier Payments

In the FY 2006 IPPS final rule (70 FR 47496), we stated that, based on available data, we estimated that actual FY 2005 outlier payments would be approximately 4.1 percent of actual total DRG payments. This estimate was computed based on simulations using the FY 2004 MedPAR file (discharge data for FY 2004 bills). That is, the estimate of actual outlier payments did not reflect actual FY 2005 bills, but instead reflected the application of FY 2005 rates and policies to available FY 2004 bills.

Our current estimate, using available FY 2005 bills, is that actual outlier payments for FY 2005 were approximately 4.10 percent of actual total DRG payments. Thus, the data indicate that, for FY 2005, the percentage of actual outlier payments relative to actual total payments is lower than we projected before FY 2005 (and, thus, is less than the percentage by which we reduced the standardized amounts for FY 2005). We note that, for FY 2006, the outlier threshold was lowered to $23,600 compared to $25,800 for FY 2005. The outlier threshold was lower in FY 2006 than FY 2005 as a result of slower growth in hospital charge inflation following implementation of the outlier final rule that went into effect on August 9, 2003. Nevertheless, consistent with the policy and statutory interpretation we have maintained since the inception of the IPPS, we do not plan to make retroactive adjustments to outlier payments to ensure that total outlier payments for FY 2005 are equal to 5.1 percent of total DRG payments.

We currently estimate that actual outlier payments for FY 2006 will be approximately 4.71 percent of actual total DRG payments, 0.39 percentage point lower than the 5.1 percent we projected in setting the outlier

[22] These figures represent 3.0 standard deviations from the mean of the log distribution of cost-to-charge ratios for all hospitals.

policies for FY 2006. This estimate is based on simulations using the FY 2005 MedPAR file (discharge data for FY 2005 bills). We used these data to calculate an estimate of the actual outlier percentage for FY 2006 by applying FY 2006 rates and policies, including an outlier threshold of $23,600 to available FY 2005 bills. Even though we are estimating payments below the 5.1 percent threshold for FY 2006, our simulations using FY 2005 Medicare data show consistent levels of charge inflation and a need to increase the threshold for FY 2007 to ensure that 5.1 percent of total IPPS payments are paid as outliers. However, our current estimate of the outlier threshold for FY 2007 may change in the final rule based on updated data.

iv. Technical Changes

Subpart F of Part 412 of the existing regulations discusses payment for outlier cases and special payment for new technology. We have become aware of an inadvertent mistake in § 412.84(m). Currently, § 412.84(m) discusses the application of the time value of money when a hospital's outlier payments are reconciled. When referencing reconciliation, the section by mistake references paragraph (h)(3) instead of paragraph (i)(4). We are proposing to revise § 412.84(m) to reference the current policy under paragraph (i)(4).

d. Rural Community Hospital Demonstration Program Adjustment (Section 410A of Pub. L. 108–173)

Section 410A of Pub. L. 108–173 requires the Secretary to establish a demonstration that will modify reimbursement for inpatient services for up to 15 small rural hospitals. Section 410A(c)(2) of Pub. L. 108–173 requires that ''in conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented.'' As discussed in section IV.M. of the preamble to this proposed rule, we are proposing to satisfy this requirement by adjusting national IPPS rates by a factor that is sufficient to account for the added costs of this demonstration. We estimate that the average additional annual payment that will be made to each participating hospital under the demonstration will be approximately $1,021,985. We based this estimate on the recent historical experience of the difference between inpatient cost and payment for hospitals that are participating in the demonstration. For 9 participating hospitals, the total annual impact of the demonstration program is estimated to be $9,197,870. The required adjustment to the Federal rate used in calculating Medicare inpatient prospective payments as a result of the demonstration is 0.999905.

In order to achieve budget neutrality, we are proposing to adjust national IPPS rates by an amount sufficient to account for the added costs of this demonstration. In other words, we are proposing to apply budget neutrality across the payment system as a whole rather than merely across the participants of this demonstration. We believe that the language of the statutory budget neutrality requirement permits the agency to implement the budget neutrality provision in this manner. This is because the statutory language requires that ''aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration * * * was not implemented,'' but does not identify the range across which aggregate payments must be held equal.

5. Proposed FY 2007 Standardized Amount

The adjusted standardized amount is divided into labor-related and nonlabor-related portions. Tables 1A and 1B in section VI. of this Addendum contain the national standardized amount that we are proposing to apply to all hospitals, except hospitals in Puerto Rico. The Puerto Rico-specific amounts are shown in Table 1C. The amounts shown in Tables 1A and 1B differ only in that the labor-related share applied to the standardized amounts in Table 1A is 69.7 percent, and the labor-related share applied to the standardized amounts in Table 1B is 62 percent. In accordance with sections 1886(d)(3)(E) and 1886(d)(9)(C)(iv) of the Act, we are applying the labor-related share of 62 percent, unless the application of that percentage would result in lower payments to a hospital than would otherwise be made. The effect of this application is that the labor-related share of the standardized amount is 62 percent for all hospitals (other than those in Puerto Rico) whose wage indexes are less than or equal to 1.0000.

In addition, Tables 1A and 1B include proposed standardized amounts reflecting the full 3.4 percent proposed update for FY 2007, and proposed standardized amounts reflecting the 2.0 percentage point reduction to the proposed update (a 1.4 percent update) applicable for hospitals that fail to submit quality data consistent with section 1886(b)(3)(B)(viii) of the Act.

The following table illustrates the proposed changes from the FY 2006 national average standardized amount. The first column shows the proposed changes from the FY 2006 standardized amounts for hospitals that satisfy the quality data submission requirement for receiving the full update (3.4 percent). The second column shows the proposed changes for hospitals receiving the reduced update (1.4 percent). The first row of the table shows the proposed updated (through FY 2006) average standardized amount after restoring the FY 2006 offsets for outlier payments, demonstration budget neutrality, the wage index transition budget neutrality and geographic reclassification budget neutrality. The DRG reclassification and recalibration and wage index budget neutrality factor is cumulative. Therefore, we did not remove the FY 2006 budget neutrality factors for DRG reclassification and recalibration from the amounts in the table. We have added separate rows to this table to reflect the different labor-related shares that apply to hospitals.

COMPARISON OF FY 2006 STANDARDIZED AMOUNTS TO PROPOSED FY 2007 SINGLE STANDARDIZED AMOUNT WITH FULL UPDATE AND REDUCED UPDATE

| | Full update (3.4 percent) | Reduced update (1.4 percent) |
|---|---|---|
| FY 2006 Base Rate, after removing reclassification budget neutrality, demonstration budget neutrality, wage index transition budget neutrality factors and outlier offset (based on the proposed labor and nonlabor market share percentage for FY 2007). | Labor: $3,505.76 ..... Nonlabor: $1,524.03 ... | Labor: $3,505.76. Nonlabor: $1,524.03. |
| Proposed FY 2007 Update Factor | 1.034 | 1.014. |
| Proposed FY 2007 DRG Recalibrations and Wage Index Budget Neutrality Factor | 0.998363 | 0.998363. |
| Proposed FY 2007 Reclassification Budget Neutrality Factor | 0.991727 | 0.991727. |
| Adjusted for Blend of FY 2006 DRG Recalibration and Wage Index Budget Neutrality Factors | Labor: $3,589.08 ..... Nonlabor: $1,560.25 ... | Labor: $3,519.67. Nonlabor: $1,530.07. |
| Proposed FY 2007 Outlier Factor | 0.948984 | 0.948984. |
| Proposed FY 2007 Labor Market Wage Index Transition Budget Neutrality Factor | 0.999591 | 0.999591. |
| Proposed Rural Demonstration Budget Neutrality Factor | 0.999905 | 0.999905. |
| Proposed Rate for FY 2007 (after multiplying FY 2006 base rate by above factors) where the wage index is less than or equal to 1.0000. | Labor: $3,028.19 ..... Nonlabor: $1,855.98 ... | Labor: $2,969.62. Nonlabor: $1,820.08. |
| Proposed Rate for FY 2007 (after multiplying FY 2006 base rate by above factors) where the wage index is greater than 1.0000. | Labor: $3,404.27 ..... Nonlabor: $1,479.90 ... | Labor: $3,338.42. Nonlabor: $1,451.28. |

Under section 1886(d)(9)(A)(ii) of the Act, the Federal portion of the Puerto Rico payment rate is based on the discharge-weighted average of the national large urban standardized amount (as set forth in Table 1A). The proposed labor-related and

nonlabor-related portions of the national average standardized amounts for Puerto Rico hospitals for FY 2007 are set forth in Table 1C of section VI. of this Addendum. This table also includes the Puerto Rico standardized amounts. The labor-related share applied to the Puerto Rico specific standardized amount is 58.7 percent, or 62 percent, depending on which is more advantageous to the hospital. (Section 1886(d)(9)(C)(iv) of the Act, as amended by section 403(b) of Pub. L. 108–173, provides that the labor-related share for hospitals in Puerto Rico will be 62 percent, unless the application of that percentage would result in lower payments to the hospital.)

*B. Adjustments for Area Wage Levels and Cost-of-Living*

Tables 1A through 1C, as set forth in section VI. of this Addendum, contain the labor-related and nonlabor-related shares that we are proposing to use to calculate the prospective payment rates for hospitals located in the 50 States, the District of Columbia, and Puerto Rico for FY 2007. This section addresses two types of adjustments to the standardized amounts that are made in determining the proposed prospective payment rates as described in this Addendum.

1. Adjustment for Area Wage Levels

Sections 1886(d)(3)(E) and 1886(d)(9)(C)(iv) of the Act require that we make an adjustment to the labor-related portion of the national and Puerto Rico prospective payment rates, respectively, to account for area differences in hospital wage levels. This adjustment is made by multiplying the labor-related portion of the adjusted standardized amounts by the appropriate wage index for the area in which the hospital is located. In section III. of the preamble to this proposed rule, we discuss the data and methodology for the proposed FY 2007 wage index. The proposed FY 2007 wage indexes are set forth in Tables 4A–1, 4A–2, 4B, 4C–1, 4C–2, and 4F of section VI. of this Addendum.

2. Adjustment for Cost-of-Living in Alaska and Hawaii

Section 1886(d)(5)(H) of the Act authorizes an adjustment to take into account the unique circumstances of hospitals in Alaska and Hawaii. Higher labor-related costs for these two States are taken into account in the adjustment for area wages described above. For FY 2007, we are proposing to adjust the payments for hospitals in Alaska and Hawaii by multiplying the nonlabor-related portion of the standardized amount by the appropriate adjustment factor contained in the table below. If the Office of Personnel Management releases revised cost-of-living adjustment factors before July 1, 2006, we will publish them in the final rule and use them in determining FY 2007 payments.

TABLE OF COST-OF-LIVING ADJUSTMENT FACTORS: ALASKA AND HAWAII HOSPITALS

| Area | Cost of living adjustment factor |
|---|---|
| Alaska-All areas | 1.25 |
| Hawaii: | |
| County of Honolulu | 1.25 |
| Hawaii | 1.165 |
| County of Kauai | 1.2325 |
| County of Maui | 1.2375 |
| County of Kalawao | 1.2375 |

(The above factors are based on data obtained from the U.S. Office of Personnel Management.)

*C. DRG Relative Weights*

As discussed in section II. of the preamble of this proposed rule, we have developed a classification system for all hospital discharges, assigning them into DRGs, and have developed relative weights for each DRG that reflect the resource utilization of cases in each DRG relative to Medicare cases in other DRGs. Table 5 of section VI. of this Addendum contains the relative weights that we are proposing to use for discharges occurring in FY 2007. These factors have been recalibrated as explained in section II. of the preamble of this proposed rule.

*D. Calculation of the Proposed Prospective Payment Rates for FY 2007*

**General Formula for Calculation of Prospective Payment Rates for FY 2007**

The proposed operating prospective payment rate for all hospitals paid under the IPPS located outside of Puerto Rico, except SCHs and MDHs, for FY 2007 equals the Federal rate based on the corresponding amounts in Table 1A or Table 1B in section VI. of this Addendum.

The proposed prospective payment rate for SCHs for FY 2007 equals the higher of the applicable Federal rate (from Table 1A or Table 1B) or the hospital-specific rate as described below. The proposed prospective payment rate for MDHs for FY 2007 equals the higher of the Federal rate, or the Federal rate plus 75 percent of the difference between the Federal rate and the hospital-specific rate as described below. The proposed prospective payment rate for Puerto Rico for FY 2007 equals 25 percent of the Puerto Rico rate from Table 1C in section VI. of this Addendum plus 75 percent of the applicable national rate from Table 1A or Table 1B in section VI. of this Addendum.

1. Federal Rate

For discharges occurring on or after October 1, 2006 and before October 1, 2007, except for SCHs, MDHs, and hospitals in Puerto Rico, payment under the IPPS is based exclusively on the Federal rate.

The Federal rate is determined as follows:

*Step 1*—Select the appropriate average standardized amount considering the applicable wage index (Table 1A for wage indexes greater than 1.0000 and Table 1B for wage indexes less than or equal to 1.0000) and whether the hospital has submitted qualifying quality data (full update for qualifying hospitals, update minus 2.0 percentage points for nonqualifying hospitals).

*Step 2*—Multiply the labor-related portion of the standardized amount by the applicable wage index for the geographic area in which the hospital is located or the area to which the hospital is reclassified (see Tables 4A–1, 4A–2, 4B, 4C–1, and 4C–2 of section VI. of this Addendum).

*Step 3*—For hospitals in Alaska and Hawaii, multiply the nonlabor-related portion of the standardized amount by the appropriate cost-of-living adjustment factor.

*Step 4*—Add the amount from Step 2 and the nonlabor-related portion of the standardized amount (adjusted, if appropriate, under Step 3).

*Step 5*—Multiply the final amount from Step 4 by the relative weight corresponding to the appropriate DRG (see Table 5 of section VI. of this Addendum).

The Federal rate as determined in Step 5 may then be further adjusted if the hospital qualifies for either the IME or DSH adjustment. In addition, for hospitals that qualify for a low-volume payment adjustment under section 1886(d)(12) of the Act, the payment in Step 5 would be increased by 25 percent.

2. Hospital-Specific Rate (Applicable Only to SCHs and MDHs)

a. Calculation of Hospital-Specific Rate

Section 1886(b)(3)(C) of the Act provides that SCHs are paid based on whichever of the following rates yields the greatest aggregate payment: the Federal rate; the updated hospital-specific rate based on FY 1982 costs per discharge; the updated hospital-specific rate based on FY 1987 costs per discharge; or the updated hospital-specific rate based on FY 1996 costs per discharge.

As discussed above, MDHs must rebase their hospital-specific rates to their FY 2002 cost reports if doing so results in higher payments. In addition, effective for discharges occurring on or after October 1, 2006, MDHs are paid based on the Federal national rate or, if higher, the Federal national rate plus 75 percent of the difference between the Federal national rate and the greater of the updated hospital-specific rates based on either FY 1982, FY 1987 or FY 2002 costs per discharge. Further, MDHs will no longer be subject to the 12-percent cap on their DSH payment adjustment factor.

Hospital-specific rates have been determined for each of these hospitals based on the FY 1982 costs per discharge, the FY 1987 costs per discharge, or, for SCHs, the FY 1996 costs per discharge or for MDHs the FY 2002 cost per discharge. For a more detailed discussion of the calculation of the hospital-specific rates, we refer the reader to the FY 1984 IPPS interim final rule (September 1, 1983, 48 FR 39772); the April 20, 1990 final rule with comment (55 FR 15150); the FY 1991 IPPS final rule (September 4, 1990, 55 FR 35994); and the FY 2001 IPPS final rule (August 1, 2000, 65 FR 47082). In addition, for both SCHs and MDHs, the hospital-specific rate is adjusted by the budget neutrality adjustment factor (that is, by the proposed recalibration budget neutrality

factor of 0.998963) as discussed in section IV.C. of the preamble to this proposed rule. The resulting rate would be used in determining the payment rate an SCH or MDH would receive for its discharges beginning on or after October 1, 2006.

b. Updating the FY 1982, FY 1987, FY 1996, and FY 2002 Hospital-Specific Rates for FY 2007

We are proposing to increase the hospital-specific rates by 3.4 percent (the hospital market basket percentage increase) for SCHs and MDHs for FY 2007. Section 1886(b)(3)(C)(iv) of the Act provides that the update factor applicable to the hospital-specific rates for SCHs is equal to the update factor provided under section 1886(b)(3)(B)(iv) of the Act, which, for SCHs in FY 2007, is the market basket rate-of-increase. Section 1886(b)(3)(D) of the Act provides that the update factor applicable to the hospital-specific rates for MDHs also equals the update factor provided under section 1886(b)(3)(B)(iv) of the Act, which, for FY 2007, is the market basket rate-of-increase.

3. General Formula for Calculation of Proposed Prospective Payment Rates for Hospitals Located in Puerto Rico Beginning On or After October 1, 2006 and Before October 1, 2007

Section 1886(d)(9)(E)(iv) of the Act provides that, effective for discharges occurring on or after October 1, 2004, hospitals located in Puerto Rico are paid based on a blend of 75 percent of the national prospective payment rate and 25 percent of the Puerto Rico-specific rate.

a. Puerto Rico Rate

The Puerto Rico prospective payment rate is determined as follows:

*Step 1*—Select the appropriate average standardized amount considering the applicable wage index (see Table 1C).

*Step 2*—Multiply the labor-related portion of the standardized amount by the appropriate Puerto Rico-specific wage index (see Table 4F of section VI. of the Addendum).

*Step 3*—Add the amount from Step 2 and the nonlabor-related portion of the standardized amount.

*Step 4*—Multiply the amount from Step 3 by the appropriate DRG relative weight. (see Table 5 of section IV. of the Addendum).

*Step 5*—Multiply the result in Step 4 by 25 percent.

b. National Rate

The national prospective payment rate is determined as follows:

*Step 1*—Select the appropriate average standardized amount considering the applicable wage index (see Table 1C).

*Step 2*—Multiply the labor-related portion of the standardized amount by the applicable wage index for the geographic area in which the hospital is located or the area to which the hospital is reclassified (see Table 4F of section VI. of this Addendum).

*Step 3*—Add the amount from Step 2 and the nonlabor-related portion of the national average standardized amount.

*Step 4*—Multiply the amount from Step 3 by the appropriate DRG relative weight (see Table 5 of section VI. of the Addendum).

*Step 5*—Multiply the result in Step 4 by 75 percent.

The sum of the Puerto Rico rate and the national rate computed above equals the prospective payment for a given discharge for a hospital located in Puerto Rico. This rate may then be further adjusted if the hospital qualifies for either the IME or DSH adjustment.

## III. Proposed Changes to Payment Rates for Acute Care Hospital Inpatient Capital-Related Costs for FY 2007

(If you choose to comment on issues in this section, please include the caption ''Capital Payment Rate'' at the beginning of your comment.)

The PPS for acute care hospital inpatient capital-related costs was implemented for cost reporting periods beginning on or after October 1, 1991. Effective with that cost reporting period, hospitals were paid during a 10-year transition period (which extended through FY 2001) to change the payment methodology for Medicare acute care hospital inpatient capital-related costs from a reasonable cost-based methodology to a prospective methodology (based fully on the Federal rate).

The basic methodology for determining Federal capital prospective rates is set forth in regulations at §§ 412.308 through 412.352. Below we discuss the factors that we are proposing to use to determine the capital Federal rate for FY 2007, which would be effective for discharges occurring on or after October 1, 2006. The 10-year transition period ended with hospital cost reporting periods beginning on or after October 1, 2001 (FY 2002). Therefore, for cost reporting periods beginning in FY 2002, all hospitals (except ''new'' hospitals under § 412.304(c)(2)) are paid based on 100 percent of the capital Federal rate. For FY 1992, we computed the standard Federal payment rate for capital-related costs under the IPPS by updating the FY 1989 Medicare inpatient capital cost per case by an actuarial estimate of the increase in Medicare inpatient capital costs per case. Each year after FY 1992, we update the capital standard Federal rate, as provided at § 412.308(c)(1), to account for capital input price increases and other factors. The regulations at § 412.308(c)(2) provide that the capital Federal rate is adjusted annually by a factor equal to the estimated proportion of outlier payments under the capital Federal rate to total capital payments under the capital Federal rate. In addition, § 412.308(c)(3) requires that the capital Federal rate be reduced by an adjustment factor equal to the estimated proportion of payments for (regular and special) exceptions under § 412.348. Section 412.308(c)(4)(ii) requires that the capital standard Federal rate be adjusted so that the effects of the annual DRG reclassification and the recalibration of DRG weights and changes in the geographic adjustment factor are budget neutral.

For FYs 1992 through 1995, § 412.352 required that the capital Federal rate also be adjusted by a budget neutrality factor so that aggregate payments for inpatient hospital capital costs were projected to equal 90 percent of the payments that would have been made for capital-related costs on a reasonable cost basis during the fiscal year. That provision expired in FY 1996. Section 412.308(b)(2) describes the 7.4 percent reduction to the capital rate that was made in FY 1994, and § 412.308(b)(3) describes the 0.28 percent reduction to the capital rate made in FY 1996 as a result of the revised policy of paying for transfers. In FY 1998, we implemented section 4402 of Pub. L. 105–33, which required that, for discharges occurring on or after October 1, 1997, and before October 1, 2002, the unadjusted capital standard Federal rate is reduced by 17.78 percent. As we discussed in the FY 2003 IPPS final rule (67 FR 50102) and implemented in § 412.308(b)(6), a small part of that reduction was restored effective October 1, 2002.

To determine the appropriate budget neutrality adjustment factor and the regular exceptions payment adjustment during the 10-year transition period, we developed a dynamic model of Medicare inpatient capital-related costs; that is, a model that projected changes in Medicare inpatient capital-related costs over time. With the expiration of the budget neutrality provision, the capital cost model was only used to estimate the regular exceptions payment adjustment and other factors during the transition period. As we explained in the FY 2002 IPPS final rule (66 FR 39911), beginning in FY 2002, an adjustment for regular exception payments is no longer necessary because regular exception payments were only made for cost reporting periods beginning on or after October 1, 1991, and before October 1, 2001 (see § 412.348(b)). Because payments are no longer being made under the regular exception policy effective with cost reporting periods beginning in FY 2002, we no longer use the capital cost model. The capital cost model and its application during the transition period are described in Appendix B of the FY 2002 IPPS final rule (66 FR 40099).

Section 412.374 provides for the use of a blended payment system for payments to Puerto Rico hospitals under the PPS for acute care hospital inpatient capital-related costs. Accordingly, under the capital PPS, we compute a separate payment rate specific to Puerto Rico hospitals using the same methodology used to compute the national Federal rate for capital-related costs. In accordance with section 1886(d)(9)(A) of the Act, under the PPS for acute care hospital operating costs, hospitals located in Puerto Rico are paid for operating costs under a special payment formula. Prior to FY 1998, hospitals in Puerto Rico were paid a blended operating rate that consisted of 75 percent of the applicable standardized amount specific to Puerto Rico hospitals and 25 percent of the applicable national average standardized amount. Similarly, prior to FY 1998, hospitals in Puerto Rico were paid a blended capital rate that consisted of 75 percent of the applicable capital Puerto Rico-specific rate and 25 percent of the applicable capital Federal rate. However, effective October 1, 1997, in accordance with section 4406 of

Pub. L. 105–33, operating payments to hospitals in Puerto Rico were revised to be based on a blend of 50 percent of the applicable standardized amount specific to Puerto Rico hospitals and 50 percent of the applicable national average standardized amount. In conjunction with this change to the operating blend percentage, effective with discharges occurring on or after October 1, 1997, we also revised the methodology for computing capital payments to hospitals in Puerto Rico to be based on a blend of 50 percent of the Puerto Rico capital rate and 50 percent of the capital Federal rate.

As we discussed in the FY 2005 IPPS final rule (69 FR 49185), section 504 of Pub. L. 108–173 increased the national portion of the operating IPPS payments for Puerto Rico hospitals from 50 percent to 62.5 percent and decreased the Puerto Rico portion of the operating IPPS payments from 50 percent to 37.5 percent for discharges occurring on or after April 1, 2004 through September 30, 2004 (see the March 26, 2004 One-Time Notification (Change Request 3158)). In addition, section 504 of Pub. L. 108–173 provided that the national portion of operating IPPS payments for Puerto Rico hospitals is equal to 75 percent and the Puerto Rico portion of operating IPPS payments is equal to 25 percent for discharges occurring on or after October 1, 2004. Consistent with that change in operating IPPS payments to hospitals in Puerto Rico, for FY 2005 (as we discussed in the FY 2005 IPPS final rule), we revised the methodology for computing capital payments to hospitals located in Puerto Rico to be based on a blend of 25 percent of the Puerto Rico capital rate and 75 percent of the capital Federal rate for discharges occurring on or after October 1, 2004.

*A. Determination of Proposed Federal Hospital Inpatient Capital-Related Prospective Payment Rate Update*

In the FY 2006 IPPS final rule (70 FR 47503), we established a capital Federal rate of $420.65 for FY 2006. In the discussion that follows, we explain the factors that we are proposing to use to determine the FY 2007 capital Federal rate. In particular, we explain why the proposed FY 2007 capital Federal rate would increase approximately 0.9 percent compared to the FY 2006 capital Federal rate. However, we estimate aggregate capital payments would decrease by 0.4 percent during this same period. This decrease is due to a decrease in the estimated total number of Medicare fee-for-service discharges for FY 2007 as compared to the estimated total number of Medicare fee-for-service discharges in FY 2006. We are estimating a decrease in Medicare fee-for-service discharges in FY 2007 as compared to FY 2006, in part because we are projecting an increase in beneficiary Medicare managed care enrollment as a result of the implementation of several provisions of Pub. L. 108–173. Therefore, although we are projecting that capital PPS payments per discharge would increase slightly from FY 2006 to FY 2007, we project that aggregate capital PPS payments would decrease for the same period.

Total payments to hospitals under the IPPS are relatively unaffected by changes in the capital prospective payments. Since capital payments constitute about 10 percent of hospital payments, a 1-percent change in the capital Federal rate yields only about 0.1 percent change in actual payments to hospitals. As noted above, aggregate payments under the capital IPPS are estimated to decrease slightly in FY 2007 compared to FY 2006.

1. Projected Capital Standard Federal Rate Update

a. Description of the Update Framework

Under § 412.308(c)(1), the capital standard Federal rate is updated on the basis of an analytical framework that takes into account changes in a capital input price index (CIPI) and several other policy adjustment factors. Specifically, we have adjusted the projected CIPI rate-of-increase as appropriate each year for case-mix index-related changes, for intensity, and for errors in previous CIPI forecasts. The proposed update factor for FY 2007 under that framework is 0.8 percent based on the best data available at this time. The proposed update factor is based on a projected 0.8 percent increase in the CIPI, a 0.0 percent adjustment for intensity, a 0.0 percent adjustment for case-mix, a 0.0 percent adjustment for the FY 2005 DRG reclassification and recalibration, and a forecast error correction of 0.0 percent. As discussed below in section III.C. of this Addendum, we believe that the CIPI is the most appropriate input price index for capital costs to measure capital price changes in a given year. We also explain the basis for the FY 2007 CIPI projection in that same section of this Addendum. Below we describe the proposed policy adjustments that have been applied.

The case-mix index is the measure of the average DRG weight for cases paid under the IPPS. Because the DRG weight determines the prospective payment for each case, any percentage increase in the case-mix index corresponds to an equal percentage increase in hospital payments.

The case-mix index can change for any of several reasons:

- The average resource use of Medicare patients changes (''real'' case-mix change);
- Changes in hospital coding of patient records result in higher weight DRG assignments (''coding effects''); and
- The annual DRG reclassification and recalibration changes may not be budget neutral (''reclassification effect'').

We define real case-mix change as actual changes in the mix (and resource requirements) of Medicare patients as opposed to changes in coding behavior that result in assignment of cases to higher weighted DRGs but do not reflect higher resource requirements. The capital update framework includes the same case-mix index adjustment used in the former operating IPPS update framework (as discussed in the May 18, 2005 IPPS proposed rule for FY 2005 (69 FR 28816)). (We are no longer using an update framework in making a recommendation for updating the operating IPPS standardized amounts as discussed in section II, of Appendix B in the FY 2006 IPPS final rule (70 FR 47707).)

For FY 2007, we are projecting a 1.0 percent total increase in the case-mix index. We estimate that the real case-mix increase would also equal 1.0 percent in FY 2007. The net adjustment for change in case-mix is the difference between the projected increase in case-mix and the projected total increase in case-mix. Therefore, the proposed net adjustment for case-mix change in FY 2007 is 0.0 percentage points.

The capital update framework also contains an adjustment for the effects of DRG reclassification and recalibration. This adjustment is intended to remove the effect on total payments of prior year changes to the DRG classifications and relative weights, in order to retain budget neutrality for all case-mix index-related changes other than those due to patient severity. Due to the lag time in the availability of data, there is a 2-year lag in data used to determine the adjustment for the effects of DRG reclassification and recalibration. For example, we are adjusting for the effects of the FY 2005 DRG reclassification and recalibration as part of our proposed update for FY 2007. We estimate that FY 2005 DRG reclassification and recalibration would result in a 0.0 percent change in the case-mix when compared with the case-mix index that would have resulted if we had not made the reclassification and recalibration changes to the DRGs. Therefore, we are proposing to make a 0.0 percent adjustment for DRG reclassification and recalibration in the update for FY 2007 to maintain budget neutrality.

The capital update framework also contains an adjustment for forecast error. The input price index forecast is based on historical trends and relationships ascertainable at the time the update factor is established for the upcoming year. In any given year, there may be unanticipated price fluctuations that may result in differences between the actual increase in prices and the forecast used in calculating the update factors. In setting a prospective payment rate under the framework, we make an adjustment for forecast error only if our estimate of the change in the capital input price index for any year is off by 0.25 percentage points or more. There is a 2-year lag between the forecast and the measurement of the forecast error. A forecast error of −0.1 percentage point was calculated for the FY 2005 update. That is, current historical data indicate that the forecasted FY 2005 CIPI used in calculating the FY 2005 update factor (0.7 percent) slightly overstated the actual realized price increases (0.6 percent) by 0.1 percentage point. This slight overprediction was mostly due to an underestimation in the deceleration of the average yield of the long-term municipal bonds. The forecast correctly anticipated the deceleration of the municipal bond rates; however, it underestimated the magnitude of the deceleration resulting from the relatively looser Federal monetary policy (that is, delaying interest rate hikes). However, because this estimation of the change in the CIPI is less than 0.25 percentage points, it is not reflected in the update recommended under this framework. Therefore, we are proposing to make a 0.0 percent adjustment for forecast error in the update for FY 2007.

Under the capital IPPS update framework, we also make an adjustment for changes in intensity. We calculate this adjustment using the same methodology and data that were used in the framework used in the past under the operating IPPS. The intensity factor for the operating update framework reflects how hospital services are utilized to produce the final product, that is, the discharge. This component accounts for changes in the use of quality-enhancing services, for changes in within-DRG severity, and for expected modification of practice patterns to remove noncost-effective services.

We calculate case-mix constant intensity as the change in total charges per admission, adjusted for price level changes (the CPI for hospital and related services) and changes in real case-mix. The use of total charges in the calculation of the intensity factor makes it a total intensity factor; that is, charges for capital services are already built into the calculation of the factor. Therefore, we have incorporated the intensity adjustment from the operating update framework into the capital update framework. Without reliable estimates of the proportions of the overall annual intensity increases that are due, respectively, to ineffective practice patterns and to the combination of quality-enhancing new technologies and within-DRG complexity, we assume, as in the operating update framework, that one-half of the annual increase is due to each of these factors. The capital update framework thus provides an add-on to the input price index rate of increase of one-half of the estimated annual increase in intensity, to allow for within-DRG severity increases and the adoption of quality-enhancing technology.

We have developed a Medicare-specific intensity measure based on a 5-year average. Past studies of case-mix change by the RAND Corporation (''Has DRG Creep Crept Up? Decomposing the Case Mix Index Change Between 1987 and 1988'' by G. M. Carter, J. P. Newhouse, and D. A. Relles, R–4098–HCFA/ProPAC (1991)) suggest that real case-mix change was not dependent on total change, but was usually a fairly steady 1.0 to 1.4 percent per year. We use 1.4 percent as the upper bound because the RAND study did not take into account that hospitals may have induced doctors to document medical records more completely in order to improve payment.

We calculate case-mix constant intensity as the change in total charges per admission, adjusted for price level changes (the CPI for hospital and related services), and changes in real case-mix. As we noted above, in accordance with § 412.308(c)(1)(ii), we began updating the capital standard Federal rate in FY 1996 using an update framework that takes into account, among other things, allowable changes in the intensity of hospital services. For FYs 1996 through 2001, we found that case-mix constant intensity was declining and we established a 0.0 percent adjustment for intensity in each of those years. For FYs 2002 and 2003, we found that case-mix constant intensity was increasing and we established a 0.3 percent adjustment and 1.0 percent adjustment for intensity, respectively. For FYs 2004 and 2005, we found that the charge data appeared to be skewed (as discussed in greater detail below) and we established a 0.0 percent adjustment in each of those years. Furthermore, we stated that we would continue to apply a 0.0 percent adjustment for intensity until any increase in charges can be tied to intensity rather than attempts to maximize outlier payments.

As noted above, our intensity measure is based on a 5-year average, and therefore, the proposed intensity adjustment for FY 2007 is based on data from the 5-year period FY 2001 through FY 2005. We found a dramatic increase in hospital charges for each of those 5 years without a corresponding increase in the hospital case-mix index. These findings are similar to the considerable increase in hospitals' charges, which we found when we were determining the intensity factor in the FY 2004, FY 2005 and FY 2006 update recommendations as discussed in the FY 2004 IPPS final rule (68 FR 45482), the FY 2005 IPPS final rule (69 FR 49285) and the FY 2006 IPPS final rule (70 FR 47500), respectively. If hospitals were treating new or different types of cases, which would result in an appropriate increase in charges per discharge, then we would expect hospitals' case-mix to increase proportionally.

As we discussed in the FY 2006 IPPS final rule (70 FR 47500), because our intensity calculation relies heavily upon charge data and we believe that these charge data may be inappropriately skewed, we established a 0.0 percent adjustment for intensity for FY 2006.

On June 9, 2003, we published revisions to our outlier policy for determining the additional payment for extraordinarily high-cost cases (68 FR 34494 through 34515). These revised policies were effective on August 8, 2003, and October 1, 2003. While it does appear that a response to these policy changes is beginning to occur, that is, the change in charges for FYs 2004 and 2005 are somewhat less than the previous 4 years, they still show a significant annual increase in charges without a corresponding increase in hospital case-mix. The increase in charges in FY 2004, for example, is approximately 12 percent, which, while less than the increase in the previous 3 years, is still much higher than increases in years prior to FY 2001. In addition, this approximate 12-percent increase in charges for FY 2004 significantly exceeds the case-mix increase for the same period. Based on the approximate 12-percent increase in charges for FY 2004, we believe residual effects of hospitals' charge practices prior to the implementation of the outlier policy revisions established in the June 9, 2003 final rule continue to appear in the data because hospitals may not have had enough time to adopt changes in their behavior in response to the new outlier policy. Thus, we believe that the FY 2004 and FY 2005 charge data may still be skewed. Because the intensity adjustment is based on a 5-year average, and although the new outlier policy was generally effective in FY 2004, we believe it still will be several years before all the effects of hospitals attempting to maximize outlier payments are removed from the intensity calculation. Therefore, we are proposing a 0.0 percent adjustment for intensity for FY 2007. In the past (FYs 1996 through 2001) when we found intensity to be declining, we believed a zero (rather than negative) intensity adjustment was appropriate. Similarly, we believe that it is appropriate to apply a zero intensity adjustment for FY 2007 until any increase in charges can be tied to intensity rather than to attempts to maximize outlier payments.

Above, we described the basis of the components used to develop the proposed 0.8 percent capital update factor for FY 2007 as shown in the table below.

CMS PROPOSED FY 2007 UPDATE FACTOR TO THE CAPITAL FEDERAL RATE

| | |
|---|---|
| Capital Input Price Index | 0.8 |
| Intensity | 0.0 |
| Case-Mix Adjustment Factors: | |
| Real Across DRG Change | 1.0 |
| Projected Case-Mix Change | −1.0 |
| Subtotal | 0.0 |
| Effect of FY 2005 Reclassification and Recalibration | 0.0 |
| Forecast Error Correction | 0.0 |
| Total Proposed Update | 0.8 |

b. Comparison of CMS and MedPAC Update Recommendation

In the past, MedPAC has included update recommendations for capital PPS in a Report to Congress. In its March 2006 Report to Congress, MedPAC did not make an update recommendation for capital PPS payments for FY 2007. However, in that same report, MedPAC made an update recommendation for hospital inpatient and outpatient services (page 46). MedPAC reviews inpatient and outpatient services together because they are so closely interrelated. For FY 2007, MedPAC recommended an increase in the payment rate for the operating IPPS by the projected increase in the hospital market basket index, less half of MedPAC's expectation for productivity growth (or 0.45 percent, based on its assessment of beneficiaries' access to care and changes in hospital capacity, volume of services, access to capital, quality of care, and the relationship of Medicare payments and hospitals' costs. In addition, MedPAC recommended combining the annual rate update with an incentive payment policy for quality. (MedPAC's Report to the Congress: Medicare Payment Policy, March 2006, Section 2A.)

2. Proposed Outlier Payment Adjustment Factor

Section 412.312(c) establishes a unified outlier methodology for inpatient operating and inpatient capital-related costs. A single set of thresholds is used to identify outlier cases for both inpatient operating and inpatient capital-related payments. Section 412.308(c)(2) provides that the standard Federal rate for inpatient capital-related costs be reduced by an adjustment factor equal to the estimated proportion of capital-related outlier payments to total inpatient capital-related PPS payments. The outlier thresholds are set so that operating outlier payments are projected to be 5.1 percent of total operating DRG payments.

In the FY 2006 IPPS final rule (70 FR 47501), we estimated that outlier payments for capital would equal 4.85 percent of inpatient capital-related payments based on the capital Federal rate in FY 2006. Based on the thresholds as set forth in section II.A.4.c. of this Addendum, we estimate that outlier payments for capital-related costs would equal 4.87 percent for inpatient capital-related payments based on the Federal rate in FY 2007. Therefore, we are proposing to apply an outlier adjustment factor of 0.9513 to the capital Federal rate. Thus, the percentage of capital outlier payments to total capital standard payments for FY 2007 would be slightly higher than the percentages for FY 2006.

The outlier reduction factors are not built permanently into the capital rates; that is, they are not applied cumulatively in determining the capital Federal rate. The proposed FY 2007 outlier adjustment of 0.9513 is a −0.02 percent change from the FY 2006 outlier adjustment of 0.9515. Therefore, the net change in the outlier adjustment to the proposed capital Federal rate for FY 2007 is 0.9998 (0.9513/0.9915). Thus, the proposed outlier adjustment decreases the proposed FY 2007 capital Federal rate by 0.02 percent compared with the FY 2006 outlier adjustment.

3. Proposed Budget Neutrality Adjustment Factor for Changes in DRG Classifications and Weights and the GAF

Section 412.308(c)(4)(ii) requires that the capital Federal rate be adjusted so that aggregate payments for the fiscal year based on the capital Federal rate after any changes resulting from the annual DRG reclassification and recalibration and changes in the GAF are projected to equal aggregate payments that would have been made on the basis of the capital Federal rate without such changes. Because we implemented a separate GAF for Puerto Rico, we apply separate budget neutrality adjustments for the national GAF and the Puerto Rico GAF. We apply the same budget neutrality factor for DRG reclassifications and recalibration nationally and for Puerto Rico. Separate adjustments were unnecessary for FY 1998 and earlier because the GAF for Puerto Rico was implemented in FY 1998.

In the past, we used the actuarial capital cost model (described in Appendix B of the FY 2002 IPPS final rule (66 FR 40099)) to estimate the aggregate payments that would have been made on the basis of the capital Federal rate with and without changes in the DRG classifications and weights and in the GAF to compute the adjustment required to maintain budget neutrality for changes in DRG weights and in the GAF. During the transition period, the capital cost model was also used to estimate the regular exception payment adjustment factor. As we explain in section III.A.4. of this Addendum, beginning in FY 2002, an adjustment for regular exception payments is no longer necessary. Therefore, we are no longer using the capital cost model. Instead, we are using historical data based on hospitals' actual cost experiences to determine the exceptions payment adjustment factor for special exceptions payments.

To determine the proposed factors for FY 2007, we compared (separately for the national capital rate and the Puerto Rico capital rate) estimated aggregate capital Federal rate payments based on the FY 2006 DRG relative weights and the FY 2006 GAF to estimated aggregate capital Federal rate payments based on the proposed FY 2007 relative weights and the proposed FY 2007 GAF. As we established in the FY 2006 IPPS final rule (70 FR 47503), the budget neutrality factors were 0.9920 for the national capital rate and 0.9959 for the Puerto Rico capital rate. In making the comparison, we set the exceptions reduction factor to 1.00. To achieve budget neutrality for the changes in the national GAF, based on calculations using updated data, we are proposing to apply an incremental budget neutrality adjustment of 1.0003 for FY 2007 to the previous cumulative FY 2006 adjustments of 0.9920, yielding an adjustment of 0.9922, through FY 2007 (calculations done on unrounded numbers). For the Puerto Rico GAF, we are proposing to apply an incremental budget neutrality adjustment of 1.0017 for FY 2007 to the previous cumulative FY 2006 adjustment of 0.9959, yielding a cumulative adjustment of 0.9986 through FY 2007.

We then compared estimated aggregate capital Federal rate payments based on the FY 2006 DRG relative weights and the FY 2006 GAF to estimated aggregate capital Federal rate payments based on the proposed FY 2007 DRG relative weights and the proposed FY 2007 GAF. The proposed incremental adjustment for DRG classifications and changes in relative weights is 1.0009 both nationally and for Puerto Rico. The proposed cumulative adjustments for DRG classifications and changes in relative weights and for changes in the GAF through FY 2007 are 0.9932 nationally and 0.9986 for Puerto Rico. The following table summarizes the adjustment factors for each fiscal year:

**BILLING CODE 4120–01–P**

## BUDGET NEUTRALITY ADJUSTMENT FOR DRG RECLASSIFICATIONS AND RECALIBRATION AND THE GEOGRAPHIC ADJUSTMENT FACTORS

| Fiscal Year | National | | | | Puerto Rico | | | |
|---|---|---|---|---|---|---|---|---|
| | Incremental Adjustment | | | Cumulative | Incremental Adjustment | | | Cumulative |
| | Geographic Adjustment Factor | DRG Reclassifications and Recalibration | Combined | | Geographic Adjustment Factor | DRG Reclassifications and Recalibration | Combined | |
| 1992 | --- | --- | --- | 1.00000 | --- | --- | --- | --- |
| 1993 | --- | --- | 0.99800 | 0.99800 | --- | --- | --- | --- |
| 1994 | --- | --- | 1.00531 | 1.00330 | --- | --- | --- | --- |
| 1995 | --- | --- | 0.99980 | 1.00310 | --- | --- | --- | --- |
| 1996 | --- | --- | 0.99940 | 1.00250 | --- | --- | --- | — |
| 1997 | --- | --- | 0.99873 | 1.00123 | --- | --- | --- | --- |
| 1998 | --- | --- | 0.99892 | 1.00015 | --- | --- | --- | 1.00000 |
| 1999 | 0.99944 | 1.00335 | 1.00279 | 1.00294 | 0.99898 | 1.00335 | 1.00233 | 1.00233 |
| 2000 | 0.99857 | 0.99991 | 0.99848 | 1.00142 | 0.99910 | 0.99991 | 0.99901 | 1.00134 |
| 2001[1] | 0.99782 | 1.00009 | 0.99791 | 0.99933 | 1.00365 | 1.00009 | 1.00374 | 1.00508 |
| 2001[2] | 0.99771[3] | 1.00009[3] | 0.99780[3] | 0.99922 | 1.00365[3] | 1.00009[3] | 1.00374[3] | 1.00508 |
| 2002 | 0.99666[4] | 0.99668[4] | 0.99335[4] | 0.99268 | 0.98991[4] | 0.99668[4] | 0.99662[4] | 0.99164 |
| 2003[5] | 0.99915 | 0.99662 | 0.99577 | 0.98848 | 1.00809 | 0.99662 | 1.00468 | 0.99628 |
| 2003[6] | 0.99896[7] | 0.99662[7] | 0.99558[7] | 0.98830 | 1.00809 | 0.99662 | 1.00468 | 0.99628 |
| 2004[8] | 1.00175[9] | 1.00081[9] | 1.00256[9] | 0.99083 | 1.00028 | 1.00081 | 1.00109 | 0.99736 |
| 2004[10] | 1.00164[9] | 1.00081[9] | 1.00245[9] | 0.99072 | 1.00028 | 1.00081 | 1.00109 | 0.99736 |
| 2005[11] | 0.99967[12] | 1.00094 | 1.00061[12] | 0.99137 | 0.99115 | 1.00094 | 0.99208 | 0.98946 |
| 2005[13] | 0.99946[12] | 1.00094 | 1.00040[12] | 0.99117 | 0.99115 | 1.00094 | 0.99208 | 0.98946 |
| 2006 | 1.00185[14] | 0.99892 | 1.00076[14] | 0.99198 | 1.00762 | 0.99892 | 1.00653 | 0.99592 |
| 2007 | 1.00026 | 1.00092 | 1.00118 | 0.99315 | 1.00172 | 1.00092 | 1.00264 | 0.99855 |

[1]Factors effective for the first half of FY 2001 (October 2000 through March 2001).
[2]Factors effective for the second half of FY 2001 (April 2001 through September 2001).
[3]Incremental factors are applied to FY 2000 cumulative factors.
[4]Incremental factors are applied to the cumulative factors for the first half of FY 2001.
[5]Factors effective for the first half of FY 2003 (October 2002 through March 2003).
[6]Factors effective for the second half of FY 2003 (April 2003 through September 2003).
[7]Incremental factors are applied to FY 2002 cumulative factors.
[8]Factors effective for the first half of FY 2004 (October 2003 through March 2004).
[9]Incremental factors are applied to the cumulative factors for the second half of FY 2003.
[10]Factors effective for the second half of FY 2004 (April 2004 through September 2004).
[11]Factors effective for the first quarter of FY 2005 (September 2004 through December 2004).
[12]Incremental factors are applied to average of the cumulative factors for the first half (October 1, 2003 through March 31, 2004) and second half (April 1, 2004 through September 30, 2004) of FY 2004.
[13]Factors effective for the last three quarters of FY 2005 (January 2005 through September 2005).
[14]Incremental factors are applied to average of the cumulative factors for 2005.

BILLING CODE 4120–01–C

The methodology used to determine the proposed recalibration and geographic (DRG/GAF) budget neutrality adjustment factor for FY 2007 is similar to that used in establishing budget neutrality adjustments under the PPS for operating costs. One difference is that, under the operating PPS, the budget neutrality adjustments for the effect of geographic reclassifications are determined separately from the effects of other changes in the hospital wage index and the DRG relative weights. Under the capital PPS, there is a single DRG/GAF budget neutrality adjustment factor (the national capital rate and the Puerto Rico capital rate are determined separately) for changes in the GAF (including geographic reclassification) and the DRG relative weights. In addition, there is no adjustment for the effects that geographic reclassification has on the other payment parameters, such as the payments for serving low-income patients, indirect medical education payments, or the large urban add-on payments.

In the FY 2006 IPPS final rule (70 FR 47503), we calculated a GAF/DRG budget neutrality factor of 1.0008 for FY 2006. For FY 2007, we are proposing to establish a GAF/DRG budget neutrality factor of 1.0012. The GAF/DRG budget neutrality factors are built permanently into the capital rates; that is, they are applied cumulatively in determining the capital Federal rate. This follows from the requirement that estimated

aggregate payments each year be no more or less than they would have been in the absence of the annual DRG reclassification and recalibration and changes in the GAF. The incremental change in the proposed adjustment from FY 2006 to FY 2007 is 1.0012. The cumulative change in the proposed capital Federal rate due to this proposed adjustment is 0.9932 (the product of the incremental factors for FYs 1993 though 2006 and the proposed incremental factor of 1.0012 for FY 2007). (We note that averages of the incremental factors that were in effect during FYs 2005 and 2006, respectively, were used in the calculation of the proposed cumulative adjustment of 1.0012 for FY 2007.)

This proposed factor accounts for DRG reclassifications and recalibration and for changes in the GAF. It also incorporates the effects on the proposed GAF of FY 2007 geographic reclassification decisions made by the MGCRB compared to FY 2006 decisions. However, it does not account for changes in payments due to changes in the DSH and IME adjustment factors or in the large urban add-on.

4. Proposed Exceptions Payment Adjustment Factor

Section 412.308(c)(3) requires that the capital standard Federal rate be reduced by an adjustment factor equal to the estimated proportion of additional payments for both regular exceptions and special exceptions under § 412.348 relative to total capital PPS payments. In estimating the proportion of regular exception payments to total capital PPS payments during the transition period, we used the actuarial capital cost model originally developed for determining budget neutrality (described in Appendix B of the FY 2002 IPPS final rule (66 FR 40099)) to determine the exceptions payment adjustment factor, which was applied to both the Federal and hospital-specific capital rates.

An adjustment for regular exception payments is no longer necessary in determining the proposed FY 2007 capital Federal rate because, in accordance with § 412.348(b), regular exception payments were only made for cost reporting periods beginning on or after October 1, 1991 and before October 1, 2001. Accordingly, as we explained in the FY 2002 IPPS final rule (66 FR 39949), in FY 2002 and subsequent fiscal years, no payments will be made under the regular exceptions provision. However, in accordance with § 412.308(c), we still need to compute a budget neutrality adjustment for special exception payments under § 412.348(g). We describe our methodology for determining the exceptions adjustment used in calculating the proposed FY 2007 capital Federal rate below.

Under the special exceptions provision specified at § 412.348(g)(1), eligible hospitals include SCHs, urban hospitals with at least 100 beds that have a disproportionate share percentage of at least 20.2 percent or qualify for DSH payments under § 412.106(c)(2), and hospitals with a combined Medicare and Medicaid inpatient utilization of at least 70 percent. An eligible hospital may receive special exceptions payments if it meets: (1) A project need requirement as described at § 412.348(g)(2), which, in the case of certain urban hospitals, includes an excess capacity test as described at § 412.348(g)(4); (2) an age of assets test as described at § 412.348(g)(3); and (3) a project size requirement as described at § 412.348(g)(5).

Based on information compiled from our fiscal intermediaries, six hospitals have qualified for special exceptions payments under § 412.348(g). Since we have cost reports ending in FY 2005 for all of these hospitals, we calculated the adjustment based on actual cost experience. Using data from cost reports ending in FY 2005 from the December 2005 update of the HCRIS data, we divided the capital special exceptions payment amounts for the six hospitals that qualified for special exceptions by the total capital PPS payment amounts (including special exception payments) for all hospitals. Based on the data from cost reports ending in FY 2005, this ratio is rounded to 0.0003. Because we have not received all cost reports ending in FY 2005, we also divided the FY 2005 special exceptions payments by the total capital PPS payment amounts for all hospitals with cost reports ending in FY 2004. This ratio also rounds to 0.0003. Because special exceptions are budget neutral, we are proposing to offset the capital Federal rate by 0.03 percent for special exceptions payments for FY 2007. Therefore, the proposed exceptions adjustment factor is equal to 0.9997 (1—0.0003) to account for special exceptions payments in FY 2007.

In the FY 2006 IPPS final rule (70 FR 47503), we estimated that total (special) exceptions payments for FY 2006 would equal 0.03 percent of aggregate payments based on the capital Federal rate. Therefore, we applied an exceptions adjustment factor of 0.9997 (1—0.0003) in determining the FY 2006 capital Federal rate. As we stated above, we estimate that exceptions payments in FY 2007 will equal 0.03 percent of aggregate payments based on the proposed FY 2007 capital Federal rate. Therefore, we are proposing to apply an exceptions payment adjustment factor of 0.9997 to the capital Federal rate for FY 2007. The proposed exceptions adjustment factor for FY 2007 is the same as the factor used in determining the FY 2006 capital Federal rate in the FY 2006 IPPS final rule (70 FR 47503). The exceptions reduction factors are not built permanently into the capital rates; that is, the factors are not applied cumulatively in determining the capital Federal rate. Therefore, the net change in the exceptions adjustment factor used in determining the proposed FY 2007 capital Federal rate is 1.0000 (0.9997/0.9997).

5. Proposed Capital Standard Federal Rate for FY 2007

In the FY 2006 IPPS final rule (70 FR 47503), we established a capital Federal rate of $420.65 for FY 2006. In this proposed rule, we are proposing to establish a capital Federal rate of $424.42 for FY 2007. The proposed capital Federal rate for FY 2007 was calculated as follows:

- The proposed FY 2007 update factor is 1.0080; that is, the proposed update is 0.8 percent.
- The proposed FY 2007 budget neutrality adjustment factor that is applied to the capital standard Federal payment rate for proposed changes in the DRG relative weights and in the GAF is 1.0012.
- The proposed FY 2007 outlier adjustment factor is 0.9513.
- The proposed FY 2007 (special) exceptions payment adjustment factor is 0.9997.

Because the proposed capital Federal rate has already been adjusted for differences in case-mix, wages, cost-of-living, indirect medical education costs, and payments to hospitals serving a disproportionate share of low-income patients, we are not proposing to make additional adjustments in the capital standard Federal rate for these factors, other than the budget neutrality factor for changes in the DRG relative weights and the GAF.

We are providing a chart that shows how each of the proposed factors and adjustments for FY 2007 affected the computation of the proposed FY 2007 capital Federal rate in comparison to the average FY 2006 capital Federal rate. The proposed FY 2007 update factor has the effect of increasing the proposed capital Federal rate by 0.80 percent compared to the average FY 2006 Federal rate. The proposed GAF/DRG budget neutrality factor has the effect of increasing the proposed capital Federal rate by 0.12 percent. The proposed FY 2007 outlier adjustment factor has the effect of decreasing the proposed capital Federal rate by 0.02 percent compared to the average FY 2006 capital Federal rate. The proposed FY 2007 exceptions payment adjustment factor remains unchanged from the FY 2006 exceptions payment adjustment factor, and therefore, has a 0.0 percent net effect on the proposed FY 2007 capital Federal rate. The combined effect of all the proposed changes is to increase the proposed capital Federal rate by 0.90 percent compared to the average FY 2006 capital Federal rate.

COMPARISON OF FACTORS AND ADJUSTMENTS

[FY 2006 Capital Federal Rate and Proposed FY 2007 Capital Federal Rate]

| | FY 2006 | Proposed FY 2007 | Change | Percent change |
|---|---|---|---|---|
| Update Factor [1] | 1.0080 | 1.0080 | 1.0080 | 0.80 |
| GAF/DRG Adjustment Factor [1] | 1.0008 | 1.0012 | 1.0012 | 0.12 |

COMPARISON OF FACTORS AND ADJUSTMENTS—Continued

[FY 2006 Capital Federal Rate and Proposed FY 2007 Capital Federal Rate]

| | FY 2006 | Proposed FY 2007 | Change | Percent change |
|---|---|---|---|---|
| Outlier Adjustment Factor[2] | 0.9515 | 0.9513 | 0.9998 | −0.02 |
| Exceptions Adjustment Factor[2] | 0.9997 | 0.9997 | 0.0000 | 0.00 |
| Capital Federal Rate | $420.65 | $424.42 | 1.0090 | 0.90 |
| Outlier Adjustment Factor[2] | 0.9515 | 0.9513 | 0.9998 | −0.02 |

[1] The proposed update factor and the GAF/DRG budget neutrality factors are built permanently into the capital rates. Thus, for example, the incremental change from FY 2006 to FY 2007 resulting from the application of the proposed 1.0012 GAF/DRG budget neutrality factor for FY 2007 is 1.0012.

[2] The proposed outlier reduction factor and the proposed exceptions adjustment factor are not built permanently into the capital rates; that is, these factors are not applied cumulatively in determining the capital rates. Thus, for example, the net change resulting from the application of the proposed FY 2007 outlier adjustment factor would be 0.9513/0.9515, or 0.9998.

6. Proposed Special Capital Rate for Puerto Rico Hospitals

Section 412.374 provides for the use of a blended payment system for payments to Puerto Rico hospitals under the PPS for acute care hospital inpatient capital-related costs. Accordingly, under the capital PPS, we compute a separate payment rate specific to Puerto Rico hospitals using the same methodology used to compute the national Federal rate for capital-related costs. Under the broad authority of section 1886(g) of the Act, as discussed in section VI. of the preamble of this proposed rule, beginning with discharges occurring on or after October 1, 2004, capital payments to hospitals in Puerto Rico are based on a blend of 25 percent of the Puerto Rico capital rate and 75 percent of the capital Federal rate. The Puerto Rico capital rate is derived from the costs of Puerto Rico hospitals only, while the capital Federal rate is derived from the costs of all acute care hospitals participating in the IPPS (including Puerto Rico).

To adjust hospitals' capital payments for geographic variations in capital costs, we apply a GAF to both portions of the blended capital rate. The GAF is calculated using the operating IPPS wage index and varies, depending on the labor market area or rural area in which the hospital is located. We use the Puerto Rico wage index to determine the GAF for the Puerto Rico part of the capital-blended rate and the national wage index to determine the GAF for the national part of the blended capital rate.

Because we implemented a separate GAF for Puerto Rico in FY 1998, we also apply separate budget neutrality adjustments for the national GAF and for the Puerto Rico GAF. However, we apply the same budget neutrality factor for DRG reclassifications and recalibration nationally and for Puerto Rico. As we stated above in section III.A.4. of this Addendum, for Puerto Rico, the proposed GAF budget neutrality factor is 1.0017, while the proposed DRG adjustment is 1.0009, for a combined proposed cumulative adjustment of 0.9986.

In computing the payment for a particular Puerto Rico hospital, the Puerto Rico portion of the capital rate (25 percent) is multiplied by the Puerto Rico-specific GAF for the labor market area in which the hospital is located, and the national portion of the capital rate (75 percent) is multiplied by the national GAF for the labor market area in which the hospital is located (which is computed from national data for all hospitals in the United States and Puerto Rico). In FY 1998, we implemented a 17.78 percent reduction to the Puerto Rico capital rate as a result of Pub. L. 105–33. In FY 2003, a small part of that reduction was restored.

For FY 2006, before application of the GAF, the special capital rate for Puerto Rico hospitals was $201.93 for discharges occurring on or after October 1, 2005 through September 30, 2006. With the changes we are proposing to make to the factors used to determine the capital rate, the proposed FY 2007 special capital rate for Puerto Rico is $202.98.

*B. Calculation of the Proposed Inpatient Capital-Related Prospective Payments for FY 2007*

Because the 10-year capital PPS transition period ended in FY 2001, all hospitals (except ''new'' hospitals under § 412.324(b) and under § 412.304(c)(2)) are paid based on 100 percent of the capital Federal rate in FY 2006. The applicable capital Federal rate was determined by making adjustments as follows:

- For outliers, by dividing the capital standard Federal rate by the outlier reduction factor for that fiscal year; and
- For the payment adjustments applicable to the hospital, by multiplying the hospital's GAF, disproportionate share adjustment factor, and IME adjustment factor, when appropriate.

For purposes of calculating payments for each discharge during FY 2007, the capital standard Federal rate is adjusted as follows: (Standard Federal Rate) × (DRG weight) × (GAF) × (Large Urban Add-on, if applicable) × (COLA for hospitals located in Alaska and Hawaii) × (1 + Disproportionate Share Adjustment Factor + IME Adjustment Factor, if applicable). The result is the adjusted capital Federal rate.

Hospitals also may receive outlier payments for those cases that qualify under the thresholds established for each fiscal year. Section 412.312(c) provides for a single set of thresholds to identify outlier cases for both inpatient operating and inpatient capital-related payments. The proposed outlier thresholds for FY 2007 are in section II.A.4.c. of this Addendum. For FY 2007, a case qualifies as a cost outlier if the cost for the case plus the IME and DSH payments is greater than the prospective payment rate for the DRG plus $25,530.

An eligible hospital may also qualify for a special exceptions payment under § 412.348(g) for up through the 10th year beyond the end of the capital transition period if it meets: (1) A project need requirement described at § 412.348(g)(2), which in the case of certain urban hospitals includes an excess capacity test as described at § 412.348(g)(4); and (2) a project size requirement as described at § 412.348(g)(5). Eligible hospitals include SCHs, urban hospitals with at least 100 beds that have a DSH patient percentage of at least 20.2 percent or qualify for DSH payments under § 412.106(c)(2), and hospitals that have a combined Medicare and Medicaid inpatient utilization of at least 70 percent. Under § 412.348(g)(8), the amount of a special exceptions payment is determined by comparing the cumulative payments made to the hospital under the capital PPS to the cumulative minimum payment level. This amount is offset by: (1) Any amount by which a hospital's cumulative capital payments exceed its cumulative minimum payment levels applicable under the regular exceptions process for cost reporting periods beginning during which the hospital has been subject to the capital PPS; and (2) any amount by which a hospital's current year operating and capital payments (excluding 75 percent of operating DSH payments) exceed its operating and capital costs. Under § 412.348(g)(6), the minimum payment level is 70 percent for all eligible hospitals.

During the transition period, new hospitals (as defined under § 412.300) were exempt from the capital PPS for their first 2 years of operation and were paid 85 percent of their reasonable costs during that period. Effective with the third year of operation through the remainder of the transition period, under § 412.324(b), we paid the hospitals under the appropriate transition methodology (if the hold-harmless methodology were applicable, the hold-harmless payment for assets in use during the base period would extend for 8 years, even if the hold-harmless payments extend beyond the normal transition period).

Under § 412.304(c)(2), for cost reporting periods beginning on or after October 1, 2002, we pay a new hospital 85 percent of its reasonable costs during the first 2 years of operation unless it elects to receive payment based on 100 percent of the capital Federal rate. Effective with the third year of

operation, we pay the hospital based on 100 percent of the capital Federal rate (that is, the same methodology used to pay all other hospitals subject to the capital PPS).

*C. Capital Input Price Index*

1. Background

Like the operating input price index, the capital input price index (CIPI) is a fixed-weight price index that measures the price changes associated with capital costs during a given year. The CIPI differs from the operating input price index in one important aspect—the CIPI reflects the vintage nature of capital, which is the acquisition and use of capital over time. Capital expenses in any given year are determined by the stock of capital in that year (that is, capital that remains on hand from all current and prior capital acquisitions). An index measuring capital price changes needs to reflect this vintage nature of capital. Therefore, the CIPI was developed to capture the vintage nature of capital by using a weighted-average of past capital purchase prices up to and including the current year.

We periodically update the base year for the operating and capital input prices to reflect the changing composition of inputs for operating and capital expenses. The CIPI was last rebased to FY 2002 in the FY 2006 IPPS final rule (70 FR 47387).

2. Forecast of the CIPI for FY 2007

Based on the latest forecast by Global Insight, Inc. (first quarter of 2006), we are forecasting the CIPI to increase 0.8 percent in FY 2007. This reflects a projected 1.4 percent increase in vintage-weighted depreciation prices (building and fixed equipment, and movable equipment) and a 3.0 percent increase in other capital expense prices in FY 2007, partially offset by a 2.3 percent decline in vintage-weighted interest expenses in FY 2007. The weighted average of these three factors produces the 0.8 percent increase for the CIPI as a whole in FY 2007.

## IV. Payment Rates for Excluded Hospitals and Hospital Units: Proposed Rate-of-Increase Percentages

(If you choose to comment on issues in this section, please include the caption ''Excluded Hospitals Rate of Increase'' at the beginning of your comment.)

*A. Payments to Existing Excluded Hospitals and Units*

As discussed in section VI. of the preamble of this proposed rule, the inpatient operating costs of children's hospitals and cancer hospitals that are excluded from the IPPS are paid on the basis of reasonable cost subject to the rate-of-increase ceiling established under the authority of sections 1886(b)(3)(A)(i) and (ii) of the Act and § 413.40 of the regulations. The ceiling is based on a target amount per discharge under TEFRA. In addition, in accordance with § 403.752(a) of the regulations, RNHCIs also are paid under § 413.40 which uses section 1886(b)(3)(B)(ii) of the Act to update the percentage increase in the rate of increase limits. The most recent proposed projected forecast of the market basket percentage increase for FY 2007 for children's hospitals, cancer hospitals, and RNHCIs using the IPPS market basket (70 FR 47396 through 47405) is 3.4 percent.

LTCHs, rehabilitation hospitals and units, and psychiatric hospitals and units, historically, were excluded from the IPPS and subject to the rate-of-increase limits under § 413.40, as well. However, prospective payment systems have been developed for each of the three types of hospitals, and each kind of hospital is currently paid under its own PPS, either at 100 percent of the Federal rate or according to a transition period methodology, if applicable. (For more detailed discussion of these payment methodologies, see 69 FR 49190; 69 FR 66922; 68 FR 45674; and 67 FR 55954.)

For cost reporting periods beginning on or after October 1, 2002, to the extent a LTCH or a psychiatric hospital or unit has all or a portion of its payment determined under reasonable cost principles, the target amounts for the reasonable cost-based portion of the blended payment are determined in accordance with sections 1886(b)(3)(A)(i) and 1886(b)(3)(B)(ii) of the Act and the regulations at § 413.40(c)(4)(ii). Section 413.40(c)(4)(ii) states, ''Subject to the provisions of [§ 413.40], paragraph (c)(4)(iii) of this section, for subsequent cost reporting periods, the target amount equals the hospital's target amount for the previous cost reporting period increased by the update factor for the subject cost reporting period, unless the provisions of [§ 413.40] paragraph (c)(5)(ii) of this section apply.'' Thus, because § 413.40(c)(4)(ii) indicates that the provisions of that paragraph are subject to the provisions of § 413.40(c)(4)(iii), which are applicable only for cost reporting periods beginning on or after October 1, 1997 through September 30, 2002, the target amount for FY 2003 is determined by updating the target amount for FY 2002 by the applicable update factor. For example, if a provider was paid the cap amount for FY 2002 (§ 413.40(c)(4)(iii)), the target amount for FY 2003 would be the amount paid in FY 2002, updated to FY 2003 (that is, the target amount from the previous year increased by the applicable update factor).

Effective for cost reporting periods beginning on or after October 1, 2002, IRFs are paid 100 percent of the adjusted Federal prospective payment rate under the IRP PPS.

Effective for cost reporting periods beginning on or after October 1, 2002, LTCHs also are no longer paid on a reasonable cost basis, but are paid under a LTCH DRG-based PPS. In implementing the LTCH PPS, an existing LTCH (that is, not defined as new under § 412.23(e)(4)) could have elected to be paid based on 100 percent of the standard Federal prospective payment rate during the transition period. However, we also established a 5-year transition period from reasonable cost-based payments (subject to the TEFRA limit) to fully Federal prospective payment amounts during which an existing LTCH could receive a PPS-blended payment consisting of two payment components—one based on reasonable cost under the TEFRA payment system, and the other based on the standard Federal prospective payment rate.

Effective for cost reporting periods that will begin on or after October 1, 2006, the LTCHs that receive payment based on a blended payment amount will no longer receive a portion of their payment that is based, in part, on reasonable cost subject to the rate-of-ceiling under § 413.40. This is because, in accordance with § 412.533, LTCHs are paid 100 percent of the adjusted Federal prospective payment amount and zero percent of the amount calculated under reasonable cost principles for cost reporting periods beginning on or after October 1, 2006.

As part of the PPS for existing IPFs, we have established a 3-year transition period during which existing IPFs will be paid based on a blend of reasonable cost-based payment (subject to the TEFRA limit) and the prospective per diem payment rate. IPFs that are paid under a blended methodology will have the reasonable cost-based portion of their payment subject to a hospital target amount. The most recent proposed projected forecast of the market basket percentage increase for FY 2007 for the reasonable cost-based portion of an IPF's payment using the excluded hospital market basket (70 FR 47396 through 47405) is 3.6 percent. For cost reporting periods beginning on or after January 1, 2008, IPFs will be paid 100 percent of the Federal prospective per diem amount.

The proposed market basket percentage increases for FY 2007 are made by CMS' Office of the Actuary and reflect the average change in the price of goods and services purchased by hospitals to furnish inpatient hospital care. As discussed in section IV. of the preamble in the FY 2006 IPPS final rule, we use the IPPS market basket for children's hospitals, cancer hospitals, and RNHCIs, and the excluded hospital market basket for LTCHs, and IPFs for the reasonable cost portion of its payment to the extent a portion of its PPS payment is based on reasonable costs. We are not proposing any changes to our method of calculating the hospital market basket for IPPS or for excluded hospitals. As we indicated above, the proposed IPPS market basket is 3.4 percent and the proposed excluded hospital market basket is 3.6 percent.

*B. New Excluded Hospitals and Units*

Section 1886(b)(7) of the Act established a payment methodology for new (cost reporting periods beginning on or after October 1, 1997) rehabilitation hospitals and units, psychiatric hospitals and units, and LTCHs. For the first two 12-month cost reporting periods, payment was based on the lower of the hospital's net inpatient operating costs or 110 percent of the national median of target amounts for the particular class of hospital for FY 1996, updated to the applicable cost reporting period, and adjusted for differences in area wage levels. Consequently, beginning with the FY 1998 IPPS final rule, we published annually in the **Federal Register,** the updated 110 percent median of the wage-neutral national target amounts, divided into the labor and nonlabor-related share, for each of the three classes of providers affected by the payment limitation. As explained in the FY 2006 IPPS final rule (70 FR 47466 through 47467), the charts containing the updated 110 percent median payment amount

information are no longer needed and are discontinued.

**V. Proposed Payment for Blood Clotting Factor Administered to Inpatient With Hemophilia**

(If you choose to comment on issues in this section, please include the caption ''Blood Clotting Factor Payment Rate'' at the beginning of your comment.)

As discussed in section VIII. of the preamble to this proposed rule, in the FY 2006 IPPS final rule (70 FR 47473), we amended our regulations at §§ 412.2(f)(8) and 412.115(b) to state that, for discharges occurring on or after October 1, 2005, we make payment for blood clotting factor administered to hospital inpatients using the Medicare Part B payment amounts for blood clotting factor as determined under Subpart K of 48 CFR Part 414 and for the furnished fee as determined under § 410.63.

In accordance with § 410.63(c)(2) and our November 21, 2005 regulations (70 FR 70225), the furnishing fee for blood clotting factor for CY 2006 was determined to be $0.146 per individual unit (I.U.). Although the furnishing fee payment rate is calculated at 3 digits, the actual amount paid to providers and suppliers is rounded to 2 digits. In section VIII of the preamble to this proposed rule, we are proposing that the fiscal intermediaries continue to make payment amounts for blood clotting factor administered to hemophilia inpatients using the Medicare Part B payment amounts determined under Subpart K of 42 CFR Part 414 and that payment amounts for the furnishing fee for the blood clotting factor be calculated at 3 digits, currently at $0.146 per I.U. of blood clotting factor.

The fiscal intermediaries continue to use the Medicare Part B Drug Pricing File to make payments for blood clotting factors. The furnishing fee is included in the ASP price per unit sent with the Medicare Part B Drug Pricing File that is updated quarterly. By using the Medicare Part B Drug Pricing File, Medicare will be making consistent payments for blood clotting factor provided to inpatients and outpatients. For further updates on pricing, we refer reader to the Medicare Part B drug pricing regulations.

**VI. Tables**

This section contains the tables referred to throughout the preamble to this proposed rule and in this Addendum. Tables 1A, 1B, 1C, 1D, 2, 3A, 3B, 4A–1, 4A–2, 4B, 4C–1, 4C–2, 4F, 4J, 5, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 7A, 7B, 8A, 8B, 8C, 9A, 9B, 9C, 10, and 11 are presented below. The tables presented below are as follows:

Table 1A—National Adjusted Operating Standardized Amounts, Labor/Nonlabor (69.7 Percent Labor Share/30.3 Percent Nonlabor Share If Wage Index Is Greater Than 1)
Table 1B—National Adjusted Operating Standardized Amounts, Labor/Nonlabor (62 Percent Labor Share/38 Percent Nonlabor Share If Wage Index Is Less Than or Equal To 1)
Table 1C—Adjusted Operating Standardized Amounts for Puerto Rico, Labor/Nonlabor
Table 1D—Capital Standard Federal Payment Rate
Table 2—Hospital Case-Mix Indexes for Discharges Occurring in Federal Fiscal Year 2005; Hospital Wage Indexes for Federal Fiscal Year 2007; Hospital Average Hourly Wage for Federal Fiscal Years 2005 (2001 Wage Data), 2006 (2002 Wage Data), and 2007 (2003 Wage Data); Wage Indexes and 3-Year Average of Hospital Average Hourly Wages
Table 3A—FY 2007 and 3-Year Average Hourly Wage for Urban Areas by CBSA
Table 3B—FY 2007 and 3-Year Average Hourly Wage for Rural Areas by CBSA
Table 4A–1—Wage Index and Capital Geographic Adjustment Factor (GAF) for Urban Areas by CBSA—FY 2007
Table 4A–2—Wage Index and Capital Geographic Adjustment Factor (GAF) for Certain Urban Areas by CBSA for the Period April 1 through September 30, 2007
Table 4B—Wage Index and Capital Geographic Adjustment Factor (GAF) for Rural Areas by CBSA—FY 2007
Table 4C–1—Wage Index and Capital Geographic Adjustment Factor (GAF) for Hospitals That Are Reclassified by CBSA—FY 2007
Table 4C–2—Wage Index and Capital Geographic Adjustment Factor (GAF) for Certain Hospitals That Are Reclassified by CBSA for the Period April 1 through September 30, 2007
Table 4F—Puerto Rico Wage Index and Capital Geographic Adjustment Factor (GAF) by CBSA—FY 2007
Table 4J—Out-Migration Adjustment—FY 2007
Table 5—List of Diagnosis-Related Groups (DRGs), Relative Weighting Factors, and Geometric and Arithmetic Mean Length of Stay (LOS)
Table 6A—New Diagnosis Codes
Table 6B—New Procedure Codes
Table 6C—Invalid Diagnosis Codes
Table 6D—Invalid Procedure Codes
Table 6E—Revised Diagnosis Code Titles
Table 6F—Revised Procedure Code Titles
Table 6G—Additions to the CC Exclusions List
Table 6H—Deletions from the CC Exclusions List
Table 7A—Medicare Prospective Payment System Selected Percentile Lengths of Stay: FY 2005 MedPAR Update December 2005 GROUPER V23.0
Table 7B—Medicare Prospective Payment System Selected Percentile Lengths of Stay: FY 2005 MedPAR Update December 2005 GROUPER V24.0
Table 8A—Statewide Average Operating Cost-to-Charge Ratios—March 2006
Table 8B—Statewide Average Capital Cost-to-Charge Ratios—March 2006
Table 8C—Statewide Average Total Cost-to-Charge Ratios for LTCHs—March 2006
Table 9A—Hospital Reclassifications and Redesignations by Individual Hospital and CBSA—FY 2007
Table 9B—Hospital Reclassifications and Redesignations by Individual Hospital Under Section 508 of Pub. L. 108–173—FY 2007
Table 9C—Hospitals Redesignated as Rural under Section 1886(d)(8)(E) of the Act—FY 2007
Table 10—Geometric Mean Plus the Lesser of .75 of the National Adjusted Operating Standardized Payment Amount (Increased to Reflect the Difference Between Costs and Charges) or .75 of One Standard Deviation of Mean Charges by Diagnosis-Related Group (DRG)—March 2006
Table 11—Proposed FY 2007 LTC–DRGs, Relative Weights, Geometric Average Length of Stay, and 5/6ths of the Geometric Average Length of Stay

TABLE 1A.—NATIONAL ADJUSTED OPERATING STANDARDIZED AMOUNTS, LABOR/NONLABOR

[69.7 Percent Labor Share/30.3 Percent Nonlabor Share If Wage Index Greater Than 1]

| Full update (3.4 percent) | | Reduced update (1.4 percent) | |
|---|---|---|---|
| Labor-related | Nonlabor-related | Labor-related | Nonlabor-related |
| $3,404.27 | $1,479.90 | $3,338.42 | $1,451.28 |

TABLE 1B.—NATIONAL ADJUSTED OPERATING STANDARDIZED AMOUNTS, LABOR/NONLABOR

[62 Percent Labor Share/38 Percent Nonlabor Share If Wage Index Less Than or Equal to 1]

| Full update (3.4 percent) | | Reduced update (1.4 percent) | |
|---|---|---|---|
| Labor-related | Nonlabor-related | Labor-related | Nonlabor-related |
| $3,028.19 | $1,855.98 | $2,969.62 | $1,820.08 |

TABLE 1C.—ADJUSTED OPERATING STANDARDIZED AMOUNTS FOR PUERTO RICO, LABOR/NONLABOR

| | Rates if wage index greater than 1 | | Rates if wage index less than or equal to 1 | |
|---|---|---|---|---|
| | Labor | Nonlabor | Labor | Nonlabor |
| National | $3,404.27 | $1,479.90 | $3,028.19 | $1,855.98 |
| Puerto Rico | 1,442.78 | 884.28 | 1,365.99 | 961.07 |

TABLE 1D.—CAPITAL STANDARD FEDERAL PAYMENT RATE

| | Rate |
|---|---|
| National | $424.42 |
| Puerto Rico | 202.98 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 010001 | 1.4947 | 0.7670 | 0.7670 | 20.6563 | 21.6546 | 22.0902 | 21.4932 |
| 010004 | *** | * | * | 22.7585 | * | * | 22.7585 |
| 010005 [h] | 1.1314 | 0.8919 | 0.8919 | 20.4937 | 22.4906 | 23.8467 | 22.3126 |
| 010006 | 1.4662 | 0.8008 | 0.8008 | 21.0241 | 23.4823 | 23.8950 | 22.7642 |
| 010007 | 1.0715 | 0.7670 | 0.7670 | 16.8811 | 18.2430 | 19.0895 | 18.0746 |
| 010008 | 0.9849 | 0.8035 | 0.8035 | 23.8333 | 20.4591 | 17.3246 | 20.3331 |
| 010009 | 0.9669 | 0.8829 | 0.8829 | 21.6422 | 23.2229 | 23.6476 | 22.8732 |
| 010010 [h] | 1.0466 | 0.9286 | 0.9286 | 22.3021 | 21.4974 | 26.9296 | 23.3707 |
| 010011 | 1.6004 | 0.8919 | 0.8919 | 24.8166 | 27.4850 | 28.1598 | 26.8482 |
| 010012 | 1.2403 | 0.8841 | 0.8841 | 21.7622 | 22.7020 | 24.7514 | 23.0667 |
| 010015 | 1.0209 | 0.7670 | 0.7670 | 20.4732 | 21.5111 | 22.2383 | 21.4475 |
| 010016 | 1.5262 | 0.8919 | 0.8919 | 23.0414 | 25.1502 | 25.3918 | 24.5277 |
| 010018 | 1.4713 | 0.8919 | 0.8919 | 20.5888 | 22.2990 | 23.4042 | 22.0807 |
| 010019 | 1.2326 | 0.8008 | 0.8008 | 20.1336 | 22.0906 | 22.7718 | 21.6962 |
| 010021 [h] | 1.2234 | 0.7670 | 0.7670 | 20.7108 | 18.6785 | 19.2877 | 19.5086 |
| 010022 | 0.9812 | 0.9307 | 0.9307 | 25.8797 | 24.5670 | 26.0470 | 25.5065 |
| 010023 | 1.9126 | 0.8035 | 0.8035 | 23.7791 | 27.6174 | 25.9797 | 25.7195 |
| 010024 | 1.6759 | 0.8035 | 0.8035 | 20.0067 | 20.7265 | 21.9289 | 20.8398 |
| 010025 | 1.2800 | 0.8256 | 0.8256 | 19.8561 | 21.2674 | 22.9338 | 21.3262 |
| 010027 | 0.7764 | 0.7670 | 0.7670 | 14.9585 | 15.3704 | 16.1874 | 15.4627 |
| 010029 | 1.5817 | 0.8256 | 0.8256 | 21.6724 | 22.6976 | 24.0249 | 22.8346 |
| 010031 | *** | * | * | 20.9463 | * | * | 20.9463 |
| 010032 | 0.8957 | 0.7670 | 0.7670 | 18.5073 | 19.1555 | 17.6770 | 18.4274 |
| 010033 | 2.0838 | 0.8919 | 0.8919 | 25.5165 | 26.3784 | 27.2283 | 26.3825 |
| 010034 | 0.9964 | 0.8035 | 0.8035 | 17.1625 | 16.9686 | 16.8532 | 16.9851 |
| 010035 | 1.2688 | 0.8919 | 0.8919 | 23.1319 | 22.2870 | 24.4137 | 23.2651 |
| 010036 | 1.1331 | 0.7670 | 0.7670 | 20.5125 | 22.9747 | 21.3352 | 21.6253 |
| 010038 | 1.3544 | 0.8040 | 0.8040 | 20.3935 | 21.4509 | 23.8325 | 21.9490 |
| 010039 | 1.6215 | 0.9027 | 0.9027 | 23.4151 | 25.8820 | 26.9189 | 25.4404 |
| 010040 | 1.6072 | 0.8107 | 0.8107 | 21.6708 | 22.8851 | 25.2353 | 23.2539 |
| 010043 | 1.0549 | 0.8919 | 0.8919 | 19.5422 | 22.5945 | 22.3782 | 21.5638 |
| 010044 | 1.0631 | 0.8919 | 0.8919 | 23.0220 | 21.4036 | 23.4140 | 22.5922 |
| 010045 | 1.1631 | 0.8919 | 0.8919 | 20.5658 | 19.8803 | 21.3661 | 20.5979 |
| 010046 | 1.5002 | 0.8107 | 0.8107 | 20.8935 | 21.6965 | 22.5938 | 21.7035 |
| 010047 | 0.8900 | 0.7825 | 0.7825 | 19.5937 | 21.0604 | 24.7497 | 21.7929 |
| 010049 | 1.1465 | 0.7670 | 0.7670 | 17.7801 | 20.2413 | 21.7057 | 19.9626 |
| 010050 | 1.0283 | 0.8919 | 0.8919 | 21.5625 | 22.1584 | 23.7598 | 22.4501 |
| 010051 | 0.8413 | 0.8644 | 0.8644 | 14.7053 | 15.2208 | 16.2672 | 15.4065 |
| 010052 | 0.8875 | 0.7791 | 0.7791 | 21.3673 | 16.4959 | 35.3506 | 23.1645 |
| 010053 | 1.0530 | * | * | 17.4160 | 19.0108 | * | 18.2193 |
| 010054 | 1.0888 | 0.8829 | 0.8829 | 23.1894 | 22.5554 | 23.2781 | 23.0051 |
| 010055 | 1.5338 | 0.7670 | 0.7670 | 19.1847 | 22.3800 | 22.4711 | 21.3064 |
| 010056 | 1.5870 | 0.8919 | 0.8919 | 22.7183 | 23.7144 | 23.9525 | 23.4706 |
| 010058 | 0.9554 | 0.8919 | 0.8919 | 20.3182 | 18.5537 | 18.7069 | 19.3775 |
| 010059 | 1.0321 | 0.8829 | 0.8829 | 23.6963 | 21.3237 | 22.9583 | 22.7109 |
| 010061 | 1.0134 | 0.8176 | 0.8176 | 20.5683 | 21.9370 | 26.4117 | 23.1046 |
| 010062 | 1.0729 | 0.7670 | 0.7670 | 18.1323 | 18.3435 | 20.1842 | 18.8535 |
| 010064 | 1.7037 | 0.8919 | 0.8919 | 25.4345 | 26.1110 | 25.8259 | 25.7663 |
| 010065 | 1.4924 | 0.8035 | 0.8035 | 20.0108 | 21.3785 | 23.3126 | 21.5967 |
| 010066 | 0.8390 | 0.7670 | 0.7670 | 17.0935 | 17.6152 | 19.9192 | 18.2254 |
| 010068 | *** | * | * | 17.5690 | 19.0789 | 22.7410 | 19.7954 |
| 010069 | 1.0208 | 0.7670 | 0.7670 | 19.6317 | 21.3608 | 22.9841 | 21.2452 |
| 010072 | *** | * | * | 21.5419 | 21.8169 | 24.5806 | 22.6157 |
| 010073 | 0.9714 | 0.7670 | 0.7670 | 16.4043 | 16.4168 | 17.2624 | 16.6999 |
| 010078 | 1.5197 | 0.8040 | 0.8040 | 21.0633 | 21.6857 | 23.2584 | 22.0108 |
| 010079 | 1.1653 | 0.9027 | 0.9027 | 20.4254 | 21.8199 | 22.9204 | 21.7330 |
| 010083 [h] | 1.1662 | 0.7999 | 0.7999 | 20.2166 | 22.3041 | 22.2041 | 21.5896 |
| 010084 | 1.4968 | 0.8919 | 0.8919 | 22.5219 | 24.7127 | 26.7869 | 24.6686 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 010085 | 1.3213 | 0.8829 | 0.8829 | 23.7007 | 24.4710 | 24.9367 | 24.3634 |
| 010086 | 1.0963 | 0.7670 | 0.7670 | 19.4332 | 18.6081 | 22.6793 | 20.2158 |
| 010087 | 1.9768 | 0.7955 | 0.7955 | 21.6226 | 22.5225 | 23.2584 | 22.4539 |
| 010089 | 1.2732 | 0.8919 | 0.8919 | 22.2508 | 22.8448 | 25.7005 | 23.6155 |
| 010090 | 1.7279 | 0.7955 | 0.7955 | 21.4322 | 23.6948 | 26.3719 | 23.7551 |
| 010091 | 0.9676 | 0.7670 | 0.7670 | 19.4222 | 18.6912 | 21.7995 | 19.8855 |
| 010092 | 1.6101 | 0.8644 | 0.8644 | 22.0709 | 24.4592 | 26.0211 | 24.1412 |
| 010095 | 0.8483 | 0.8644 | 0.8644 | 13.4426 | 13.9326 | 14.2458 | 13.8767 |
| 010097 | 0.7214 | 0.8035 | 0.8035 | 17.1735 | 16.7548 | 19.7546 | 17.8691 |
| 010098 | 1.0614 | 0.7670 | 0.7670 | 19.6717 | 14.3076 | 19.7314 | 17.4056 |
| 010099 | 1.0007 | 0.7670 | 0.7670 | 18.1849 | 18.7909 | 20.5469 | 19.1587 |
| 010100 [h] | 1.6896 | 0.7999 | 0.7999 | 20.0027 | 21.2915 | 23.6080 | 21.6931 |
| 010101 | 1.1300 | 0.7978 | 0.7978 | 21.0085 | 21.6593 | 24.1741 | 22.2531 |
| 010102 | 0.9498 | 0.7670 | 0.7670 | 19.9196 | 21.0903 | 24.0016 | 21.7005 |
| 010103 | 1.9055 | 0.8919 | 0.8919 | 24.2201 | 26.1163 | 27.4955 | 25.9641 |
| 010104 | 1.8131 | 0.8919 | 0.8919 | 24.1929 | 24.7394 | 27.7171 | 25.5564 |
| 010108 | 1.1587 | 0.8035 | 0.8035 | 23.7803 | 28.4624 | 25.2790 | 25.7731 |
| 010109 | 0.9898 | 0.8121 | 0.8121 | 21.7128 | 21.6194 | 17.8168 | 20.3493 |
| 010110 | 0.7972 | 0.7670 | 0.7670 | 19.2706 | 17.5957 | 22.8948 | 19.6997 |
| 010112 | 1.0411 | 0.7670 | 0.7670 | 17.2963 | 16.8902 | 16.6350 | 16.9597 |
| 010113 | 1.6585 | 0.7955 | 0.7955 | 20.4181 | 21.4121 | 22.5051 | 21.4462 |
| 010114 | 1.3874 | 0.8919 | 0.8919 | 21.5319 | 22.3752 | 24.9211 | 22.9538 |
| 010115 | 0.8657 | * | * | 17.5985 | 21.7478 | * | 19.2200 |
| 010118 | 1.2164 | 0.7785 | 0.7785 | 18.8560 | 19.7673 | 21.4598 | 20.1886 |
| 010119 | *** | * | * | 21.8215 | * | * | 21.8215 |
| 010120 | 0.9951 | 0.7670 | 0.7670 | 20.5855 | 20.9450 | 21.0977 | 20.8812 |
| 010121 | *** | * | * | 17.0329 | 24.0867 | * | 19.3686 |
| 010125 | 1.0529 | 0.7670 | 0.7670 | 16.8419 | 18.4114 | 21.5078 | 18.8306 |
| 010126 | 1.1487 | 0.8035 | 0.8035 | 23.1856 | 23.1381 | 23.4829 | 23.2663 |
| 010128 | 0.8668 | 0.7670 | 0.7670 | 17.9354 | 21.4201 | 22.0056 | 20.5563 |
| 010129 [h] | 1.0141 | 0.8076 | 0.8076 | 18.7821 | 21.3555 | 22.7075 | 21.0365 |
| 010130 | 0.9442 | 0.8919 | 0.8919 | 18.4944 | 23.2488 | 24.8205 | 21.9717 |
| 010131 | 1.3884 | 0.9027 | 0.9027 | 24.2197 | 25.7837 | 27.7993 | 26.0170 |
| 010137 | 1.2455 | 0.8919 | 0.8919 | 29.7665 | 24.7366 | 26.6554 | 26.9261 |
| 010138 | 0.6116 | 0.7670 | 0.7670 | 13.5082 | 13.8475 | 14.4665 | 13.9564 |
| 010139 | 1.5878 | 0.8919 | 0.8919 | 24.9410 | 25.3014 | 26.7377 | 25.6921 |
| 010143 | 1.1706 | 0.8919 | 0.8919 | 22.1312 | 22.0215 | 26.1276 | 23.4216 |
| 010144 | 1.5785 | 0.7955 | 0.7955 | 20.6425 | 20.8209 | 22.3801 | 21.3097 |
| 010145 | 1.3931 | 0.8644 | 0.8644 | 23.1976 | 24.9531 | 25.7002 | 24.6568 |
| 010146 | 1.1068 | 0.8040 | 0.8040 | 19.9944 | 20.8917 | 22.8918 | 21.2823 |
| 010148 | 0.8957 | 0.7670 | 0.7670 | 18.5309 | 20.5589 | 23.1208 | 20.7425 |
| 010149 | 1.2762 | 0.8035 | 0.8035 | 23.1593 | 26.5854 | 25.2688 | 24.9404 |
| 010150 | 1.0607 | 0.8035 | 0.8035 | 20.6738 | 21.6377 | 23.5727 | 21.9452 |
| 010152 | 1.1816 | 0.7955 | 0.7955 | 22.1626 | 22.6202 | 23.0833 | 22.6354 |
| 010157 | 1.1543 | 0.8008 | 0.8008 | 21.3574 | 24.3560 | 24.4951 | 23.3774 |
| 010158 | 1.1432 | 0.8220 | 0.8220 | 22.4440 | 24.3531 | 24.3408 | 23.6867 |
| 010161 | *** | * | * | 27.5119 | * | * | 27.5119 |
| 010162 | *** | * | * | * | * | 30.6197 | 30.6197 |
| 010164 | 1.1708 | 0.7978 | 0.7978 | * | * | * | * |
| 010165 | 1.5089 | 0.9027 | 0.9027 | * | * | * | * |
| 010166 | 1.7090 | * | * | * | * | * | * |
| 020001 | 1.6912 | 1.2062 | 1.2062 | 31.6091 | 32.8120 | 35.3482 | 33.3208 |
| 020004 | 1.1433 | 1.0669 | 1.0669 | 29.9926 | 32.0966 | 31.4487 | 31.1921 |
| 020006 | 1.2733 | 1.2062 | 1.2062 | 33.4210 | 36.0540 | 35.6547 | 35.1161 |
| 020008 | 1.2806 | 1.2062 | 1.2062 | 34.5856 | 35.9236 | 36.2733 | 35.6184 |
| 020012 | 1.3394 | 1.1063 | 1.1063 | 29.3419 | 31.8995 | 32.7496 | 31.3425 |
| 020014 | 1.1853 | 1.0669 | 1.0669 | 32.1233 | 32.0893 | 30.0133 | 31.3617 |
| 020017 | 1.9918 | 1.2062 | 1.2062 | 32.9281 | 33.5852 | 36.7983 | 34.4089 |
| 020018 | 0.9347 | 1.9343 | 1.9343 | * | * | * | * |
| 020019 | 0.9039 | 1.9343 | 1.9343 | * | * | * | * |
| 020020 | 0.8722 | * | * | * | * | * | * |
| 020024 | 1.1284 | 1.0669 | 1.0669 | 27.9799 | 33.0644 | 29.0436 | 30.0116 |
| 020026 | 1.6273 | 1.9343 | 1.9343 | * | * | * | * |
| 020027 | 0.8979 | 1.9343 | 1.9343 | * | * | * | * |
| 030001 | 1.4328 | 1.0307 | 1.0307 | 27.7572 | 29.9840 | 33.2450 | 30.4046 |
| 030002 | 2.0991 | 1.0307 | 1.0307 | 27.9628 | 29.0519 | 30.2114 | 29.0057 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 030006 | 1.6331 | 0.9239 | 0.9239 | 24.0169 | 25.8872 | 26.2503 | 25.4671 |
| 030007 | 1.4120 | 1.1121 | 1.1121 | 26.9442 | 29.6174 | 31.2754 | 29.3738 |
| 030009 | *** | * | * | 21.4065 | 22.3992 | 26.0201 | 22.5654 |
| 030010 | 1.3771 | 0.9239 | 0.9239 | 22.8647 | 24.8275 | 28.0899 | 25.2470 |
| 030011 | 1.4547 | 0.9239 | 0.9239 | 22.8422 | 25.1361 | 27.5948 | 25.3205 |
| 030012 | 1.3826 | 0.9858 | 0.9858 | 25.5205 | 26.3859 | 27.7968 | 26.6212 |
| 030013 | 1.4350 | 0.9179 | 0.9179 | 23.5229 | 25.7050 | 27.1721 | 25.5234 |
| 030014 | 1.4890 | 1.0307 | 1.0307 | 25.1189 | 25.6259 | 28.4109 | 26.3536 |
| 030016 | 1.2235 | 1.0307 | 1.0307 | 27.1583 | 26.7003 | 28.5953 | 27.4983 |
| 030017 | 2.0967 | 1.0307 | 1.0307 | 24.4055 | 26.2452 | 31.2902 | 27.3461 |
| 030018 | 1.2445 | 1.0307 | 1.0307 | 24.4308 | 28.9476 | 30.0034 | 27.5160 |
| 030019 | 1.3225 | 1.0307 | 1.0307 | 28.4917 | 27.3156 | 30.4092 | 28.8240 |
| 030022 | 1.5620 | 1.0307 | 1.0307 | 25.1461 | 26.4404 | 30.9356 | 27.5456 |
| 030023 | 1.6994 | 1.1611 | 1.1611 | 28.4112 | 33.8333 | 34.3731 | 32.2119 |
| 030024 | 2.0605 | 1.0307 | 1.0307 | 28.3470 | 31.6658 | 33.8834 | 31.3965 |
| 030027 | 0.9510 | * | * | 21.0527 | 20.4031 | * | 20.7264 |
| 030030 | 1.5508 | 1.0307 | 1.0307 | 24.6005 | 30.2712 | 32.7083 | 29.0268 |
| 030033 | 1.2744 | 1.1121 | 1.1121 | 26.6009 | 26.6531 | 28.3920 | 27.2450 |
| 030036 | 1.4226 | 1.0307 | 1.0307 | 26.5708 | 30.3521 | 31.8947 | 29.8589 |
| 030037 | 2.2721 | 1.0307 | 1.0307 | 30.3907 | 28.6453 | 32.1766 | 30.5501 |
| 030038 | 1.6855 | 1.0307 | 1.0307 | 26.5178 | 29.5509 | 30.7744 | 29.0959 |
| 030040 | 0.9044 | 0.9158 | 0.9158 | 22.5130 | 24.8145 | 27.0303 | 24.8110 |
| 030043 | 1.2719 | 0.9158 | 0.9158 | 26.0825 | 24.7932 | 24.7174 | 25.1254 |
| 030044 | 0.8466 | * | * | 19.5714 | * | * | 19.5714 |
| 030055 [h] | 1.4275 | 1.1417 | 1.1417 | 23.1837 | 24.5202 | 27.1476 | 25.0481 |
| 030059 | *** | * | * | 24.7676 | * | * | 24.7676 |
| 030060 | 1.1831 | 0.9158 | 0.9158 | 22.3551 | 24.3523 | 25.0412 | 23.8848 |
| 030061 | 1.6392 | 1.0307 | 1.0307 | 23.4722 | 25.5529 | 28.9415 | 26.0923 |
| 030062 | 1.2655 | 0.9158 | 0.9158 | 21.9849 | 23.8068 | 26.5482 | 24.1628 |
| 030064 | 1.9610 | 0.9239 | 0.9239 | 24.6732 | 25.4922 | 28.3696 | 26.2797 |
| 030065 | 1.6072 | 1.0307 | 1.0307 | 25.6738 | 27.1646 | 29.2736 | 27.4560 |
| 030067 | 1.0836 | 0.9158 | 0.9158 | 19.1332 | 20.4376 | 20.6472 | 20.0627 |
| 030068 | 1.1530 | 0.9158 | 0.9158 | 19.7030 | 20.8846 | 22.1437 | 20.9244 |
| 030069 [h] | 1.3792 | 1.1417 | 1.1417 | 25.6243 | 26.3518 | 30.5875 | 27.3999 |
| 030071 | 0.9063 | 1.4448 | 1.4448 | * | * | * | * |
| 030073 | 0.8491 | 1.4448 | 1.4448 | * | * | * | * |
| 030074 | 0.9153 | 1.4448 | 1.4448 | * | * | * | * |
| 030077 | 0.8067 | 1.4448 | 1.4448 | * | * | * | * |
| 030078 | 0.9638 | 1.4448 | 1.4448 | * | * | * | * |
| 030080 | 1.4675 | 0.9239 | 0.9239 | 24.3573 | 25.2077 | 26.8022 | 25.4224 |
| 030083 | 1.3724 | 1.0307 | 1.0307 | 24.9269 | 27.5353 | 28.0562 | 26.8708 |
| 030084 | 0.8694 | 1.4448 | 1.4448 | * | * | * | * |
| 030085 | 1.5851 | 0.9239 | 0.9239 | 23.2070 | 24.5792 | 26.3130 | 24.7847 |
| 030087 | 1.6022 | 1.0307 | 1.0307 | 26.3878 | 26.6594 | 30.1137 | 27.8776 |
| 030088 | 1.3772 | 1.0307 | 1.0307 | 23.2478 | 26.6796 | 28.0619 | 26.0537 |
| 030089 | 1.5203 | 1.0307 | 1.0307 | 26.2166 | 27.1835 | 28.3816 | 27.3548 |
| 030092 | 1.4300 | 1.0307 | 1.0307 | 25.4127 | 27.3203 | 30.6136 | 27.9388 |
| 030093 | 1.2279 | 1.0307 | 1.0307 | 23.5623 | 25.8955 | 27.5072 | 25.9035 |
| 030094 | 1.3717 | 1.0307 | 1.0307 | 26.9985 | 29.5948 | 32.6317 | 29.7783 |
| 030099 | 0.8328 | 0.9158 | 0.9158 | 26.7996 | 26.3236 | 25.9313 | 26.3941 |
| 030100 | 2.0714 | 0.9239 | 0.9239 | * | 29.0691 | 29.5931 | 29.3347 |
| 030101 [h] | 1.4542 | 1.1417 | 1.1417 | 25.0077 | 26.1927 | 27.6535 | 26.3284 |
| 030102 | 2.6166 | 1.0307 | 1.0307 | * | 29.0942 | 29.6919 | 29.4041 |
| 030103 | 1.6786 | 1.0307 | 1.0307 | 28.2832 | 30.1994 | 32.9960 | 30.4822 |
| 030105 | 2.3179 | 1.0307 | 1.0307 | 27.6900 | 31.3094 | 31.9342 | 30.6375 |
| 030106 | 1.6852 | 1.0307 | 1.0307 | 30.4791 | 34.7222 | 34.0269 | 32.6905 |
| 030107 | 1.9370 | 1.0307 | 1.0307 | * | * | 34.7976 | 34.7976 |
| 030108 | 2.1298 | 1.0307 | 1.0307 | * | * | * | * |
| 030109 | 2.6413 | 1.0307 | 1.0307 | * | * | 16.7958 | 16.7958 |
| 030110 | 1.4204 | 1.0307 | 1.0307 | * | * | 33.6019 | 33.6019 |
| 030111 | 1.0628 | 0.9239 | 0.9239 | * | * | * | * |
| 030112 | 1.9419 | 1.0307 | 1.0307 | * | * | * | * |
| 030113 | 0.9339 | * | * | * | * | * | * |
| 030114 | 1.3901 | * | * | * | * | * | * |
| 030115 | 1.3316 | * | * | * | * | * | * |
| 040001 | 1.0958 | 0.8779 | 0.8779 | 23.1475 | 23.7718 | 21.8122 | 22.8805 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 040002 | 1.2276 | 0.7366 | 0.7366 | 19.3429 | 20.1384 | 20.4562 | 20.0058 |
| 040003 | 1.2375 | * | * | 18.5000 | * | * | 18.5000 |
| 040004 | 1.6200 | 0.8779 | 0.8779 | 23.3504 | 25.0286 | 26.2802 | 24.9024 |
| 040007 | 1.7125 | 0.8918 | 0.8918 | 23.4565 | 25.7142 | 27.2033 | 25.4311 |
| 040010 | 1.3944 | 0.8779 | 0.8779 | 22.0984 | 23.0274 | 24.1107 | 23.1027 |
| 040011 | 1.0404 | 0.7366 | 0.7366 | 19.0319 | 20.3970 | 20.3176 | 19.9412 |
| 040014 | 1.4709 | 0.8667 | 0.8667 | 24.0846 | 25.3451 | 26.0281 | 25.1431 |
| 040015 | 1.0464 | 0.7366 | 0.7366 | 18.0793 | 19.2831 | 20.1555 | 19.1800 |
| 040016 | 1.6831 | 0.8918 | 0.8918 | 22.7219 | 22.1228 | 25.7321 | 23.5240 |
| 040017 | 1.1298 | 0.8599 | 0.8599 | 19.4365 | 21.9875 | 21.3748 | 20.9608 |
| 040018 | 1.0715 | 0.7761 | 0.7761 | 23.8515 | 23.6044 | 24.3463 | 23.9210 |
| 040019 | 1.1033 | 0.9032 | 0.9032 | 21.5316 | 23.7328 | 24.6250 | 23.3182 |
| 040020 | 1.5722 | 0.9032 | 0.9032 | 20.9136 | 21.6603 | 21.9802 | 21.5335 |
| 040021 | 1.2758 | 0.8918 | 0.8918 | 24.7771 | 25.6917 | 25.3027 | 25.2694 |
| 040022 | 1.5344 | 0.8779 | 0.8779 | 23.7462 | 25.4052 | 27.5251 | 25.5185 |
| 040024 | 0.6960 | * | * | 20.1101 | * | * | 20.1101 |
| 040026 | 1.5365 | 0.8812 | 0.8812 | 24.3053 | 25.4072 | 27.5446 | 25.8166 |
| 040027 | 1.4625 | 0.8345 | 0.8345 | 19.9348 | 21.1412 | 21.3991 | 20.8293 |
| 040029 | 1.5492 | 0.8918 | 0.8918 | 22.8770 | 24.0704 | 24.4352 | 23.8327 |
| 040032 | *** | * | * | 18.5171 | * | * | 18.5171 |
| 040035 | *** | * | * | 13.4265 | * | * | 13.4265 |
| 040036 | 1.6193 | 0.8918 | 0.8918 | 24.2851 | 26.3226 | 26.7026 | 25.8362 |
| 040039 | 1.2931 | 0.8206 | 0.8206 | 17.7976 | 19.5998 | 20.6232 | 19.3622 |
| 040041 | 1.1459 | 0.8667 | 0.8667 | 22.0188 | 22.1531 | 22.7230 | 22.3095 |
| 040042 | 1.3639 | 0.9367 | 0.9367 | 18.9550 | 19.9627 | 20.6357 | 19.8706 |
| 040045 | 0.9944 | * | * | 18.7952 | 17.2280 | * | 17.9500 |
| 040047 | 1.1045 | 0.8206 | 0.8206 | 21.5334 | 21.9163 | 22.7571 | 22.0400 |
| 040050 | 1.1711 | 0.7366 | 0.7366 | 15.4782 | 16.3930 | 17.6674 | 16.5402 |
| 040051 | 0.9556 | 0.7366 | 0.7366 | 18.8943 | 19.1401 | * | 19.0196 |
| 040053 | 1.0141 | * | * | 20.8153 | 20.7824 | * | 20.7984 |
| 040054 | 1.1450 | 0.7366 | 0.7366 | 16.7370 | 18.2684 | 17.8810 | 17.6265 |
| 040055 | 1.6026 | 0.7761 | 0.7761 | 22.2237 | 23.3156 | 22.5541 | 22.7083 |
| 040062 | 1.7081 | 0.7761 | 0.7761 | 21.6403 | 23.3083 | 23.6394 | 22.8746 |
| 040066 | *** | * | * | 23.4616 | * | * | 23.4616 |
| 040067 | 1.0279 | 0.7366 | 0.7366 | 15.1441 | 16.8799 | 18.6028 | 16.7821 |
| 040069 | 1.0422 | 0.9032 | 0.9032 | 21.7607 | 24.4662 | 24.3733 | 23.5051 |
| 040071 | 1.4755 | 0.8667 | 0.8667 | 22.9350 | 24.3824 | 24.5703 | 23.9588 |
| 040072 | 1.0619 | 0.7366 | 0.7366 | 20.8269 | 19.9009 | 21.6484 | 20.7448 |
| 040074 | 1.1734 | 0.8918 | 0.8918 | 22.6147 | 25.2423 | 24.6178 | 24.0892 |
| 040075 | 0.9567 | * | * | 16.2583 | 18.3254 | * | 17.2857 |
| 040076 | 1.0182 | 0.8667 | 0.8667 | 21.0442 | 20.6272 | 23.0707 | 21.5644 |
| 040077 | 0.9726 | * | * | 18.3261 | 18.2082 | * | 18.2646 |
| 040078 | 1.6359 | 0.8812 | 0.8812 | 24.4589 | 24.5378 | 23.6641 | 24.2102 |
| 040080 | 1.0378 | 0.7952 | 0.7952 | 21.3483 | 22.3392 | 23.4566 | 22.4402 |
| 040081 | 0.8376 | 0.7366 | 0.7366 | 13.7148 | 15.1081 | 15.4211 | 14.7485 |
| 040084 | 1.1802 | 0.8918 | 0.8918 | 22.6441 | 24.7225 | 27.5794 | 25.0806 |
| 040085 | 1.0444 | 0.7366 | 0.7366 | 18.0756 | 29.8444 | 22.6181 | 22.5790 |
| 040088 | 1.3259 | 0.8715 | 0.8715 | 21.2974 | 22.6183 | 23.0136 | 22.3299 |
| 040091 | 1.2045 | 0.8133 | 0.8133 | 23.0252 | 23.1320 | 24.5553 | 23.5683 |
| 040100 | 1.3571 | 0.8667 | 0.8667 | 19.3560 | 20.0460 | 20.9265 | 20.1488 |
| 040105 | 1.0217 | * | * | 15.8171 | 18.2182 | * | 16.9121 |
| 040109 | 1.1287 | * | * | 18.8624 | 22.8801 | * | 20.7540 |
| 040114 | 1.7651 | 0.8918 | 0.8918 | 23.5628 | 24.8992 | 26.3883 | 24.9878 |
| 040118 | 1.4456 | 0.7952 | 0.7952 | 24.2547 | 24.7363 | 25.7793 | 24.8977 |
| 040119 | 1.4191 | 0.8667 | 0.8667 | 20.1631 | 21.0103 | 23.4451 | 21.5482 |
| 040126 | 0.8957 | * | * | 12.5944 | 14.0701 | 15.4020 | 13.9828 |
| 040132 | *** | * | * | 36.5525 | 28.1390 | * | 32.3748 |
| 040134 | 2.4406 | 0.8918 | 0.8918 | * | 27.3412 | 30.4316 | 28.9159 |
| 040137 | 1.3274 | 0.8918 | 0.8918 | 23.4672 | 25.2907 | 26.4443 | 25.0310 |
| 040138 | 1.3548 | 0.8779 | 0.8779 | 23.3615 | 25.7513 | 28.5258 | 26.2151 |
| 040140 | *** | * | * | 25.1224 | * | * | 25.1224 |
| 040141 | 0.8243 | 0.8779 | 0.8779 | * | 24.0901 | 26.4956 | 25.3872 |
| 040142 | 1.4333 | 0.8812 | 0.8812 | * | 27.9695 | 22.2893 | 24.7923 |
| 040143 | *** | * | * | * | * | 35.7717 | 35.7717 |
| 040144 | *** | * | * | * | * | 21.0608 | 21.0608 |
| 040145 | 1.7845 | 0.7952 | 0.7952 | * | * | * | * |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 040147 | 1.6530 | * | * | * | * | * | * |
| 040302 | 0.7642 | * | * | * | * | * | * |
| 040323 | 0.6969 | * | * | * | * | * | * |
| 040324 | 0.8299 | * | * | * | * | * | * |
| 050002 | 1.3835 | 1.5669 | 1.5669 | 31.9709 | 34.1948 | 36.4919 | 34.3441 |
| 050006 | 1.6033 | 1.2884 | 1.2884 | 27.6176 | 30.5373 | 34.9121 | 30.7219 |
| 050007 | 1.4652 | 1.5049 | 1.5049 | 37.5804 | 38.7033 | 43.7992 | 40.0756 |
| 050008 | 1.3291 | 1.5075 | 1.5075 | 36.9371 | 39.1539 | 44.3345 | 40.2397 |
| 050009 | 1.7796 | 1.4527 | 1.4527 | 35.5384 | 39.6393 | 44.6602 | 40.0554 |
| 050013 | 1.9303 | 1.4527 | 1.4527 | 31.7637 | 31.9837 | 36.6624 | 33.4866 |
| 050014 | 1.1619 | 1.3350 | 1.3350 | 29.5726 | 33.0373 | 34.2931 | 32.4016 |
| 050015 | 1.2530 | 1.1291 | 1.1291 | 30.1398 | 30.7940 | 32.9364 | 31.3257 |
| 050016 | 1.3081 | 1.1719 | 1.1719 | 25.5735 | 26.2162 | 25.0655 | 25.5928 |
| 050017 | 2.0744 | 1.3350 | 1.3350 | 30.5863 | 36.6593 | 41.3084 | 36.1871 |
| 050018 | 1.1775 | 1.1762 | 1.1762 | 20.3179 | 22.3472 | 23.5749 | 22.0407 |
| 050022 | 1.5578 | 1.1291 | 1.1291 | 28.2773 | 29.8632 | 32.3919 | 30.2730 |
| 050024 | 1.1455 | 1.1371 | 1.1371 | 26.9378 | 27.5587 | 29.6260 | 28.0641 |
| 050025 | 1.9363 | 1.1371 | 1.1371 | 31.7242 | 36.1622 | 34.1382 | 34.0294 |
| 050026 | 1.5437 | 1.1371 | 1.1371 | 26.6406 | 28.3027 | 32.1634 | 29.1587 |
| 050028 | 1.2579 | 1.1291 | 1.1291 | 21.5448 | 26.6160 | 27.9303 | 24.9072 |
| 050029 | *** | * | * | 34.3934 | * | * | 34.3934 |
| 050030 | 1.2571 | 1.1291 | 1.1291 | 22.9148 | 24.9707 | 27.3246 | 25.0300 |
| 050036 | 1.6518 | 1.1291 | 1.1291 | 27.4915 | 32.7929 | 33.9665 | 31.5046 |
| 050038 | 1.5557 | 1.5281 | 1.5281 | 35.0441 | 38.7527 | 42.3234 | 38.7342 |
| 050039 | 1.6694 | 1.1291 | 1.1291 | 29.8179 | 31.6734 | 35.2640 | 32.1617 |
| 050040 | 1.3231 | 1.1762 | 1.1762 | 31.8983 | 34.3279 | 35.1377 | 33.7788 |
| 050042 | 1.4842 | 1.2884 | 1.2884 | 29.8062 | 33.9415 | 39.2888 | 34.3247 |
| 050043 | 1.6420 | 1.5669 | 1.5669 | 39.6054 | 43.1589 | 46.8909 | 43.1599 |
| 050045 | 1.2924 | 1.1291 | 1.1291 | 22.7051 | 23.8408 | 25.5028 | 24.0609 |
| 050046 | 1.1753 | 1.1739 | 1.1603 | 25.2786 | 25.6875 | 27.3051 | 26.1065 |
| 050047 | 1.7513 | 1.5075 | 1.5075 | 39.3993 | 40.9874 | 45.6968 | 42.1673 |
| 050054 | 1.2085 | 1.1291 | 1.1291 | 27.1437 | 24.1262 | 21.5112 | 24.0692 |
| 050055 | 1.2513 | 1.5075 | 1.5075 | 36.9386 | 37.5879 | 44.0022 | 39.3279 |
| 050056 | 1.3372 | 1.1762 | 1.1762 | 29.4829 | 27.9330 | 30.8781 | 29.4498 |
| 050057 | 1.6796 | 1.1291 | 1.1291 | 26.2099 | 29.4351 | 29.9720 | 28.5742 |
| 050058 | 1.5522 | 1.1762 | 1.1762 | 27.3584 | 33.8215 | 34.2823 | 31.7862 |
| 050060 | 1.5248 | 1.1291 | 1.1291 | 26.5515 | 27.3282 | 29.5772 | 27.8373 |
| 050061 | *** | * | * | * | 32.2172 | * | 32.2172 |
| 050063 | 1.3301 | 1.1762 | 1.1762 | 32.0515 | 33.3039 | 35.3038 | 33.4928 |
| 050065 | 1.8339 | 1.1600 | 1.1603 | 33.8223 | 34.0280 | 35.1370 | 34.3436 |
| 050067 | 1.1518 | 1.1731 | 1.1731 | 29.6982 | 31.9597 | 34.7752 | 32.3897 |
| 050069 | 1.6789 | 1.1600 | 1.1603 | 28.6752 | 31.2172 | 34.9317 | 31.6324 |
| 050070 | 1.3261 | 1.5049 | 1.5049 | 40.5645 | 45.3382 | 49.7618 | 45.6981 |
| 050071 | 1.2702 | 1.5669 | 1.5669 | 41.1036 | 44.9464 | 51.5757 | 46.4017 |
| 050072 | 1.2617 | 1.5669 | 1.5669 | 40.8108 | 44.2651 | 50.8845 | 45.8517 |
| 050073 | 1.2713 | 1.5669 | 1.5669 | 41.3430 | 45.9765 | 51.3203 | 46.7321 |
| 050075 | 1.1620 | 1.5669 | 1.5669 | 43.7101 | 47.2356 | 55.9906 | 49.6104 |
| 050076 | 1.6785 | 1.5669 | 1.5669 | 43.0845 | 46.4990 | 53.7174 | 48.3873 |
| 050077 | 1.5579 | 1.1371 | 1.1371 | 29.6264 | 32.0245 | 34.5870 | 32.2078 |
| 050078 | 1.2213 | 1.1762 | 1.1762 | 25.6814 | 31.1425 | 32.6611 | 29.5911 |
| 050079 | 1.5002 | 1.5669 | 1.5669 | 42.7385 | 47.8597 | 49.6550 | 46.8148 |
| 050082 | 1.6455 | 1.1739 | 1.1603 | 28.9139 | 37.7783 | 40.5118 | 36.0157 |
| 050084 | 1.5694 | 1.2038 | 1.2038 | 28.2664 | 33.0179 | 35.8900 | 32.2531 |
| 050088 | *** | * | * | 26.4093 | 25.7385 | * | 26.0862 |
| 050089 | 1.3345 | 1.1600 | 1.1603 | 29.4884 | 33.5323 | 35.0765 | 32.7927 |
| 050090 | 1.2940 | 1.5049 | 1.5049 | 31.1774 | 32.9584 | 34.1010 | 32.7532 |
| 050091 | 1.1259 | 1.1762 | 1.1762 | 30.1534 | 30.8560 | 32.2866 | 31.1304 |
| 050093 | 1.5086 | 1.1291 | 1.1291 | 31.1083 | 33.4119 | 36.3766 | 33.6827 |
| 050096 | 1.2678 | 1.1762 | 1.1762 | 24.2277 | 24.6680 | 29.0265 | 26.0314 |
| 050097 | *** | * | * | 26.6788 | * | * | 26.6788 |
| 050099 | 1.5000 | 1.1600 | 1.1603 | 28.7711 | 31.0437 | 34.0709 | 31.4119 |
| 050100 | 1.8497 | 1.1371 | 1.1371 | 28.0303 | 29.6949 | 32.1909 | 30.0363 |
| 050101 | 1.3351 | 1.5669 | 1.5669 | 35.4655 | 40.3195 | 42.6624 | 39.6163 |
| 050102 | 1.3060 | 1.1291 | 1.1291 | 24.9381 | 29.1364 | 32.5557 | 28.7040 |
| 050103 | 1.5640 | 1.1762 | 1.1762 | 28.7375 | 34.2529 | 34.1636 | 32.4158 |
| 050104 | 1.3813 | 1.1762 | 1.1762 | 29.1240 | 29.7326 | 33.2730 | 30.7456 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 050107 | 1.4706 | 1.1291 | 1.1291 | 27.6002 | 33.1358 | 32.9560 | 31.1819 |
| 050108 | 1.9403 | 1.3350 | 1.3350 | 31.4271 | 35.5711 | 40.0597 | 35.9841 |
| 050110 | 1.2736 | 1.1291 | 1.1291 | 20.0769 | 26.1453 | 27.0752 | 24.1400 |
| 050111 | 1.3212 | 1.1762 | 1.1762 | 26.6345 | 28.1588 | 27.7673 | 27.5460 |
| 050112 | 1.5308 | 1.1762 | 1.1762 | 34.0258 | 36.8026 | 37.1212 | 36.0398 |
| 050113 | 1.3140 | 1.5049 | 1.5049 | 34.2851 | 33.8064 | 38.7793 | 35.6638 |
| 050114 | 1.4334 | 1.1762 | 1.1762 | 29.2858 | 31.1294 | 33.7817 | 31.4992 |
| 050115 | 1.4811 | 1.1371 | 1.1371 | 27.5207 | 30.9288 | 29.7825 | 29.4457 |
| 050116 | 1.6951 | 1.1762 | 1.1762 | 28.8193 | 34.5110 | 37.0771 | 33.5192 |
| 050117 | 2.3561 | 1.1884 | 1.1884 | 28.2227 | 32.4414 | 34.3628 | 31.0394 |
| 050118 | 1.1866 | 1.1731 | 1.1731 | 33.0650 | 35.4044 | 40.0173 | 36.1567 |
| 050121 | 1.2724 | 1.1291 | 1.1291 | 25.5962 | 27.9537 | 30.3495 | 28.0779 |
| 050122 | 1.5554 | 1.2038 | 1.2038 | 29.7629 | 34.2416 | 33.7869 | 32.6896 |
| 050124 | 1.3010 | 1.1762 | 1.1762 | 26.7065 | 28.0288 | 29.6897 | 28.1843 |
| 050125 | 1.3922 | 1.5281 | 1.5281 | 40.9218 | 41.7020 | 40.7957 | 41.1327 |
| 050126 | 1.4204 | 1.1762 | 1.1762 | 29.6203 | 29.3360 | 32.5210 | 30.5081 |
| 050127 | 1.3341 | 1.3350 | 1.3350 | 23.6208 | 26.1222 | 33.3619 | 26.9264 |
| 050128 | 1.5385 | 1.1371 | 1.1371 | 28.3278 | 31.0662 | 32.3557 | 30.6445 |
| 050129 | 1.7922 | 1.1600 | 1.1603 | 27.8488 | 32.2680 | 36.3489 | 32.4090 |
| 050131 | 1.3140 | 1.5082 | 1.5082 | 38.6834 | 40.5321 | 46.3164 | 41.7664 |
| 050132 | 1.3868 | 1.1762 | 1.1762 | 29.4317 | 35.1544 | 37.0147 | 33.9609 |
| 050133 | 1.4974 | 1.1461 | 1.1461 | 27.6030 | 31.3530 | 32.6669 | 30.5790 |
| 050135 | 1.0165 | 1.1762 | 1.1762 | 24.9415 | 24.3927 | 22.8053 | 23.8553 |
| 050136 | 1.2848 | 1.5049 | 1.5049 | 35.2834 | 37.4560 | 43.2698 | 38.6465 |
| 050137 | 1.2925 | 1.1762 | 1.1762 | 36.5409 | 38.4827 | 40.4779 | 38.6009 |
| 050138 | 2.1552 | 1.1762 | 1.1762 | 43.8671 | 46.9557 | 47.6585 | 46.1884 |
| 050139 | 1.3295 | 1.1762 | 1.1762 | 35.1013 | 37.6217 | 39.0103 | 37.2783 |
| 050140 | 1.4309 | 1.1600 | 1.1603 | 37.5473 | 39.6269 | 42.1233 | 39.8915 |
| 050144 | 1.3888 | 1.1762 | 1.1762 | 32.4042 | 33.5109 | 34.0982 | 33.3800 |
| 050145 | 1.3655 | 1.4457 | 1.4457 | 39.5676 | 42.3134 | 48.1345 | 43.3982 |
| 050148 | 1.0959 | 1.1291 | 1.1291 | 24.7063 | 27.3005 | 28.8900 | 27.0245 |
| 050149 | 1.4738 | 1.1762 | 1.1762 | 30.1596 | 33.2270 | 37.1830 | 33.9364 |
| 050150 | 1.2309 | 1.3350 | 1.3350 | 31.5333 | 31.7560 | 33.9978 | 32.4639 |
| 050152 | 1.4829 | 1.5075 | 1.5075 | 40.3464 | 43.6487 | 46.4718 | 43.5222 |
| 050153 | 1.5515 | 1.5281 | 1.5281 | 40.4446 | 43.3190 | 43.6382 | 42.5499 |
| 050155 | *** | * | * | 21.8829 | 21.8550 | 16.9856 | 19.9780 |
| 050158 | 1.3045 | 1.1762 | 1.1762 | 33.6400 | 35.1326 | 35.7746 | 34.9077 |
| 050159 | 1.2085 | 1.1739 | 1.1603 | 30.8069 | 31.3199 | 32.3724 | 31.5413 |
| 050167 | 1.2968 | 1.2038 | 1.2038 | 25.9850 | 28.5179 | 30.6646 | 28.3647 |
| 050168 | 1.6582 | 1.1600 | 1.1603 | 30.8036 | 33.2506 | 36.3166 | 33.5327 |
| 050169 | 1.4331 | 1.1762 | 1.1762 | 26.2864 | 27.4644 | 30.0990 | 28.0689 |
| 050172 | 1.2604 | 1.1291 | 1.1291 | 27.1497 | 28.5604 | 25.7654 | 27.0886 |
| 050173 | 1.2462 | 1.1600 | 1.1603 | 27.6097 | 30.3582 | 29.5083 | 29.1194 |
| 050174 | 1.6356 | 1.5049 | 1.5049 | 36.3117 | 40.1747 | 43.9133 | 40.1381 |
| 050175 | 1.2512 | 1.1762 | 1.1762 | 31.5615 | 30.5733 | 33.4885 | 31.8687 |
| 050177 | *** | * | * | 24.7531 | 25.1442 | 24.8662 | 24.9253 |
| 050179 | 1.2173 | 1.1731 | 1.1731 | 25.8072 | 27.1155 | 30.1673 | 27.9651 |
| 050180 | 1.5914 | 1.5669 | 1.5669 | 40.8101 | 40.2504 | 38.1691 | 39.6057 |
| 050188 | 1.4277 | 1.5281 | 1.5281 | 39.3507 | 39.5110 | 41.5956 | 40.1682 |
| 050189 | 1.0446 | 1.4457 | 1.4457 | 20.0709 | 29.1280 | 29.5245 | 26.1888 |
| 050191 | 1.5168 | 1.1762 | 1.1762 | * | 34.2091 | 38.9681 | 36.4880 |
| 050192 | 1.0079 | 1.1291 | 1.1291 | 21.2448 | 27.0424 | 27.1667 | 25.1695 |
| 050193 | 1.2523 | 1.1600 | 1.1603 | 30.7341 | 29.6421 | 34.2248 | 31.5406 |
| 050194 | 1.3621 | 1.5509 | 1.5509 | 38.6750 | 40.9096 | 45.2123 | 41.6588 |
| 050195 | 1.5019 | 1.5669 | 1.5669 | 43.9696 | 48.4358 | 50.0403 | 47.5753 |
| 050196 | 1.0951 | 1.1291 | 1.1291 | 25.2168 | 32.1933 | 33.9150 | 30.7046 |
| 050197 | 2.0347 | 1.5669 | 1.5669 | 40.8832 | 48.9052 | 51.0016 | 46.9043 |
| 050204 | 1.4560 | 1.1762 | 1.1762 | 25.2512 | 28.6423 | 32.1731 | 28.6226 |
| 050205 | 1.4361 | 1.1762 | 1.1762 | 28.0504 | 27.8611 | 29.2978 | 28.4343 |
| 050207 | 1.2589 | 1.1291 | 1.1291 | 27.0216 | 29.5215 | 30.5777 | 28.9980 |
| 050211 | 1.2871 | 1.5669 | 1.5669 | 38.3319 | 41.2166 | 37.1447 | 38.8162 |
| 050214 | *** | * | * | 24.4785 | 23.9972 | 25.6142 | 24.6874 |
| 050215 | 1.8301 | 1.5281 | 1.5281 | 41.6886 | 43.7985 | 43.1523 | 42.9010 |
| 050217 | 1.2241 | * | * | 23.6286 | * | * | 23.6286 |
| 050219 | 1.1942 | 1.1762 | 1.1762 | 22.9226 | 22.4065 | 26.6745 | 24.0446 |
| 050222 | 1.6433 | 1.1371 | 1.1371 | 26.3882 | 29.1094 | 32.9502 | 29.6111 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 050224 | 1.6708 | 1.1600 | 1.1603 | 26.7916 | 29.3143 | 28.8640 | 28.3306 |
| 050225 | 1.4668 | 1.1291 | 1.1291 | 29.5184 | 29.9656 | 34.0444 | 31.2944 |
| 050226 | 1.5929 | 1.1600 | 1.1603 | 29.2259 | 30.5867 | 33.2724 | 31.0874 |
| 050228 | 1.3599 | 1.5669 | 1.5669 | 40.1362 | 42.4226 | 42.9194 | 41.8170 |
| 050230 | 1.4695 | 1.1600 | 1.1603 | 34.1417 | 32.9555 | 35.0745 | 34.0630 |
| 050231 | 1.6381 | 1.1762 | 1.1762 | 30.1298 | 30.9607 | 32.4202 | 31.1914 |
| 050232 | 1.6137 | 1.1719 | 1.1719 | 24.4383 | 27.4099 | 27.6649 | 26.4468 |
| 050234 | 1.2181 | 1.1371 | 1.1371 | 29.2421 | 29.6560 | 32.7366 | 30.5308 |
| 050235 | 1.5375 | 1.1762 | 1.1762 | 27.8965 | 29.2979 | 32.4385 | 29.8741 |
| 050236 | 1.3795 | 1.1739 | 1.1603 | 28.1969 | 32.1647 | 34.3346 | 31.5469 |
| 050238 | 1.4857 | 1.1762 | 1.1762 | 29.1481 | 31.1764 | 32.8459 | 31.1416 |
| 050239 | 1.5990 | 1.1762 | 1.1762 | 28.2327 | 31.0963 | 34.5993 | 31.3400 |
| 050240 | 1.6409 | 1.1762 | 1.1762 | 35.2284 | 35.5735 | 36.3640 | 35.7323 |
| 050242 | 1.3786 | 1.5509 | 1.5509 | 39.7629 | 44.3130 | 47.8288 | 44.0747 |
| 050243 | 1.5396 | 1.1291 | 1.1291 | 31.8153 | 31.4883 | 33.3571 | 32.2620 |
| 050245 | 1.3396 | 1.1600 | 1.1603 | 27.0949 | 28.6527 | 26.3353 | 27.3622 |
| 050248 | 1.0135 | 1.4457 | 1.4457 | 31.6240 | 35.3864 | 32.9444 | 33.3125 |
| 050251 | 1.0330 | 1.1524 | 1.1524 | 26.5021 | 27.2675 | 28.5383 | 27.5142 |
| 050253 | *** | * | * | 22.2450 | 24.0044 | 23.7595 | 23.2530 |
| 050254 | 1.2518 | 1.3350 | 1.3350 | 24.1512 | 27.0041 | 30.9210 | 27.4105 |
| 050256 | 1.6462 | 1.1762 | 1.1762 | 28.4728 | 29.8194 | 30.3954 | 29.5443 |
| 050257 | 0.9608 | 1.1291 | 1.1291 | 20.8367 | 21.3216 | 18.4749 | 20.0450 |
| 050261 | 1.3115 | 1.1291 | 1.1291 | 25.3005 | 27.3234 | 28.7777 | 27.2755 |
| 050262 | 2.0841 | 1.1762 | 1.1762 | 36.1162 | 44.0256 | 39.3464 | 39.8642 |
| 050264 | 1.3655 | 1.5669 | 1.5669 | 41.3478 | 41.1211 | 46.2652 | 42.9907 |
| 050267 | *** | * | * | 26.7060 | * | * | 26.7060 |
| 050270 | 0.8638 | 1.1371 | 1.1371 | 30.0540 | 32.4812 | 34.4844 | 32.3873 |
| 050272 | 1.3545 | 1.1600 | 1.1603 | 25.9103 | 27.1989 | 29.5863 | 27.5860 |
| 050276 | 1.2458 | 1.5669 | 1.5669 | 41.2251 | 39.3778 | 41.0210 | 40.5582 |
| 050277 | 1.0130 | 1.1762 | 1.1762 | 35.8246 | 32.5213 | 35.8637 | 34.5741 |
| 050278 | 1.5373 | 1.1762 | 1.1762 | 28.0351 | 29.9244 | 32.1019 | 30.1313 |
| 050279 | 1.1861 | 1.1600 | 1.1603 | 25.5299 | 27.6573 | 29.7339 | 27.6818 |
| 050280 | 1.6912 | 1.3205 | 1.3205 | 30.6723 | 35.2030 | 40.9920 | 35.5779 |
| 050281 | 1.4270 | 1.1762 | 1.1762 | 26.2623 | 27.3824 | 28.5186 | 27.3907 |
| 050283 | 1.4222 | 1.5669 | 1.5669 | 38.5600 | 43.0638 | 44.5318 | 42.1410 |
| 050286 | *** | * | * | 19.4973 | * | * | 19.4973 |
| 050289 | 1.6421 | 1.5049 | 1.5049 | 38.6875 | 41.1774 | 42.7353 | 40.9116 |
| 050290 | 1.5832 | 1.1762 | 1.1762 | 32.6388 | 34.5482 | 38.0526 | 35.1131 |
| 050291 | 1.8467 | 1.5049 | 1.5049 | 29.6162 | 35.3653 | 39.7762 | 34.7389 |
| 050292 | 1.0868 | 1.1291 | 1.1291 | 27.0775 | 26.8879 | 25.7186 | 26.5226 |
| 050295 | 1.4657 | 1.1291 | 1.1291 | 31.5960 | 36.1950 | 35.7270 | 34.7452 |
| 050296 | 1.1664 | 1.5281 | 1.5281 | 34.9952 | 39.0061 | 42.1606 | 38.8925 |
| 050298 | 1.1617 | 1.1600 | 1.1603 | 25.8232 | 27.7416 | 29.5427 | 27.7148 |
| 050299 | 1.3599 | 1.1762 | 1.1762 | 27.7535 | 31.5435 | 35.3234 | 31.7208 |
| 050300 | 1.4966 | 1.1600 | 1.1603 | 28.3862 | 30.7148 | 30.9822 | 30.1038 |
| 050301 | 1.3290 | 1.1291 | 1.1291 | 28.5769 | 31.9995 | 33.4929 | 31.4366 |
| 050305 | 1.4188 | 1.5669 | 1.5669 | 40.9978 | 44.8630 | 47.4120 | 44.4443 |
| 050308 | 1.4727 | 1.5281 | 1.5281 | 38.0564 | 43.0691 | 45.3244 | 42.1179 |
| 050309 | 1.4190 | 1.3350 | 1.3350 | 28.9181 | 34.4145 | 39.0822 | 34.4798 |
| 050312 | *** | * | * | 32.6846 | 33.9022 | 39.2083 | 34.8872 |
| 050313 | 1.2280 | 1.2038 | 1.2038 | 27.5321 | 31.8003 | 36.4300 | 32.2898 |
| 050315 | 1.3061 | 1.1291 | 1.1291 | 26.1224 | 28.5933 | 32.5499 | 29.2160 |
| 050320 | 1.2485 | 1.5669 | 1.5669 | 36.3252 | 40.2352 | 44.1674 | 40.1172 |
| 050324 | 1.8751 | 1.1371 | 1.1371 | 30.9958 | 32.9792 | 35.1320 | 33.2026 |
| 050325 | 1.1433 | 1.1467 | 1.1467 | 30.2280 | 30.6117 | 30.2526 | 30.3712 |
| 050327 | 1.7507 | 1.1600 | 1.1603 | 29.8327 | 33.0087 | 35.2380 | 32.7821 |
| 050329 | 1.2606 | 1.1291 | 1.1291 | 26.8021 | 26.2120 | 23.5644 | 25.4937 |
| 050331 | 1.2324 | * | * | 20.9847 | 20.2692 | 0.0000 | 20.6171 |
| 050333 | 1.1135 | 1.1291 | 1.1291 | 15.3119 | 23.4009 | 19.6469 | 18.9090 |
| 050334 | 1.6725 | 1.4457 | 1.4457 | 38.7635 | 40.7467 | 44.4184 | 41.3547 |
| 050335 | 1.4631 | 1.1467 | 1.1467 | 27.4046 | 28.9403 | 33.3349 | 29.9569 |
| 050336 | 1.2386 | 1.2038 | 1.2038 | 25.3062 | 28.5659 | 30.4356 | 28.1945 |
| 050342 | 1.2404 | 1.1291 | 1.1291 | 24.7654 | 26.8507 | 29.5020 | 27.1298 |
| 050348 | 1.7064 | 1.1600 | 1.1603 | 33.2676 | 37.7898 | 31.6594 | 34.1821 |
| 050349 | 0.9631 | 1.1291 | 1.1291 | 16.9251 | 17.4791 | 17.5811 | 17.3402 |
| 050350 | 1.3701 | 1.1762 | 1.1762 | 29.4262 | 31.1833 | 31.8456 | 30.8831 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 050351 | 1.5271 | 1.1762 | 1.1762 | 29.3082 | 30.8661 | 30.9044 | 30.3838 |
| 050352 | 1.3579 | 1.3350 | 1.3350 | 24.2931 | 33.9362 | 36.5470 | 31.4422 |
| 050353 | 1.5360 | 1.1762 | 1.1762 | 26.6332 | 31.8291 | 29.8341 | 29.3493 |
| 050355 | *** | * | * | 11.2498 | * | * | 11.2498 |
| 050357 | 1.4425 | 1.1291 | 1.1291 | 26.7265 | 32.3095 | 33.8000 | 30.4700 |
| 050359 | 1.2211 | 1.1291 | 1.1291 | 23.6030 | 25.7739 | 28.7656 | 26.1226 |
| 050360 | 1.5358 | 1.5082 | 1.5082 | 38.8658 | 37.0769 | 48.6833 | 41.5316 |
| 050366 | 1.2149 | 1.1291 | 1.1291 | 25.7692 | 31.1854 | 34.7036 | 30.3816 |
| 050367 | 1.4299 | 1.5669 | 1.5669 | 34.4959 | 38.7727 | 39.7345 | 38.0017 |
| 050369 | 1.4248 | 1.1762 | 1.1762 | 27.1327 | 29.5697 | 31.1003 | 29.2945 |
| 050373 | 1.3683 | 1.1762 | 1.1762 | 32.2315 | 31.9271 | 33.6616 | 32.6188 |
| 050376 | 1.5389 | 1.1762 | 1.1762 | 30.7562 | 32.9393 | 33.4664 | 32.3997 |
| 050377 | *** | * | * | 20.2484 | * | * | 20.2484 |
| 050378 | 0.9845 | 1.1762 | 1.1762 | 33.9087 | 34.2417 | 34.9267 | 34.3818 |
| 050379 | *** | * | * | 31.7645 | 32.9575 | * | 32.3515 |
| 050380 | 1.6161 | 1.5281 | 1.5281 | 39.1098 | 42.0782 | 47.6500 | 42.7763 |
| 050382 | 1.3883 | 1.1762 | 1.1762 | 26.0927 | 29.4323 | 30.3595 | 28.6792 |
| 050385 | 1.3188 | 1.5049 | 1.5049 | 25.5735 | 34.5184 | 37.1708 | 32.3860 |
| 050390 | 1.1686 | 1.1291 | 1.1291 | 28.7761 | 26.0066 | 28.4859 | 27.6662 |
| 050391 | *** | * | * | 21.3012 | 18.1004 | 17.3151 | 18.6962 |
| 050392 | 1.2184 | * | * | 22.7209 | * | * | 22.7209 |
| 050393 | 1.4363 | 1.1762 | 1.1762 | 28.2369 | 30.0661 | 33.7433 | 30.5690 |
| 050394 | 1.5925 | 1.1739 | 1.1603 | 26.0074 | 27.5061 | 28.6006 | 27.4286 |
| 050396 | 1.5970 | 1.1291 | 1.1291 | 30.5470 | 33.5699 | 33.2548 | 32.4895 |
| 050397 | 0.8840 | 1.1291 | 1.1291 | 27.4716 | 28.1640 | 26.3981 | 27.3054 |
| 050407 | 1.1776 | 1.5075 | 1.5075 | 35.6035 | 37.9066 | 41.8534 | 38.5688 |
| 050410 | *** | * | * | 19.4995 | 21.3814 | * | 20.4290 |
| 050411 | 1.4503 | 1.1762 | 1.1762 | 37.3817 | 37.8064 | 39.9558 | 38.4595 |
| 050414 | 1.2989 | 1.3350 | 1.3350 | 28.8561 | 34.6672 | 40.1702 | 34.4823 |
| 050417 | 1.2539 | 1.1291 | 1.1291 | 25.2930 | 29.5031 | 35.5015 | 30.1379 |
| 050419 | 1.3384 | * | * | 28.4471 | 33.3125 | * | 30.8677 |
| 050420 | 1.1790 | 1.1762 | 1.1762 | 26.1838 | 24.9401 | 35.6349 | 28.5400 |
| 050423 | 0.9624 | 1.1291 | 1.1291 | 28.5944 | 30.6416 | 27.2663 | 28.9029 |
| 050424 | 2.0096 | 1.1371 | 1.1371 | 29.9133 | 31.0730 | 34.8883 | 32.0453 |
| 050425 | 1.3417 | 1.3350 | 1.3350 | 38.5317 | 42.4177 | 49.8051 | 44.1546 |
| 050426 | 1.3805 | 1.1600 | 1.1603 | 30.0077 | 30.6899 | 33.7075 | 31.4665 |
| 050430 | 0.9578 | 1.1524 | 1.1524 | 24.6684 | 25.0607 | 24.1967 | 24.5819 |
| 050432 | 1.6517 | 1.1762 | 1.1762 | 30.3547 | 30.8030 | 33.3848 | 31.5269 |
| 050433 | 0.9334 | 1.1291 | 1.1291 | 20.7565 | 23.0806 | 21.8447 | 21.8898 |
| 050434 | 1.1118 | 1.1291 | 1.1291 | 25.9506 | 26.1621 | 31.5749 | 28.1756 |
| 050435 | 1.1492 | 1.1371 | 1.1371 | 32.2183 | 28.0306 | 30.8458 | 30.2661 |
| 050438 | 1.5756 | 1.1762 | 1.1762 | 26.4668 | 27.2662 | 35.3830 | 29.8308 |
| 050441 | 1.9802 | 1.5281 | 1.5281 | 38.2823 | 42.9765 | 45.2125 | 42.1714 |
| 050444 | 1.3356 | 1.1884 | 1.1884 | 27.6971 | 30.5504 | 34.8554 | 31.2912 |
| 050447 | 0.9565 | 1.1371 | 1.1371 | 21.8552 | 25.2573 | 27.5371 | 24.9581 |
| 050448 | 1.2766 | 1.1291 | 1.1291 | 25.0983 | 27.9759 | 29.4935 | 27.5949 |
| 050454 | 1.8575 | 1.5075 | 1.5075 | 36.8383 | 43.5311 | 39.2067 | 39.9010 |
| 050455 | 1.5997 | 1.1291 | 1.1291 | 24.5314 | 22.7235 | 27.9979 | 25.1532 |
| 050456 | 1.1131 | 1.1762 | 1.1762 | 22.1675 | 22.5630 | 21.7036 | 22.0233 |
| 050457 | 1.6072 | 1.5075 | 1.5075 | 40.2725 | 45.5829 | 47.8507 | 44.5817 |
| 050464 | 1.6871 | 1.1731 | 1.1731 | 37.1342 | 37.3692 | 39.4867 | 37.9820 |
| 050468 | 1.4951 | 1.1762 | 1.1762 | 29.4280 | 29.5448 | 28.0800 | 28.9842 |
| 050469 | 1.1606 | 1.1291 | 1.1291 | 27.3281 | 28.9079 | 30.0283 | 28.7511 |
| 050470 | 1.0676 | 1.1291 | 1.1291 | 18.4689 | 24.6755 | 27.9194 | 24.0596 |
| 050471 | 1.7588 | 1.1762 | 1.1762 | 34.5484 | 34.5211 | 36.7915 | 35.2853 |
| 050476 | 1.4381 | 1.1548 | 1.1548 | 30.9974 | 34.6585 | 36.3598 | 33.8764 |
| 050477 | 1.3548 | 1.1762 | 1.1762 | 34.6400 | 34.6995 | 38.0704 | 35.8949 |
| 050478 | 1.0037 | 1.1291 | 1.1291 | 30.9865 | 33.3998 | 35.2408 | 33.2560 |
| 050481 | 1.4293 | 1.1762 | 1.1762 | 31.9177 | 33.7446 | 37.8839 | 34.5090 |
| 050485 | 1.6324 | 1.1762 | 1.1762 | 28.8459 | 31.4233 | 36.5912 | 32.2964 |
| 050488 | 1.3306 | 1.5669 | 1.5669 | 40.5313 | 42.9904 | 44.2163 | 42.6485 |
| 050491 | *** | * | * | 30.6461 | 32.1379 | 34.6829 | 32.1991 |
| 050492 | 1.5281 | 1.1291 | 1.1291 | 27.4933 | 27.1540 | 28.5116 | 27.7452 |
| 050494 | 1.4219 | 1.4294 | 1.1607 | 35.1457 | 35.9909 | 39.9419 | 37.0297 |
| 050496 | 1.7826 | 1.5669 | 1.5669 | 38.2871 | 42.2672 | 43.6264 | 41.5275 |
| 050497 | *** | * | * | 15.9501 | * | * | 15.9501 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 050498 | 1.3331 | 1.3350 | 1.3350 | 28.2667 | 33.0298 | 38.4968 | 33.2353 |
| 050502 | 1.7102 | 1.1762 | 1.1762 | 28.7200 | 29.5615 | 29.5347 | 29.2993 |
| 050503 | 1.4527 | 1.1371 | 1.1371 | 29.2001 | 31.6418 | 34.6646 | 31.9860 |
| 050506 | 1.6799 | 1.1719 | 1.1719 | 32.4509 | 36.0164 | 39.2455 | 36.0522 |
| 050510 | 1.1963 | 1.5669 | 1.5669 | 44.3883 | 47.5510 | 53.3925 | 48.9441 |
| 050512 | 1.2973 | 1.5669 | 1.5669 | 41.8921 | 46.9233 | 52.5188 | 47.8701 |
| 050515 | 1.3889 | 1.1371 | 1.1371 | 37.4251 | 38.9978 | 40.9092 | 39.1963 |
| 050516 | 1.4805 | 1.3350 | 1.3350 | 29.4936 | 36.2772 | 41.3786 | 35.5878 |
| 050517 | 1.2150 | 1.1600 | 1.1603 | 23.6034 | 23.9007 | 20.4043 | 22.4083 |
| 050523 | 1.3334 | 1.5669 | 1.5669 | 34.7491 | 35.5452 | 33.8904 | 34.6993 |
| 050526 | 1.2525 | 1.1600 | 1.1603 | 29.9495 | 31.3744 | 28.6212 | 29.8713 |
| 050528 | 1.1675 | 1.1291 | 1.1291 | 28.6273 | 29.6838 | 30.6464 | 29.7397 |
| 050531 | 1.0277 | 1.1762 | 1.1762 | 25.0157 | 26.9420 | 27.4627 | 26.4967 |
| 050534 | 1.4487 | 1.1291 | 1.1291 | 29.7546 | 29.8603 | 33.2952 | 30.9702 |
| 050535 | 1.4985 | 1.1600 | 1.1603 | 32.3646 | 32.3723 | 34.8889 | 33.3056 |
| 050537 | 1.4722 | 1.3350 | 1.3350 | 27.4196 | 31.3844 | 36.4258 | 31.8666 |
| 050539 | 1.2551 | * | * | 28.0586 | 29.8242 | * | 29.0033 |
| 050541 | 1.3930 | 1.5669 | 1.5669 | 43.7765 | 46.1121 | 53.9701 | 48.2244 |
| 050543 | 0.7326 | 1.1600 | 1.1603 | 25.7161 | 26.1103 | 26.9874 | 26.2597 |
| 050545 | 0.7166 | 1.1762 | 1.1762 | 42.9451 | 30.5554 | 31.4513 | 35.1847 |
| 050546 | 0.7168 | 1.1291 | 1.1291 | 52.7180 | 30.2329 | 33.9577 | 38.6191 |
| 050547 | 0.9861 | 1.5049 | 1.5049 | 45.1842 | 33.2205 | 34.4268 | 37.9709 |
| 050548 | 0.7147 | 1.1600 | 1.1603 | 37.1314 | 30.3775 | 33.5332 | 34.1652 |
| 050549 | 1.5821 | 1.4294 | 1.1603 | 33.8288 | 34.9818 | 36.8840 | 35.2563 |
| 050550 | 1.3092 | 1.1600 | 1.1603 | 31.1918 | 30.2302 | 31.3077 | 30.9052 |
| 050551 | 1.3263 | 1.1600 | 1.1603 | 31.6782 | 31.6165 | 34.6310 | 32.6691 |
| 050552 | 1.0959 | 1.1762 | 1.1762 | 26.8274 | 27.1744 | 31.8084 | 28.6605 |
| 050557 | 1.5467 | 1.1731 | 1.1731 | 28.3111 | 31.8048 | 31.8447 | 30.7712 |
| 050559 | *** | * | * | 26.9662 | * | * | 26.9662 |
| 050561 | 1.2629 | 1.1762 | 1.1762 | 37.5863 | 38.8651 | 39.1626 | 38.5888 |
| 050567 | 1.5546 | 1.1600 | 1.1603 | 30.1167 | 32.9829 | 36.4373 | 33.2519 |
| 050568 | 1.1828 | 1.1353 | 1.1353 | 22.5008 | 24.4061 | 24.1895 | 23.7155 |
| 050569 | 1.2260 | 1.4294 | 1.4294 | 30.4874 | 33.0259 | 34.1734 | 32.6118 |
| 050570 | 1.5499 | 1.1600 | 1.1603 | 32.6896 | 34.0171 | 35.5233 | 34.1290 |
| 050571 | 1.2097 | 1.1762 | 1.1762 | 32.1656 | 33.6156 | 34.9236 | 33.5914 |
| 050573 | 1.6925 | 1.1291 | 1.1291 | 30.5249 | 34.1991 | 35.5274 | 33.4579 |
| 050575 | 1.1724 | 1.1762 | 1.1762 | 23.2447 | 25.2513 | 25.2933 | 24.6933 |
| 050577 | *** | * | * | 28.7060 | 30.8841 | 32.5645 | 30.7682 |
| 050578 | 1.4960 | 1.1762 | 1.1762 | 31.5953 | 33.8825 | 37.2259 | 34.1510 |
| 050579 | *** | * | * | 40.2740 | 39.4976 | 42.9387 | 40.7876 |
| 050580 | 1.2568 | 1.1600 | 1.1603 | 29.4337 | 31.6256 | 33.1490 | 31.4028 |
| 050581 | 1.4088 | 1.1762 | 1.1762 | 32.0823 | 32.1801 | 35.0108 | 33.1503 |
| 050583 | 1.6923 | 1.1371 | 1.1371 | 33.5209 | 33.3697 | 35.7392 | 34.1719 |
| 050584 | 1.4362 | 1.1600 | 1.1603 | 24.5757 | 24.8180 | 28.8553 | 26.1102 |
| 050585 | 1.2218 | 1.1600 | 1.1603 | 27.2982 | 22.7121 | 22.4887 | 23.8337 |
| 050586 | 1.2754 | 1.1600 | 1.1603 | 25.3551 | 27.4173 | 26.3755 | 26.3132 |
| 050588 | 1.2773 | 1.1762 | 1.1762 | 32.3603 | 32.8212 | 33.0991 | 32.7769 |
| 050589 | 1.2077 | 1.1600 | 1.1603 | 30.6273 | 30.9547 | 35.0014 | 32.2283 |
| 050590 | 1.3770 | 1.3350 | 1.3350 | 31.5987 | 32.2142 | 39.4654 | 34.5389 |
| 050591 | 1.1729 | 1.1762 | 1.1762 | 28.5915 | 28.8549 | 30.9334 | 29.4952 |
| 050592 | 1.1345 | 1.1600 | 1.1603 | 32.5000 | 24.4542 | 27.7236 | 27.9860 |
| 050594 | 1.9344 | 1.1600 | 1.1603 | 34.6747 | 34.7946 | 36.8272 | 35.4259 |
| 050597 | 1.2248 | 1.1762 | 1.1762 | 25.4868 | 27.5691 | 29.5797 | 27.5512 |
| 050599 | 1.9037 | 1.3350 | 1.3350 | 30.8420 | 38.1975 | 33.8834 | 34.3184 |
| 050601 | 1.5196 | 1.1762 | 1.1762 | 35.0325 | 34.7409 | 36.6564 | 35.4896 |
| 050603 | 1.3875 | 1.1600 | 1.1603 | 28.6982 | 30.2464 | 34.1227 | 31.1484 |
| 050604 | 1.2051 | 1.5281 | 1.5281 | 45.4433 | 49.9429 | 56.4414 | 51.0552 |
| 050608 | 1.3413 | 1.1291 | 1.1291 | 22.1999 | 23.3630 | 25.9073 | 23.7863 |
| 050609 | 1.3376 | 1.1600 | 1.1603 | 38.4561 | 41.1797 | 43.2731 | 41.0915 |
| 050613 | 1.0079 | 1.5049 | 1.5049 | * | * | 45.7255 | 45.7255 |
| 050615 | 1.1030 | 1.1762 | 1.1762 | 32.8786 | 33.2909 | 36.1435 | 34.1052 |
| 050616 | 1.3862 | 1.1739 | 1.1603 | 28.5636 | 36.9017 | 39.1701 | 35.1520 |
| 050618 | 0.9803 | 1.1291 | 1.1291 | 25.4500 | 27.4539 | 30.9826 | 28.0403 |
| 050623 | *** | * | * | 29.6550 | 32.0627 | * | 30.7447 |
| 050624 | 1.2767 | 1.1762 | 1.1762 | 28.1941 | 32.2907 | 34.8735 | 31.8503 |
| 050625 | 1.7608 | 1.1762 | 1.1762 | 33.5137 | 36.3631 | 38.7997 | 36.2505 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 050630 | *** | * | * | 28.0726 | 30.9410 | * | 29.5481 |
| 050633 | 1.2327 | 1.1719 | 1.1719 | 33.4771 | 35.3734 | 38.2742 | 35.7436 |
| 050636 | 1.3124 | 1.1371 | 1.1371 | 27.2360 | 30.5156 | 33.1069 | 30.3577 |
| 050641 | 1.1728 | 1.1762 | 1.1762 | 20.4720 | 21.4612 | 20.4706 | 20.7862 |
| 050644 | 0.8979 | 1.1762 | 1.1762 | 25.6614 | 27.6547 | 29.0068 | 27.4716 |
| 050662 | 0.8775 | 1.5281 | 1.5281 | 47.5065 | 32.6362 | 33.6809 | 38.4416 |
| 050663 | 1.1419 | 1.1762 | 1.1762 | 25.1493 | 25.7747 | 26.8993 | 25.9210 |
| 050667 | 0.9036 | 1.4527 | 1.4527 | 25.9250 | 26.3937 | 27.2269 | 26.5042 |
| 050668 | 1.1034 | 1.5075 | 1.5075 | * | 31.8065 | 40.9413 | 35.0252 |
| 050674 | 1.3084 | 1.3350 | 1.3350 | 38.4454 | 42.6866 | 48.7644 | 43.7800 |
| 050677 | 1.4769 | 1.1762 | 1.1762 | 37.3389 | 38.7984 | 39.9638 | 38.8140 |
| 050678 | 1.3278 | 1.1600 | 1.1603 | 29.1159 | 30.7220 | 32.1066 | 30.7504 |
| 050680 | 1.2190 | 1.5669 | 1.5669 | 35.6614 | 38.3946 | 38.9269 | 37.8867 |
| 050681 | 1.7997 | 1.1762 | 1.1762 | * | * | * | * |
| 050682 | 0.9911 | 1.1291 | 1.1291 | 21.7264 | 21.7791 | 17.7264 | 20.0252 |
| 050684 | 1.1508 | 1.1291 | 1.1291 | 25.2575 | 26.4234 | 28.9330 | 26.8758 |
| 050686 | 1.2563 | 1.1291 | 1.1291 | 38.5595 | 40.9486 | 42.8975 | 40.9700 |
| 050688 | 1.2419 | 1.5281 | 1.5281 | 41.3305 | 41.9325 | 44.3596 | 42.6254 |
| 050689 | 1.5018 | 1.5669 | 1.5669 | 40.3815 | 42.2018 | 46.1901 | 42.9969 |
| 050690 | 1.2765 | 1.5049 | 1.5049 | 43.9228 | 47.2769 | 52.2448 | 48.3299 |
| 050693 | 1.3208 | 1.1600 | 1.1603 | 34.8040 | 35.0621 | 35.5736 | 35.1560 |
| 050694 | 1.0803 | 1.1291 | 1.1291 | 26.7041 | 28.9544 | 32.3426 | 29.3794 |
| 050695 | 1.0920 | 1.2038 | 1.2038 | 30.1226 | 35.6549 | 39.4080 | 35.4440 |
| 050696 | 2.1492 | 1.1762 | 1.1762 | 36.9314 | 35.9220 | 38.1340 | 36.9904 |
| 050697 | 1.1158 | 1.3205 | 1.3205 | 19.2603 | 25.1984 | 16.9270 | 19.9625 |
| 050698 | 1.0543 | * | * | * | * | * | * |
| 050699 | *** | * | * | 25.6818 | 26.8210 | 31.2540 | 27.9556 |
| 050701 | 1.3443 | 1.1291 | 1.1291 | 29.6896 | 29.6253 | 33.5009 | 31.4867 |
| 050704 | 1.0465 | 1.1762 | 1.1762 | 24.6609 | 25.3488 | 28.9925 | 26.5384 |
| 050707 | 1.1989 | 1.5049 | 1.5049 | 32.4877 | 34.0550 | 35.8114 | 34.0977 |
| 050708 | 1.7111 | 1.1291 | 1.1291 | 21.2163 | 22.5034 | 32.9787 | 25.2406 |
| 050709 | 1.4082 | 1.1600 | 1.1603 | 21.9079 | 25.6119 | 26.9167 | 24.7734 |
| 050710 | 1.3359 | 1.1291 | 1.1291 | 34.8311 | 39.9858 | 47.0098 | 41.2427 |
| 050713 | *** | * | * | 20.7448 | 20.2803 | 21.3180 | 20.6998 |
| 050714 | 1.4106 | 1.5509 | 1.5509 | 32.4491 | 33.6676 | 32.9341 | 33.0470 |
| 050717 | 1.6850 | 1.1762 | 1.1762 | 34.5519 | 38.0796 | 38.9983 | 37.0998 |
| 050718 | 1.1405 | 1.1291 | 1.1291 | 15.4037 | 21.4996 | 25.9059 | 20.4331 |
| 050720 | 0.9455 | 1.1600 | 1.1603 | 24.8117 | 30.0812 | 29.7498 | 28.4890 |
| 050722 | 0.9800 | 1.1371 | 1.1371 | * | * | 33.9652 | 33.9652 |
| 050723 | 1.3104 | 1.1762 | 1.1762 | 34.9814 | 35.0119 | 39.8595 | 36.7280 |
| 050724 | 1.9939 | 1.1291 | 1.1291 | * | 34.4267 | 29.4969 | 31.8092 |
| 050725 | 0.9799 | 1.1762 | 1.1762 | 22.0946 | 21.7816 | 24.4527 | 22.7171 |
| 050726 | 1.5792 | 1.1731 | 1.1731 | 27.0928 | 27.8433 | 32.0629 | 29.3587 |
| 050727 | 1.3104 | 1.1762 | 1.1762 | 23.7179 | 24.3026 | 30.9146 | 26.5349 |
| 050728 | 1.3772 | 1.5049 | 1.5049 | 31.4768 | 36.0820 | 39.6245 | 35.3141 |
| 050729 | 1.4087 | 1.1762 | 1.1762 | * | 34.2580 | 36.8283 | 35.5529 |
| 050730 | 1.1560 | 1.1762 | 1.1762 | * | 51.5425 | 37.2860 | 43.9757 |
| 050732 | 2.4527 | 1.1291 | 1.1291 | * | * | * | * |
| 050733 | 1.5564 | 1.3205 | 1.3205 | * | * | * | * |
| 050735 | 1.4593 | * | * | * | * | * | * |
| 050736 | 1.2171 | * | * | * | * | * | * |
| 050737 | 1.4960 | * | * | * | * | * | * |
| 050738 | 1.3749 | * | * | * | * | * | * |
| 050739 | 1.6624 | * | * | * | * | * | * |
| 050740 | 1.2695 | * | * | * | * | * | * |
| 050741 | 1.4605 | * | * | * | * | * | * |
| 050742 | 1.4578 | * | * | * | * | * | * |
| 050743 | 1.1704 | * | * | * | * | * | * |
| 050744 | 2.0392 | * | * | * | * | * | * |
| 050745 | 1.2940 | * | * | * | * | * | * |
| 050746 | 1.7795 | * | * | * | * | * | * |
| 050747 | 1.3787 | * | * | * | * | * | * |
| 050749 | 1.2647 | * | * | * | * | * | * |
| 050750 | 2.2585 | * | * | * | * | * | * |
| 050751 | 2.1455 | * | * | * | * | * | * |
| 050752 | 1.3908 | * | * | * | * | * | * |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 060001 | 1.5478 | 0.9930 | 0.9930 | 24.9410 | 26.8470 | 28.5246 | 26.7856 |
| 060003 | 1.4520 | 1.0805 | 1.0805 | 24.7856 | 24.2224 | 30.1449 | 26.4193 |
| 060004 | 1.3094 | 1.0924 | 1.0924 | 28.0656 | 29.9649 | 32.9128 | 30.3597 |
| 060006 | 1.4136 | 0.9331 | 0.9331 | 22.7493 | 24.5704 | 25.5300 | 24.3032 |
| 060007 | *** | * | * | 21.4792 | * | * | 21.4792 |
| 060008 | 1.2525 | 0.9331 | 0.9331 | 21.8037 | 23.3859 | 23.0325 | 22.7676 |
| 060009 | 1.4588 | 1.0924 | 1.0924 | 27.0511 | 28.7645 | 31.2466 | 29.0996 |
| 060010 | 1.7178 | 0.9689 | 0.9689 | 27.2290 | 28.9850 | 28.4315 | 28.2640 |
| 060011 | 1.5317 | 1.0924 | 1.0924 | 26.1958 | 27.2833 | 34.2985 | 29.1788 |
| 060012 | 1.4984 | 0.9331 | 0.9331 | 24.1557 | 26.2469 | 27.9068 | 26.0885 |
| 060013 | 1.4281 | 0.9331 | 0.9331 | 24.9708 | 24.5994 | 27.6808 | 25.7684 |
| 060014 | 1.8075 | 1.0924 | 1.0924 | 29.6744 | 31.2588 | 32.4518 | 31.1092 |
| 060015 | 1.6923 | 1.0924 | 1.0924 | 30.1158 | 30.4533 | 33.5968 | 31.2391 |
| 060016 | 1.2587 | 0.9331 | 0.9331 | 23.9655 | 25.6527 | 26.9441 | 25.5481 |
| 060018 | 1.3005 | 0.9331 | 0.9331 | 23.6620 | 25.7628 | 25.3149 | 24.9213 |
| 060020 | 1.5999 | 0.9331 | 0.9331 | 22.2052 | 22.6748 | 23.5825 | 22.8530 |
| 060022 | 1.6231 | 0.9697 | 0.9697 | 25.7832 | 26.5238 | 28.8935 | 27.0838 |
| 060023 | 1.7032 | 1.0805 | 1.0805 | 26.7285 | 27.7644 | 29.7290 | 28.0786 |
| 060024 | 1.8041 | 1.0924 | 1.0924 | 28.7231 | 29.0130 | 30.3956 | 29.4074 |
| 060027 | 1.5798 | 1.0805 | 1.0805 | 26.6348 | 28.0909 | 30.2413 | 28.4406 |
| 060028 | 1.4361 | 1.0924 | 1.0924 | 27.9686 | 30.0448 | 32.0442 | 30.0599 |
| 060030 | 1.3963 | 0.9689 | 0.9689 | 26.0011 | 26.6251 | 27.6439 | 26.7912 |
| 060031 | 1.5545 | 0.9697 | 0.9697 | 25.6207 | 26.3650 | 28.4559 | 26.8116 |
| 060032 | 1.5252 | 1.0924 | 1.0924 | 28.2234 | 30.4247 | 31.9803 | 30.1845 |
| 060034 | 1.6754 | 1.0924 | 1.0924 | 28.4604 | 29.8445 | 31.4601 | 29.9383 |
| 060036 | 1.1583 | 0.9331 | 0.9331 | 20.4635 | 20.7131 | 20.8128 | 20.6604 |
| 060041 | 0.9165 | 0.9331 | 0.9331 | 22.7123 | 23.4978 | 23.9297 | 23.4036 |
| 060043 | 1.0621 | 0.9331 | 0.9331 | 20.0939 | 18.7896 | 17.2960 | 18.6864 |
| 060044 | 1.1635 | 1.0805 | 1.0805 | 25.2471 | 25.0360 | 26.8821 | 25.7042 |
| 060049 | 1.3952 | 0.9594 | 0.9594 | 26.8089 | 29.0598 | 30.6057 | 28.8870 |
| 060050 | *** | * | * | 21.9108 | * | * | 21.9108 |
| 060054 | 1.4677 | 1.0037 | 1.0037 | 23.5803 | 22.3490 | 24.3711 | 23.4286 |
| 060057 | *** | * | * | 26.9891 | * | * | 26.9891 |
| 060064 | 1.6788 | 1.0924 | 1.0924 | 30.0963 | 31.3105 | 33.4859 | 31.6328 |
| 060065 | 1.3952 | 1.0924 | 1.0924 | 28.5282 | 31.1987 | 33.7362 | 31.1126 |
| 060071 | 1.1650 | 0.9331 | 0.9331 | 20.2706 | 25.7248 | 27.5209 | 24.6844 |
| 060075 | 1.2838 | 1.0037 | 1.0037 | 30.7835 | 32.7563 | 33.9644 | 32.5290 |
| 060076 | 1.2449 | 0.9331 | 0.9331 | 25.5406 | 26.8236 | 26.4669 | 26.2923 |
| 060096 | 1.5490 | 1.0805 | 1.0805 | 27.4085 | 30.0602 | 33.4708 | 30.3136 |
| 060100 | 1.7275 | 1.0924 | 1.0924 | 29.7690 | 32.1537 | 33.3856 | 31.7750 |
| 060103 | 1.3008 | 1.0805 | 1.0805 | 28.8063 | 30.3002 | 33.2964 | 30.8687 |
| 060104 | 1.3986 | 1.0924 | 1.0924 | 30.8625 | 32.0889 | 33.4664 | 32.1175 |
| 060107 | 1.4001 | 1.0924 | 1.0924 | 26.8267 | 26.1883 | 27.1594 | 26.7219 |
| 060111 | *** | * | * | 31.2571 | * | * | 31.2571 |
| 060112 | 1.7095 | 1.0924 | 1.0924 | * | * | 36.1471 | 36.1471 |
| 060113 | 1.2832 | 1.0924 | 1.0924 | * | * | * | * |
| 060114 | 1.2889 | 1.0924 | 1.0924 | * | * | * | * |
| 060115 | 0.8453 | * | * | * | * | * | * |
| 060116 | 1.2462 | * | * | * | * | * | * |
| 060117 | 1.2872 | * | * | * | * | * | * |
| 070001 | 1.6340 | 1.2701 | 1.2511 | 32.2718 | 34.0302 | 35.1488 | 33.8080 |
| 070002 | 1.8265 | 1.1750 | 1.1750 | 29.0663 | 31.1530 | 32.9351 | 31.0526 |
| 070003 | 1.0862 | 1.1750 | 1.1750 | 31.3716 | 32.4197 | 33.5145 | 32.4479 |
| 070004 | 1.1975 | 1.1750 | 1.1750 | 27.3004 | 29.2544 | 30.2004 | 28.9166 |
| 070005 | 1.3661 | 1.2701 | 1.2511 | 29.3265 | 32.1668 | 33.4862 | 31.7706 |
| 070006 [2] | 1.3682 | 1.3038 | 1.3008 | 33.9310 | 36.8469 | 38.1568 | 36.3107 |
| 070007 | 1.3065 | 1.2020 | 1.2020 | 30.3648 | 31.7125 | 35.6535 | 32.6301 |
| 070008 | 1.2465 | 1.1750 | 1.1750 | 24.9176 | 26.4806 | 27.6747 | 26.3851 |
| 070009 | 1.2280 | 1.1750 | 1.1750 | 28.8649 | 30.2706 | 32.5288 | 30.5697 |
| 070010 | 1.7865 | 1.3038 | 1.3008 | 33.1535 | 32.5798 | 34.7931 | 33.5340 |
| 070011 | 1.4018 | 1.1750 | 1.1750 | 27.5391 | 29.9105 | 31.1602 | 29.5355 |
| 070012 | 1.1831 | 1.1750 | 1.1750 | 40.3337 | 44.1424 | 30.3498 | 37.0108 |
| 070015 | 1.3748 | 1.1750 | 1.1750 | 30.9728 | 33.4595 | 35.2743 | 33.2900 |
| 070016 | 1.3865 | 1.2701 | 1.2511 | 29.6662 | 31.0903 | 31.3403 | 30.7038 |
| 070017 | 1.3862 | 1.2701 | 1.2511 | 30.3951 | 31.7223 | 33.4075 | 31.8732 |
| 070018 [2] | 1.3414 | 1.3038 | 1.3008 | 35.7189 | 37.6081 | 39.4816 | 37.7074 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 070019 | 1.3161 | 1.2701 | 1.2511 | 29.6290 | 31.8148 | 34.6720 | 32.0589 |
| 070020 | 1.3759 | 1.1823 | 1.1823 | 29.9507 | 31.0935 | 33.3626 | 31.4683 |
| 070021 | 1.2443 | 1.1750 | 1.1750 | 31.4397 | 33.2357 | 36.0196 | 33.5900 |
| 070022 | 1.7575 | 1.2701 | 1.2511 | 32.3625 | 35.4120 | 38.9946 | 35.6213 |
| 070024 | 1.3670 | 1.2020 | 1.2020 | 31.0243 | 32.0430 | 35.2369 | 32.7950 |
| 070025 | 1.8013 | 1.1750 | 1.1750 | 29.2540 | 30.9938 | 31.9792 | 30.7563 |
| 070027 | 1.3452 | 1.1750 | 1.1750 | 27.3487 | 31.8018 | 30.8014 | 30.0429 |
| 070028 | 1.6360 | 1.3038 | 1.3008 | 29.5653 | 31.5036 | 35.1796 | 32.0982 |
| 070029 | 1.3189 | 1.1750 | 1.1750 | 26.3871 | 27.7213 | 30.7435 | 28.2936 |
| 070031 | 1.3075 | 1.2701 | 1.2511 | 27.2359 | 28.9190 | 30.4813 | 28.9306 |
| 070033 | 1.3631 | 1.3038 | 1.3008 | 35.5355 | 37.1929 | 39.7676 | 37.5730 |
| 070034 [2] | 1.4079 | 1.3038 | 1.3008 | 35.6831 | 36.3899 | 38.1857 | 36.7733 |
| 070035 | 1.2940 | 1.1750 | 1.1750 | 27.1816 | 27.5585 | 30.3920 | 28.3695 |
| 070036 | 1.6631 | 1.2093 | 1.2093 | 34.0555 | 36.1610 | 38.8442 | 36.4123 |
| 070038 | 1.1294 | 1.2093 | 1.2511 | 31.1133 | 25.7516 | 25.5738 | 26.3181 |
| 070039 | 0.9397 | 1.2701 | 1.2511 | 35.0164 | 31.2269 | 32.8867 | 33.0224 |
| 080001 | 1.6313 | 1.0941 | 1.0941 | 30.2463 | 30.0242 | 32.7311 | 31.0532 |
| 080002 | *** | * | * | 26.4192 | 27.7932 | 29.1393 | 27.8103 |
| 080003 | 1.5848 | 1.0941 | 1.0941 | 27.1131 | 29.2266 | 31.1057 | 29.2127 |
| 080004 | 1.4833 | 1.0878 | 1.0878 | 26.0092 | 27.4921 | 29.3258 | 27.6577 |
| 080006 | 1.2902 | 0.9843 | 0.9843 | 24.4204 | 25.6160 | 27.0472 | 25.7475 |
| 080007 | 1.4550 | 1.0254 | 1.0254 | 24.6485 | 27.0074 | 29.7437 | 27.1759 |
| 090001 | 1.7661 | 1.1028 | 1.1028 | 31.3552 | 35.0413 | 37.9529 | 34.8066 |
| 090002 | *** | * | * | 29.6780 | * | * | 29.6780 |
| 090003 | 1.2598 | 1.1076 | 1.1076 | 27.0514 | 29.2660 | 31.2552 | 29.2762 |
| 090004 | 1.9157 | 1.1076 | 1.1076 | 29.9785 | 32.2021 | 35.6103 | 32.6016 |
| 090005 | 1.3435 | 1.1076 | 1.1076 | 30.2504 | 30.7728 | 32.4581 | 31.1497 |
| 090006 | 1.4536 | 1.1076 | 1.1076 | 25.9086 | 29.5590 | 29.1423 | 28.1875 |
| 090007 | *** | * | * | 30.1419 | * | * | 30.1419 |
| 090008 | 1.3953 | 1.1076 | 1.1076 | 29.6744 | 29.1059 | 32.8342 | 30.3957 |
| 090011 | 2.0690 | 1.1076 | 1.1076 | 32.4412 | 34.0693 | 36.3623 | 34.2608 |
| 100001 | 1.5529 | 0.9046 | 0.9046 | 25.2381 | 24.4060 | 23.8151 | 24.4521 |
| 100002 | 1.4122 | 0.9642 | 0.9642 | 22.1269 | 25.3389 | 26.4462 | 24.6809 |
| 100004 | 0.8962 | * | * | 16.2637 | 16.5974 | * | 16.4390 |
| 100006 | 1.6390 | 0.9409 | 0.9409 | 26.2372 | 26.3789 | 27.9464 | 26.8585 |
| 100007 | 1.6725 | 0.9409 | 0.9409 | 25.4333 | 26.5378 | 28.2465 | 26.8017 |
| 100008 | 1.7204 | 0.9825 | 0.9825 | 25.7377 | 27.4314 | 28.9763 | 27.4811 |
| 100009 | 1.4625 | 0.9825 | 0.9825 | 24.4666 | 25.9381 | 27.1166 | 25.8395 |
| 100010 | *** | * | * | 26.9486 | * | * | 26.9486 |
| 100012 | 1.6806 | 0.9339 | 0.9339 | 24.5762 | 26.3788 | 28.0401 | 26.3901 |
| 100014 | 1.3972 | 0.9397 | 0.9397 | 22.3054 | 24.5862 | 25.3244 | 24.0840 |
| 100015 | 1.3865 | 0.9249 | 0.9249 | 22.5781 | 24.6038 | 25.8553 | 24.2886 |
| 100017 | 1.6159 | 0.9397 | 0.9397 | 22.9545 | 26.1580 | 27.5965 | 25.6638 |
| 100018 | 1.6523 | 0.9935 | 0.9935 | 27.8582 | 28.1481 | 29.5692 | 28.5441 |
| 100019 | 1.6733 | 0.9440 | 0.9440 | 25.5566 | 27.6179 | 28.1170 | 27.1634 |
| 100020 | *** | * | * | 23.6106 | 23.9414 | 27.1058 | 24.9057 |
| 100022 | 1.6879 | 1.0470 | 1.0470 | 29.0519 | 29.9345 | 33.2813 | 30.8780 |
| 100023 | 1.5132 | 0.9409 | 0.9409 | 21.4015 | 23.0074 | 24.6790 | 23.0038 |
| 100024 | 1.2661 | 0.9825 | 0.9825 | 27.6476 | 30.2395 | 29.4861 | 29.0764 |
| 100025 | 1.6860 | 0.8609 | 0.8609 | 21.1174 | 22.1580 | 23.3147 | 22.2233 |
| 100026 | 1.6048 | 0.8609 | 0.8609 | 21.3533 | 21.4703 | 22.9234 | 21.9413 |
| 100027 | 0.9126 | 0.8609 | 0.8609 | 12.0314 | 16.1223 | 18.8639 | 15.6138 |
| 100028 | 1.3425 | 0.9440 | 0.9440 | 23.7818 | 26.8661 | 27.4585 | 26.0611 |
| 100029 | 1.2634 | 0.9825 | 0.9825 | 26.9307 | 27.5844 | 28.4463 | 27.6559 |
| 100030 | 1.3103 | 0.9409 | 0.9409 | 22.4887 | 24.0943 | 24.7251 | 23.8482 |
| 100032 | 1.7935 | 0.9249 | 0.9249 | 23.0174 | 25.2450 | 26.3898 | 24.9308 |
| 100034 | 1.9078 | 0.9825 | 0.9825 | 24.4064 | 25.9415 | 27.9305 | 25.9959 |
| 100035 | 1.5645 | 0.9866 | 0.9866 | 25.3590 | 26.9407 | 29.2732 | 27.1757 |
| 100038 | 1.9590 | 1.0470 | 1.0470 | 27.4422 | 29.8583 | 31.0393 | 29.4968 |
| 100039 | 1.4635 | 1.0470 | 1.0470 | 26.6016 | 28.4627 | 29.5742 | 28.2437 |
| 100040 | 1.7080 | 0.9046 | 0.9046 | 23.5372 | 23.6443 | 25.9099 | 24.3687 |
| 100043 | 1.3536 | 0.9249 | 0.9249 | 22.8963 | 25.2273 | 26.5006 | 24.9156 |
| 100044 | 1.4428 | 0.9857 | 0.9857 | 26.3208 | 28.3596 | 29.7123 | 28.1591 |
| 100045 | 1.3397 | 0.9409 | 0.9409 | 23.0520 | 26.9641 | 30.5941 | 27.0017 |
| 100046 | 1.2924 | 0.9249 | 0.9249 | 26.6169 | 26.3673 | 27.4887 | 26.8296 |
| 100047 | 1.7742 | 0.9453 | 0.9453 | 24.4212 | 25.0404 | 26.1017 | 25.2191 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 100048 | 0.9448 | 0.8609 | 0.8609 | 18.3767 | 18.8771 | 19.7932 | 19.0265 |
| 100049 | 1.2016 | 0.8908 | 0.8908 | 22.9532 | 22.9810 | 23.3622 | 23.1049 |
| 100050 | 1.1313 | 0.9825 | 0.9825 | 20.6893 | 19.8713 | 21.7480 | 20.7633 |
| 100051 | 1.3495 | 0.9409 | 0.9409 | 22.3311 | 23.1940 | 28.0190 | 24.4952 |
| 100052 | 1.3169 | 0.8908 | 0.8908 | 20.9078 | 22.3920 | 23.5420 | 22.3120 |
| 100053 | 1.2474 | 0.9825 | 0.9825 | 27.3383 | 27.3224 | 28.0804 | 27.5770 |
| 100054 | 1.2414 | 0.8654 | 0.8654 | 25.7279 | 28.0512 | 29.1317 | 27.5948 |
| 100055 | 1.3622 | 0.9249 | 0.9249 | 22.1051 | 23.5332 | 25.4970 | 23.6039 |
| 100056 | *** | * | * | 25.7945 | * | * | 25.7945 |
| 100057 | 1.5600 | 0.9409 | 0.9409 | 22.6038 | 25.3897 | 24.9844 | 24.3593 |
| 100061 | 1.5507 | 0.9825 | 0.9825 | 26.7673 | 29.2565 | 31.0039 | 29.0171 |
| 100062 | 1.7063 | 0.8964 | 0.8964 | 24.1413 | 25.2340 | 26.5512 | 25.3312 |
| 100063 | 1.2658 | 0.9249 | 0.9249 | 21.5566 | 24.7026 | 26.0284 | 24.1067 |
| 100067 | 1.4126 | 0.9249 | 0.9249 | 23.9333 | 26.1213 | 26.9257 | 25.6361 |
| 100068 | 1.7656 | 0.9397 | 0.9397 | 24.9025 | 25.9202 | 27.0727 | 25.9472 |
| 100069 | 1.3348 | 0.9249 | 0.9249 | 22.4386 | 24.7442 | 25.9129 | 24.3174 |
| 100070 | 1.7383 | 0.9866 | 0.9866 | 23.7746 | 24.8883 | 27.0935 | 25.1963 |
| 100071 | 1.2411 | 0.9249 | 0.9249 | 23.4176 | 24.9682 | 26.4245 | 25.0038 |
| 100072 | 1.3793 | 0.9397 | 0.9397 | 24.2934 | 26.0459 | 26.3997 | 25.6529 |
| 100073 | 1.7701 | 1.0470 | 1.0470 | 25.3685 | 30.3358 | 30.3162 | 28.6546 |
| 100075 | 1.4953 | 0.9249 | 0.9249 | 23.3503 | 25.1691 | 26.0289 | 24.8882 |
| 100076 | 1.2143 | 0.9825 | 0.9825 | 21.0777 | 21.9483 | 23.4786 | 22.0898 |
| 100077 | 1.3599 | 0.9453 | 0.9453 | 24.3478 | 26.0347 | 29.4683 | 26.5871 |
| 100079 | 1.6395 | * | * | * | * | * | * |
| 100080 | 1.8174 | 0.9642 | 0.9642 | 26.3596 | 27.0126 | 28.4894 | 27.3255 |
| 100081 | 1.0745 | 0.8609 | 0.8609 | 16.9168 | 15.6662 | 16.8158 | 16.4460 |
| 100084 | 1.8081 | 0.9409 | 0.9409 | 25.4140 | 26.3393 | 26.7820 | 26.1607 |
| 100086 | 1.2749 | 1.0470 | 1.0470 | 26.4817 | 28.2641 | 29.9772 | 28.2256 |
| 100087 | 1.8986 | 0.9866 | 0.9866 | 25.9909 | 27.1531 | 30.3527 | 27.9094 |
| 100088 | 1.6439 | 0.9046 | 0.9046 | 24.8729 | 25.9182 | 26.1923 | 25.6760 |
| 100090 | 1.5387 | 0.9046 | 0.9046 | 24.0501 | 24.2422 | 25.0930 | 24.4705 |
| 100092 | 1.5509 | 0.9440 | 0.9440 | 26.0856 | 28.4789 | 27.9279 | 27.5045 |
| 100093 | 1.7611 | 0.8609 | 0.8609 | 21.1547 | 21.3524 | 22.2184 | 21.5835 |
| 100098 | *** | * | * | 21.2505 | * | * | 21.2505 |
| 100099 | 1.0847 | 0.8908 | 0.8908 | 20.4328 | 21.3036 | 24.7212 | 22.1811 |
| 100102 | 1.1374 | 0.8734 | 0.8734 | 22.8850 | 23.8596 | 25.3617 | 24.0415 |
| 100103 | 0.9737 | * | * | 21.7494 | * | * | 21.7494 |
| 100105 | 1.4783 | 0.9604 | 0.9604 | 24.9503 | 26.8091 | 29.2659 | 27.0006 |
| 100106 | 0.9711 | 0.8609 | 0.8609 | 20.2882 | 24.0389 | 23.8545 | 22.7821 |
| 100107 | 1.2031 | 0.9339 | 0.9339 | 24.4484 | 26.1337 | 26.1391 | 25.5929 |
| 100108 | 0.8066 | 0.8609 | 0.8609 | 16.3757 | 22.0750 | 21.2176 | 19.8907 |
| 100109 | 1.3164 | 0.9409 | 0.9409 | 23.8836 | 24.9951 | 25.9430 | 24.9469 |
| 100110 | 1.6056 | 0.9409 | 0.9409 | 28.3699 | 29.1494 | 29.4304 | 29.0104 |
| 100113 | 1.9725 | 0.9299 | 0.9299 | 25.0067 | 26.3806 | 27.5595 | 26.3652 |
| 100114 | 1.3113 | 0.9825 | 0.9825 | 27.7413 | 29.2195 | 29.2327 | 28.7304 |
| 100117 | 1.1967 | 0.9046 | 0.9046 | 26.0451 | 26.4536 | 27.5443 | 26.7071 |
| 100118 | 1.3392 | 0.9046 | 0.9046 | 23.6669 | 28.0569 | 28.2361 | 27.0580 |
| 100121 | 1.1021 | 0.8908 | 0.8908 | 24.0937 | 24.8579 | 26.5604 | 25.1840 |
| 100122 | 1.2277 | 0.8654 | 0.8654 | 21.2597 | 23.4751 | 23.9552 | 22.8872 |
| 100124 | 1.1827 | 0.8609 | 0.8609 | 21.6483 | 22.7023 | 25.0550 | 23.1604 |
| 100125 | 1.2466 | 0.9825 | 0.9825 | 25.3532 | 26.7452 | 29.5003 | 27.3520 |
| 100126 | 1.3389 | 0.9249 | 0.9249 | 23.2996 | 24.4515 | 29.0390 | 25.6215 |
| 100127 | 1.6178 | 0.9249 | 0.9249 | 21.3223 | 24.4485 | 26.1506 | 24.0288 |
| 100128 | 2.1100 | 0.9249 | 0.9249 | 25.6763 | 29.4979 | 29.8875 | 28.4604 |
| 100130 | 1.1732 | 0.9642 | 0.9642 | 22.8324 | 24.2046 | 25.2345 | 24.0576 |
| 100131 | 1.3335 | 0.9825 | 0.9825 | 25.8316 | 29.2462 | 28.1549 | 27.7421 |
| 100132 | 1.2373 | 0.9249 | 0.9249 | 23.0428 | 24.3293 | 26.2877 | 24.6022 |
| 100134 | 0.9129 | 0.8609 | 0.8609 | 19.5337 | 20.9244 | 20.4785 | 20.3225 |
| 100135 | 1.6218 | 0.9316 | 0.9316 | 22.3071 | 24.0024 | 28.0900 | 24.6354 |
| 100137 | 1.2238 | 0.8908 | 0.8908 | 23.3692 | 25.1974 | 24.6076 | 24.4568 |
| 100139 | 0.8408 | 0.9299 | 0.9299 | 14.5046 | 17.5489 | 16.6310 | 16.2799 |
| 100140 | 1.1473 | 0.9046 | 0.9046 | 24.8165 | 26.4720 | 26.1383 | 25.8508 |
| 100142 | 1.2230 | 0.8609 | 0.8609 | 20.7219 | 22.9577 | 23.8571 | 22.5245 |
| 100150 | 1.3097 | 0.9825 | 0.9825 | 25.7122 | 26.1990 | 27.5276 | 26.4717 |
| 100151 | 1.8299 | 0.9046 | 0.9046 | 26.1848 | 28.1322 | 30.5977 | 28.4241 |
| 100154 | 1.5669 | 0.9825 | 0.9825 | 26.3703 | 27.6127 | 28.2710 | 27.4772 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 100156 | 1.1245 | 0.8734 | 0.8734 | 22.2757 | 26.7092 | 27.4848 | 25.5333 |
| 100157 | 1.5980 | 0.9249 | 0.9249 | 25.9133 | 27.3851 | 28.9595 | 27.4711 |
| 100160 | 1.2422 | 0.8609 | 0.8609 | 27.2019 | 26.9851 | 31.2701 | 28.5770 |
| 100161 | 1.5442 | 0.9409 | 0.9409 | 28.3607 | 28.8077 | 28.6336 | 28.6073 |
| 100166 | 1.5055 | 0.9866 | 0.9866 | 24.4251 | 27.9618 | 29.6865 | 27.2716 |
| 100167 | 1.2695 | 1.0470 | 1.0470 | 26.8584 | 30.3694 | 30.7365 | 29.3059 |
| 100168 | 1.4259 | 0.9642 | 0.9642 | 26.0864 | 27.1292 | 27.9334 | 27.0344 |
| 100172 | 1.3322 | 0.9825 | 0.9825 | 18.4651 | 18.2735 | 20.8673 | 19.1957 |
| 100173 | 1.7421 | 0.9249 | 0.9249 | 22.4866 | 24.8721 | 26.6141 | 24.6478 |
| 100175 | 0.9891 | 0.8840 | 0.8840 | 22.0666 | 23.5455 | 24.0790 | 23.2771 |
| 100176 | 1.9676 | 0.9857 | 0.9857 | 29.8326 | 31.2694 | 31.0778 | 30.7413 |
| 100177 | 1.2982 | 0.9440 | 0.9440 | 25.3973 | 26.6781 | 27.6011 | 26.6232 |
| 100179 | 1.7788 | 0.9046 | 0.9046 | 26.6537 | 29.5619 | 29.6646 | 28.6728 |
| 100180 | 1.3332 | 0.9249 | 0.9249 | 26.3299 | 27.1804 | 29.2623 | 27.6555 |
| 100181 | 1.0919 | 0.9825 | 0.9825 | 19.5022 | 21.8540 | 21.8409 | 21.1771 |
| 100183 | 1.2043 | 0.9825 | 0.9825 | 26.7893 | 27.4951 | 28.1843 | 27.5031 |
| 100187 | 1.2393 | 0.9825 | 0.9825 | 26.1394 | 27.3653 | 28.0710 | 27.1892 |
| 100189 | 1.2966 | 1.0470 | 1.0470 | 26.5763 | 28.4136 | 29.4643 | 28.2193 |
| 100191 | 1.2986 | 0.9249 | 0.9249 | 24.3553 | 26.6340 | 27.8297 | 26.3354 |
| 100200 | 1.4276 | 1.0470 | 1.0470 | 28.0926 | 29.8963 | 29.9888 | 29.3614 |
| 100204 | 1.5591 | 0.9299 | 0.9299 | 24.4697 | 25.7537 | 27.3984 | 25.9174 |
| 100206 | 1.3147 | 0.9249 | 0.9249 | 23.0340 | 25.2196 | 26.6863 | 25.0189 |
| 100208 | *** | * | * | 24.9854 | * | * | 24.9854 |
| 100209 | 1.3796 | 0.9825 | 0.9825 | 25.0778 | 26.6246 | 26.6405 | 26.1523 |
| 100210 | 1.5797 | 1.0470 | 1.0470 | 28.6449 | 28.9486 | 29.7288 | 29.1000 |
| 100211 | 1.2015 | 0.9249 | 0.9249 | * | 24.7095 | 23.9827 | 24.3359 |
| 100212 | 1.5477 | 0.8964 | 0.8964 | 24.2669 | 24.7566 | 26.0396 | 25.0603 |
| 100213 | 1.5951 | 0.9866 | 0.9866 | 25.1893 | 27.1936 | 27.3982 | 26.6057 |
| 100217 | 1.2343 | 0.9857 | 0.9857 | 25.2635 | 25.2907 | 25.9973 | 25.5366 |
| 100220 | 1.6552 | 0.9339 | 0.9339 | 25.0154 | 26.0905 | 27.8611 | 26.3924 |
| 100223 | 1.5470 | 0.8654 | 0.8654 | 23.4556 | 24.7015 | 25.6022 | 24.5922 |
| 100224 | 1.2356 | 1.0470 | 1.0470 | 23.3593 | 24.8077 | 26.1308 | 24.8045 |
| 100225 | 1.2202 | 1.0470 | 1.0470 | 27.9473 | 28.4316 | 28.6655 | 28.3365 |
| 100226 | 1.2371 | 0.9046 | 0.9046 | 27.8003 | 29.3317 | 28.7732 | 28.6694 |
| 100228 | 1.3987 | 1.0470 | 1.0470 | 27.2873 | 29.8952 | 28.4669 | 28.6149 |
| 100230 | 1.3410 | 1.0470 | 1.0470 | 26.3690 | 28.1703 | 29.6743 | 28.0367 |
| 100231 | 1.7304 | 0.8609 | 0.8609 | 24.6994 | 25.5175 | 26.3337 | 25.5418 |
| 100232 [h] | 1.2545 | 0.9046 | 0.9046 | 23.9405 | 24.9322 | 27.3158 | 25.3587 |
| 100234 | 1.3964 | 0.9642 | 0.9642 | 25.2574 | 26.3601 | 28.2662 | 26.6107 |
| 100236 | 1.4175 | 0.9453 | 0.9453 | 25.9282 | 26.6585 | 28.1991 | 26.9446 |
| 100237 | 1.9228 | 1.0470 | 1.0470 | 25.6112 | 31.3543 | 32.3006 | 29.5164 |
| 100238 | 1.6275 | 0.9249 | 0.9249 | 27.1748 | 28.4302 | 29.9215 | 28.5609 |
| 100239 | 1.2871 | 0.9866 | 0.9866 | 26.9668 | 27.7592 | 28.4351 | 27.7562 |
| 100240 | 0.9280 | 0.9825 | 0.9825 | 23.4830 | 25.3265 | 25.7112 | 24.8537 |
| 100242 | 1.4467 | 0.8609 | 0.8609 | 21.5130 | 24.0990 | 25.8928 | 23.8355 |
| 100243 | 1.5924 | 0.9249 | 0.9249 | 25.2987 | 26.1131 | 27.1058 | 26.2400 |
| 100244 | 1.3521 | 0.9339 | 0.9339 | 24.1515 | 25.2584 | 26.5235 | 25.3682 |
| 100246 | 1.5959 | 0.9857 | 0.9857 | 27.6382 | 28.9894 | 29.9108 | 28.8806 |
| 100248 | 1.5784 | 0.9249 | 0.9249 | 25.9170 | 27.7797 | 28.7311 | 27.5094 |
| 100249 | 1.3230 | 0.9249 | 0.9249 | 23.4021 | 23.2084 | 24.0596 | 23.5536 |
| 100252 | 1.2232 | 0.9857 | 0.9857 | 24.9860 | 25.8540 | 27.0442 | 25.9795 |
| 100253 | 1.3805 | 0.9642 | 0.9642 | 24.4051 | 25.7121 | 27.9291 | 26.0507 |
| 100254 | 1.5434 | 0.9316 | 0.9316 | 25.0192 | 25.7338 | 26.1147 | 25.6499 |
| 100255 | 1.2809 | 0.9249 | 0.9249 | 22.2341 | 24.4808 | 26.3538 | 24.3804 |
| 100256 | 1.8683 | 0.9249 | 0.9249 | 26.0629 | 28.8856 | 29.7926 | 28.2929 |
| 100258 | 1.5255 | 1.0470 | 1.0470 | 31.8772 | 31.2482 | 31.3505 | 31.4813 |
| 100259 | 1.2692 | 0.9249 | 0.9249 | 24.9404 | 26.0175 | 27.1642 | 26.0636 |
| 100260 | 1.3677 | 0.9857 | 0.9857 | 25.2630 | 27.5188 | 27.0181 | 26.6532 |
| 100262 | *** | * | * | 26.3954 | * | * | 26.3954 |
| 100264 | 1.2637 | 0.9249 | 0.9249 | 25.0250 | 25.5489 | 25.9597 | 25.5115 |
| 100265 | 1.3089 | 0.9249 | 0.9249 | 23.4758 | 24.1454 | 25.9086 | 24.5857 |
| 100266 | 1.4274 | 0.8609 | 0.8609 | 22.6614 | 23.2340 | 23.7655 | 23.2568 |
| 100267 | 1.2996 | 0.9866 | 0.9866 | 26.5059 | 27.3768 | 28.7517 | 27.5078 |
| 100268 | 1.1892 | 0.9642 | 0.9642 | 29.8289 | 29.2898 | 29.9909 | 29.7065 |
| 100269 | 1.3995 | 0.9642 | 0.9642 | 25.3228 | 26.7450 | 27.3632 | 26.5403 |
| 100275 | 1.3040 | 0.9642 | 0.9642 | 24.3059 | 26.0361 | 27.0080 | 25.8478 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 100276 | 1.2587 | 1.0470 | 1.0470 | 27.2589 | 30.0576 | 31.2531 | 29.5875 |
| 100277 | 1.4104 | 0.9825 | 0.9825 | 47.3905 | 16.5427 | 20.7768 | 22.4551 |
| 100279 | 1.3178 | 0.9339 | 0.9339 | 25.4909 | 26.8606 | 28.5951 | 27.0996 |
| 100281 | 1.3391 | 1.0470 | 1.0470 | 27.0864 | 28.6660 | 29.8789 | 28.6295 |
| 100284 | 1.0591 | 0.9825 | 0.9825 | 22.5927 | 23.8170 | 22.3173 | 22.9046 |
| 100285 | 1.2194 | * | * | * | * | * | * |
| 100286 | 1.6325 | 0.9935 | 0.9935 | 27.1051 | 29.4284 | 28.4751 | 28.3833 |
| 100287 | 1.3417 | 0.9642 | 0.9642 | 28.2229 | 28.3427 | 28.2583 | 28.2764 |
| 100288 | 1.5562 | 0.9642 | 0.9642 | 37.4785 | 33.8141 | 29.6965 | 33.2143 |
| 100289 | 1.7571 | 1.0470 | 1.0470 | 28.4504 | 29.2915 | 29.5902 | 29.1535 |
| 100290 | 1.1732 | 0.9191 | 0.9191 | * | 23.5080 | 25.1300 | 24.3178 |
| 100291 | 1.3066 | 0.9440 | 0.9440 | * | * | 28.4799 | 28.4799 |
| 100292 | 1.3038 | 0.8609 | 0.8609 | * | * | 26.9608 | 26.9608 |
| 100293 | *** | * | * | * | * | 32.7722 | 32.7722 |
| 100294 | *** | * | * | * | * | 30.3556 | 30.3556 |
| 100295 | *** | * | * | * | * | 26.1791 | 26.1791 |
| 100296 | 1.3555 | 0.9825 | 0.9825 | * | * | * | * |
| 100298 | 0.8740 | 0.9316 | 0.9316 | * | * | * | * |
| 100299 | 1.3010 | 0.9866 | 0.9866 | * | * | * | * |
| 110001 | 1.2775 | 0.9644 | 0.9644 | 25.1164 | 25.3102 | 26.6205 | 25.6873 |
| 110002 | 1.3523 | 0.9644 | 0.9644 | 21.8616 | 25.3897 | 26.3797 | 24.5871 |
| 110003 | 1.2617 | 0.9046 | 0.9046 | 20.0968 | 21.4002 | 22.0049 | 21.1828 |
| 110004 | 1.2789 | 0.8965 | 0.8965 | 22.7929 | 23.9911 | 24.4124 | 23.7130 |
| 110005 | 1.2301 | 0.9761 | 0.9761 | 22.3645 | 22.9000 | 27.9633 | 24.5295 |
| 110006 | 1.4702 | 0.9827 | 0.9827 | 25.0719 | 28.6090 | 28.9119 | 27.4847 |
| 110007 | 1.6002 | 0.8969 | 0.8969 | 30.7430 | 23.8729 | 26.3197 | 26.5387 |
| 110008 | 1.2995 | 0.9761 | 0.9761 | 23.4662 | 27.1711 | 30.1360 | 26.9747 |
| 110010 | 2.1912 | 0.9761 | 0.9761 | 28.7690 | 29.7142 | 31.8635 | 30.1393 |
| 110011 | 1.2378 | 0.9761 | 0.9761 | 25.4620 | 26.0899 | 28.0194 | 26.5176 |
| 110015 | 1.1303 | 0.9761 | 0.9761 | 25.5661 | 26.6610 | 28.7369 | 27.0953 |
| 110016 | 1.1761 | 0.7577 | 0.7577 | 18.8376 | 21.7610 | 20.7638 | 20.4328 |
| 110018 | 1.1832 | 0.9761 | 0.9761 | 25.6485 | 28.2431 | 26.4698 | 26.7925 |
| 110020 | 1.3269 | 0.9761 | 0.9761 | 24.8735 | 26.8501 | 27.1406 | 26.3040 |
| 110023 | 1.3249 | 0.9644 | 0.9644 | 25.3746 | 27.3029 | 30.3424 | 27.7599 |
| 110024 | 1.4064 | 0.9089 | 0.9089 | 23.8091 | 25.7205 | 27.3054 | 25.5765 |
| 110025 | 1.4741 | 0.9046 | 0.9046 | 31.5253 | 26.1311 | 29.9555 | 28.9712 |
| 110026 | 1.1102 | 0.7577 | 0.7577 | 20.5740 | 21.2826 | 21.3621 | 21.0771 |
| 110027 | 1.0741 | 0.7964 | 0.7964 | 19.2323 | 20.2175 | 20.8174 | 20.0273 |
| 110028 | 1.8298 | 0.9681 | 0.9681 | 25.1836 | 28.1619 | 30.5430 | 27.9386 |
| 110029 | 1.7593 | 0.9644 | 0.9644 | 25.2335 | 24.8893 | 26.6096 | 25.6552 |
| 110030 | 1.2303 | 0.9761 | 0.9761 | 25.0842 | 26.4770 | 28.1621 | 26.6637 |
| 110031 | 1.2875 | 0.9761 | 0.9761 | 24.1711 | 24.7874 | 26.3138 | 25.1188 |
| 110032 | 1.1329 | 0.7577 | 0.7577 | 20.7211 | 21.9407 | 22.5419 | 21.7322 |
| 110033 | 1.3719 | 0.9761 | 0.9761 | 25.2326 | 28.3210 | 29.6154 | 27.8235 |
| 110034 | 1.6774 | 0.9681 | 0.9681 | 24.4141 | 26.9986 | 28.0571 | 26.5634 |
| 110035 | 1.6293 | 0.9761 | 0.9761 | 25.7562 | 27.4583 | 28.1179 | 27.1607 |
| 110036 | 1.8177 | 0.9089 | 0.9089 | 25.4854 | 26.8789 | 27.7279 | 26.7470 |
| 110038 | 1.4966 | 0.8101 | 0.8101 | 20.5880 | 21.2138 | 21.7736 | 21.2085 |
| 110039 | 1.4547 | 0.9681 | 0.9681 | 19.4032 | 24.7248 | 25.8629 | 23.0782 |
| 110040 | 1.1223 | 0.9644 | 0.9644 | 18.8744 | 19.7509 | 19.1800 | 19.2690 |
| 110041 | 1.2552 | 0.9707 | 0.9707 | 21.5402 | 23.4074 | 24.7306 | 23.1719 |
| 110042 | 1.0876 | 0.9761 | 0.9761 | 26.8321 | 28.6873 | 34.0887 | 29.8762 |
| 110043 | 1.7925 | 0.9089 | 0.9089 | 25.2788 | 26.6323 | 23.9626 | 25.2951 |
| 110044 | 1.1525 | 0.7577 | 0.7577 | 19.6940 | 20.9654 | 22.6491 | 21.0788 |
| 110045 | 1.1388 | 0.9761 | 0.9761 | 21.3922 | 24.9821 | 23.5532 | 23.2970 |
| 110046 | 1.1557 | 0.9761 | 0.9761 | 24.0022 | 23.8292 | 25.5453 | 24.4504 |
| 110049 | *** | * | * | 19.8706 | * | * | 19.8706 |
| 110050 | 1.1141 | 0.9050 | 0.9050 | 25.6020 | 26.1320 | 28.2504 | 26.6887 |
| 110051 | 1.1491 | 0.7577 | 0.7577 | 19.0995 | 19.4276 | * | 19.2687 |
| 110054 | 1.4092 | 0.9644 | 0.9644 | 22.2250 | 25.7085 | 26.5180 | 24.8264 |
| 110056 | 0.9187 | * | * | 23.0080 | * | * | 23.0080 |
| 110059 | 1.1352 | 0.7577 | 0.7577 | 18.7097 | 20.5565 | 20.6838 | 19.8951 |
| 110063 | *** | * | * | 20.3760 | * | * | 20.3760 |
| 110064 | 1.4874 | 0.8256 | 0.8256 | 23.8739 | 24.2739 | 23.6909 | 23.9385 |
| 110069 | 1.2898 | 0.9176 | 0.9176 | 22.3006 | 24.1669 | 24.9679 | 23.8522 |
| 110071 | 1.0437 | 0.7577 | 0.7577 | 13.3731 | 18.0224 | 19.7309 | 16.8213 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 110073 | 1.0751 | 0.7577 | 0.7577 | 16.3610 | 18.6336 | 17.5422 | 17.4505 |
| 110074 | 1.5434 | 0.9827 | 0.9827 | 27.5836 | 27.1207 | 29.1532 | 27.9899 |
| 110075 | 1.2899 | 0.8958 | 0.8958 | 20.9973 | 22.0935 | 22.7715 | 21.9811 |
| 110076 | 1.4276 | 0.9761 | 0.9761 | 25.2424 | 26.3506 | 28.1355 | 26.5899 |
| 110078 | 2.0372 | 0.9761 | 0.9761 | 27.8627 | 29.5779 | 30.4031 | 29.3431 |
| 110079 | 1.4419 | 0.9761 | 0.9761 | 24.5255 | 23.1024 | 26.4675 | 24.6603 |
| 110080 | 1.2829 | 0.9761 | 0.9761 | 21.5482 | 22.3213 | 18.4242 | 20.7532 |
| 110082 | 1.9077 | 0.9761 | 0.9761 | 28.9731 | 29.8366 | 30.9276 | 29.9458 |
| 110083 | 1.9292 | 0.9761 | 0.9761 | 26.2604 | 27.8245 | 30.3920 | 28.2014 |
| 110086 | 1.2886 | 0.7577 | 0.7577 | 20.8557 | 21.1509 | 21.2115 | 21.0747 |
| 110087 | 1.4659 | 0.9761 | 0.9761 | 26.2872 | 28.0471 | 28.3256 | 27.5768 |
| 110089 | 1.1203 | 0.7577 | 0.7577 | 21.2013 | 21.9509 | 22.3332 | 21.8399 |
| 110091 | 1.2844 | 0.9761 | 0.9761 | 26.3857 | 26.5523 | 28.9885 | 27.4113 |
| 110092 | 1.0523 | 0.7577 | 0.7577 | 18.7397 | 18.5527 | 20.2520 | 19.1704 |
| 110095 | 1.4415 | 0.8101 | 0.8101 | 21.8709 | 23.4846 | 25.7326 | 23.7156 |
| 110096 | 0.9724 | * | * | 19.4498 | * | * | 19.4498 |
| 110100 | 0.9636 | 0.7577 | 0.7577 | 16.5833 | 16.5600 | 15.1511 | 16.0255 |
| 110101 | 1.0753 | 0.7577 | 0.7577 | 14.4630 | 16.4270 | 18.1778 | 16.2572 |
| 110104 | 1.0503 | 0.7577 | 0.7577 | 19.5575 | 18.7951 | 19.1452 | 19.1709 |
| 110105 | 1.3027 | 0.7577 | 0.7577 | 20.6270 | 21.1077 | 22.7867 | 21.5133 |
| 110107 | 1.9366 | 0.9554 | 0.9554 | 26.0763 | 26.2526 | 28.0519 | 26.8480 |
| 110109 | 1.0020 | 0.7577 | 0.7577 | 20.4726 | 21.4280 | 21.8210 | 21.2959 |
| 110111 | 1.1922 | 0.9681 | 0.9681 | 20.5577 | 29.2190 | 24.6109 | 24.2986 |
| 110112 | 0.9195 | 0.7577 | 0.7577 | 21.0612 | 24.2463 | 21.7411 | 22.2315 |
| 110113 | 1.0319 | 0.9681 | 0.9681 | 16.7641 | 19.1753 | 18.9512 | 18.3153 |
| 110115 | 1.7116 | 0.9761 | 0.9761 | 29.8699 | 32.0197 | 31.9907 | 31.3106 |
| 110121 | 1.0279 | 0.7577 | 0.7577 | 21.2534 | 21.6637 | 22.0498 | 21.6648 |
| 110122 | 1.5567 | 0.8982 | 0.8982 | 22.0210 | 23.7589 | 24.7846 | 23.5480 |
| 110124 | 1.0276 | 0.8005 | 0.8005 | 20.9334 | 22.7058 | 23.4296 | 22.3620 |
| 110125 | 1.3252 | 0.9176 | 0.9176 | 22.1458 | 22.4238 | 23.3281 | 22.6254 |
| 110128 | 1.2532 | 0.8958 | 0.8958 | 23.2576 | 24.4596 | 25.6176 | 24.4945 |
| 110129 | 1.5112 | 0.8256 | 0.8256 | 22.4202 | 23.3631 | 24.4429 | 23.4176 |
| 110130 | 0.9251 | 0.7577 | 0.7577 | 17.6529 | 18.7549 | 18.4928 | 18.3190 |
| 110132 | 1.0227 | 0.7577 | 0.7577 | 18.9927 | 19.2307 | 20.1060 | 19.4424 |
| 110135 | 1.2432 | 0.7577 | 0.7577 | 20.0057 | 20.4411 | 21.8451 | 20.8410 |
| 110136 | *** | * | * | 22.7715 | 15.8573 | 18.5125 | 19.1561 |
| 110142 | 0.9652 | 0.7577 | 0.7577 | 17.3328 | 18.1980 | 19.4290 | 18.3479 |
| 110143 | 1.3959 | 0.9761 | 0.9761 | 25.4932 | 27.7055 | 27.6784 | 26.9990 |
| 110146 | 1.0904 | 0.8363 | 0.8363 | 19.9221 | 23.9067 | 24.7255 | 22.8343 |
| 110149 | *** | * | * | 24.7686 | 27.1477 | 28.2647 | 26.9026 |
| 110150 | 1.2486 | 0.9644 | 0.9644 | 23.8157 | 22.6624 | 25.2397 | 23.8573 |
| 110153 | 1.1463 | 0.9176 | 0.9176 | 22.8660 | 24.5368 | 24.4107 | 23.9661 |
| 110161 | 1.4911 | 0.9761 | 0.9761 | 27.4435 | 29.3201 | 31.2120 | 29.3628 |
| 110163 | 1.3865 | 0.8969 | 0.8969 | 25.5461 | 26.0764 | 28.0288 | 26.5286 |
| 110164 | 1.5927 | 0.9554 | 0.9554 | 26.4450 | 27.0600 | 28.5216 | 27.3709 |
| 110165 | 1.3817 | 0.9761 | 0.9761 | 24.3897 | 26.8378 | 27.1472 | 26.1300 |
| 110166 | *** | * | * | 25.2264 | 26.8070 | * | 26.0253 |
| 110168 | 1.8861 | 0.9644 | 0.9644 | 24.6321 | 27.0022 | 28.7602 | 26.8363 |
| 110172 | 1.2080 | 0.9761 | 0.9761 | 27.0240 | 29.1703 | 30.7555 | 29.0077 |
| 110177 | 1.7219 | 0.9681 | 0.9681 | 25.0129 | 26.7504 | 27.9520 | 26.6015 |
| 110179 | *** | * | * | 26.1173 | 26.0759 | * | 26.0961 |
| 110183 | 1.2204 | 0.9761 | 0.9761 | 27.6020 | 29.6133 | 29.9753 | 29.1744 |
| 110184 | 1.1779 | 0.9761 | 0.9761 | 25.5420 | 26.5240 | 27.0140 | 26.4179 |
| 110186 | 1.3488 | 0.8256 | 0.8256 | 23.2348 | 25.0299 | 26.1373 | 24.8057 |
| 110187 | 1.2445 | 0.9644 | 0.9644 | 22.5730 | 24.2933 | 24.4380 | 23.8234 |
| 110189 | 1.1035 | 0.9644 | 0.9644 | 23.9404 | 26.7653 | 25.5622 | 25.4422 |
| 110190 | 1.0679 | 0.7759 | 0.7759 | 19.1054 | 14.2517 | 22.4774 | 18.1909 |
| 110191 | 1.2940 | 0.9761 | 0.9761 | 25.8409 | 26.8277 | 27.2171 | 26.6346 |
| 110192 | 1.3492 | 0.9761 | 0.9761 | 25.7406 | 26.7852 | 27.9800 | 26.8678 |
| 110193 | *** | * | * | 27.8223 | 27.3341 | 27.8180 | 27.6526 |
| 110194 | 0.9325 | 0.7577 | 0.7577 | 16.3148 | 18.4776 | 18.8136 | 17.9305 |
| 110198 | 1.3451 | 0.9761 | 0.9761 | 30.8014 | 31.7748 | 31.7399 | 31.4753 |
| 110200 | 1.8335 | 0.8256 | 0.8256 | 21.2177 | 22.3249 | 24.7384 | 22.6614 |
| 110201 | 1.4386 | 0.9554 | 0.9554 | 27.0388 | 28.2232 | 30.6525 | 28.6696 |
| 110203 | 0.9744 | 0.9761 | 0.9761 | 25.8951 | 26.8768 | 30.3037 | 27.7533 |
| 110205 | 1.1502 | 0.9644 | 0.9644 | 20.6150 | 19.7409 | 21.5043 | 20.6527 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 110209 | 0.5449 | 0.7577 | 0.7577 | 19.1000 | 19.0450 | 20.6610 | 19.6589 |
| 110212 | 1.0965 | 0.8340 | 0.8340 | 20.9365 | 40.5120 | 23.5240 | 28.8400 |
| 110214 | *** | * | * | * | * | 38.0916 | 38.0916 |
| 110215 | 1.2932 | 0.9761 | 0.9761 | 23.9657 | 25.7886 | 27.6105 | 25.8891 |
| 110218 | *** | * | * | 26.1073 | * | * | 26.1073 |
| 110219 | 1.3711 | 0.9761 | 0.9761 | 27.1880 | 27.0362 | 28.9963 | 27.7481 |
| 110220 | *** | * | * | * | * | 36.3797 | 36.3797 |
| 110221 | *** | * | * | * | * | 27.9342 | 27.9342 |
| 110222 | *** | * | * | * | * | 35.6600 | 35.6600 |
| 110224 | 1.2679 | 0.9554 | 0.9554 | * | * | * | * |
| 110225 | 1.1623 | 0.9761 | 0.9761 | * | * | * | * |
| 110226 | 1.1684 | * | * | * | * | * | * |
| 120001 | 1.7479 | 1.1066 | 1.1066 | 31.7108 | 34.7715 | 36.1455 | 34.2182 |
| 120002 | 1.1953 | 1.0502 | 1.0502 | 26.9900 | 29.9913 | 31.1454 | 29.4877 |
| 120004 | 1.2414 | 1.1066 | 1.1066 | 28.3569 | 28.6527 | 29.8958 | 28.9336 |
| 120005 | 1.2996 | 1.0502 | 1.0502 | 26.9053 | 29.3405 | 30.7655 | 28.9478 |
| 120006 | 1.2506 | 1.1066 | 1.1066 | 29.6751 | 31.2285 | 31.6553 | 30.8640 |
| 120007 | 1.6798 | 1.1066 | 1.1066 | 28.7964 | 30.4247 | 30.8207 | 30.0248 |
| 120010 | 1.8625 | 1.1066 | 1.1066 | 27.1265 | 30.1659 | 29.2456 | 28.7313 |
| 120011 | 1.4183 | 1.1066 | 1.1066 | 31.7447 | 34.1643 | 37.6638 | 34.6233 |
| 120014 | 1.2906 | 1.0502 | 1.0502 | 28.0786 | 28.6416 | 30.9983 | 29.2759 |
| 120016 | *** | * | * | 52.1034 | 19.6034 | * | 31.3542 |
| 120019 | 1.1569 | 1.0502 | 1.0502 | 28.9661 | 30.3809 | 30.9024 | 30.1294 |
| 120022 | 1.8414 | 1.1066 | 1.1066 | 24.7875 | 26.6100 | 28.3925 | 26.5859 |
| 120024 | 0.8882 | * | * | * | * | * | * |
| 120025 | *** | * | * | 48.7148 | 30.2358 | * | 39.4887 |
| 120026 | 1.3774 | 1.1066 | 1.1066 | 28.5048 | 30.3293 | 32.6726 | 30.6338 |
| 120027 | 1.3041 | 1.1066 | 1.1066 | 26.4630 | 28.6717 | 28.6901 | 27.9388 |
| 120028 | 1.3553 | 1.1066 | 1.1066 | 31.3195 | 30.3794 | 32.2641 | 31.3359 |
| 120029 | 2.0189 | 1.1066 | 1.1066 | * | * | * | * |
| 130002 | 1.4037 | 0.8674 | 0.8674 | 21.6626 | 23.6078 | 24.8996 | 23.4857 |
| 130003 | 1.3819 | 1.0033 | 1.0033 | 25.4904 | 27.6345 | 29.1686 | 27.4795 |
| 130005 | *** | * | * | 25.2550 | 25.7523 | * | 25.4954 |
| 130006 | 1.7984 | 0.9404 | 0.9404 | 24.3982 | 25.3221 | 27.3657 | 25.7611 |
| 130007 | 1.7777 | 0.9404 | 0.9404 | 24.8764 | 24.9562 | 28.8562 | 26.2212 |
| 130011 | 1.2032 | * | * | 22.9336 | * | * | 22.9336 |
| 130013 | 1.3238 | 0.9404 | 0.9404 | 26.3118 | 27.9209 | 28.4195 | 27.5522 |
| 130014 | 1.2962 | 0.9404 | 0.9404 | 23.4789 | 24.3884 | 26.4165 | 24.7517 |
| 130018 | 1.6875 | 0.9400 | 0.9400 | 23.9798 | 26.4125 | 27.5137 | 26.0217 |
| 130021 | *** | * | * | 18.9400 | 16.1658 | * | 17.6183 |
| 130024 | 1.0850 | 0.8949 | 0.8949 | 21.7853 | 23.3347 | 24.5799 | 23.2478 |
| 130025 | 1.2211 | 0.8674 | 0.8674 | 19.7066 | 20.1452 | 21.7093 | 20.5485 |
| 130026 | *** | * | * | 25.4020 | * | * | 25.4020 |
| 130028 | 1.3940 | 0.9400 | 0.9400 | 25.2938 | 26.3443 | 27.8274 | 26.7013 |
| 130036 | *** | * | * | 16.7907 | * | * | 16.7907 |
| 130049 | 1.5643 | 1.0284 | 1.0284 | 24.5841 | 26.9749 | 27.6683 | 26.4480 |
| 130060 | *** | * | * | 26.7516 | * | * | 26.7516 |
| 130062 | 0.4992 | * | * | 16.7951 | 20.6642 | 25.4820 | 20.1910 |
| 130063 | 1.3226 | 0.9404 | 0.9404 | 20.9502 | 22.5904 | 25.0864 | 22.8539 |
| 130065 | 1.8682 | 0.9300 | 0.9300 | * | * | 21.5260 | 21.5260 |
| 130066 | 2.0225 | 0.9696 | 0.9696 | * | * | * | * |
| 130067 | 1.1199 | 0.9300 | 0.9300 | * | * | * | * |
| 140001 | 1.0879 | 0.8334 | 0.8334 | 21.4779 | 22.3170 | 22.9464 | 22.2483 |
| 140002 | 1.3285 | 0.9017 | 0.9017 | 24.4908 | 24.6954 | 27.0262 | 25.3949 |
| 140003 | *** | * | * | 22.6230 | * | * | 22.6230 |
| 140007 | 1.3267 | 1.0742 | 1.0742 | 26.7943 | 28.3482 | 30.5555 | 28.5893 |
| 140008 | 1.4514 | 1.0742 | 1.0742 | 27.2211 | 28.5297 | 29.4264 | 28.3893 |
| 140010 | 1.5134 | 1.0742 | 1.0742 | 31.5774 | 35.1024 | 32.1387 | 32.9542 |
| 140011 | 1.1519 | 0.8334 | 0.8334 | 20.6338 | 22.4091 | 23.3923 | 22.1495 |
| 140012 | 1.1895 | 1.0596 | 1.0596 | 24.3675 | 28.6564 | 28.7947 | 27.2494 |
| 140013 | 1.4139 | 0.8973 | 0.8973 | 22.6022 | 23.3065 | 24.3673 | 23.3996 |
| 140015 | 1.4234 | 0.8902 | 0.8902 | 22.2266 | 23.0600 | 24.3516 | 23.2245 |
| 140016 | 1.0295 | * | * | 17.1372 | 18.1242 | * | 17.6389 |
| 140018 | 1.4130 | 1.0742 | 1.0742 | 27.3334 | 27.7548 | 26.2598 | 27.1177 |
| 140019 | 0.9335 | 0.8334 | 0.8334 | 18.4554 | 18.9228 | 20.5469 | 19.2999 |
| 140024 | 1.0391 | * | * | 16.9672 | 17.5249 | * | 17.2349 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 140026 | 1.1460 | 0.8680 | 0.8680 | 21.6847 | 23.0470 | 25.8658 | 23.4929 |
| 140027 | *** | * | * | 22.6208 | * | * | 22.6208 |
| 140029 | 1.5856 | 1.0742 | 1.0742 | 27.7304 | 28.6565 | 30.4267 | 29.0118 |
| 140030 | 1.5703 | 1.0742 | 1.0742 | 28.7623 | 29.7771 | 30.8539 | 29.8244 |
| 140032 | 1.2542 | 0.8902 | 0.8902 | 22.8157 | 24.0574 | 26.3265 | 24.4078 |
| 140033 | 1.2032 | 1.0596 | 1.0596 | 26.1553 | 25.6068 | 26.6309 | 26.1186 |
| 140034 | 1.2202 | 0.8902 | 0.8902 | 22.1003 | 23.0034 | 24.0132 | 23.0492 |
| 140040 | 1.1819 | 0.8827 | 0.8827 | 20.0269 | 22.2969 | 23.0412 | 21.6957 |
| 140043 | 1.2734 | 0.9773 | 0.9773 | 26.0330 | 26.7996 | 27.2076 | 26.6815 |
| 140045 | 1.0786 | * | * | 21.0042 | 20.6548 | * | 20.8316 |
| 140046 | 1.4780 | 0.8902 | 0.8902 | 22.5022 | 23.2127 | 25.1403 | 23.7433 |
| 140048 | 1.2684 | 1.0742 | 1.0742 | 27.0874 | 28.2222 | 29.4775 | 28.2409 |
| 140049 | 1.5191 | 1.0742 | 1.0742 | 26.6533 | 27.4009 | 29.7853 | 27.9674 |
| 140051 | 1.5347 | 1.0742 | 1.0742 | 27.9935 | 27.7901 | 30.9784 | 28.8784 |
| 140052 | 1.2841 | 0.9017 | 0.9017 | 22.2588 | 23.5662 | 25.9526 | 23.9370 |
| 140053 | 1.8913 | 0.8900 | 0.8900 | 23.5477 | 24.8455 | 27.0098 | 25.1043 |
| 140054 | 1.4870 | 1.0742 | 1.0742 | 31.7265 | 31.8564 | 33.1231 | 32.2061 |
| 140058 | 1.2228 | 0.8902 | 0.8902 | 22.1269 | 22.8423 | 24.5345 | 23.1736 |
| 140059 | 1.1165 | 0.9017 | 0.9017 | 22.7121 | 22.4651 | 22.7978 | 22.6554 |
| 140061 | 1.0739 | * | * | 30.9925 | 20.8063 | * | 25.9797 |
| 140062 | 1.2142 | 1.0742 | 1.0742 | 31.2359 | 34.7704 | 34.9018 | 33.6097 |
| 140063 | 1.4093 | 1.0742 | 1.0742 | 26.5584 | 27.8306 | 28.3171 | 27.6213 |
| 140064 | 1.1938 | 0.8827 | 0.8827 | 21.7470 | 22.0407 | 23.6796 | 22.5242 |
| 140065 | 1.3865 | 1.0742 | 1.0742 | 26.1904 | 29.4678 | 30.5985 | 28.7875 |
| 140066 | 1.1297 | 0.9017 | 0.9017 | 20.4353 | 21.9771 | 21.7172 | 21.3717 |
| 140067 | 1.8182 | 0.8973 | 0.8973 | 23.5906 | 25.3986 | 27.3723 | 25.4762 |
| 140068 | 1.1945 | 1.0742 | 1.0742 | 25.8963 | 27.3956 | 28.3348 | 27.2266 |
| 140075 | 1.2767 | 1.0742 | 1.0742 | 26.9257 | 27.9325 | 27.0069 | 27.3106 |
| 140077 | 1.0393 | 0.9017 | 0.9017 | 19.0922 | 19.1363 | 20.5654 | 19.5779 |
| 140079 | *** | * | * | 29.3040 | * | * | 29.3040 |
| 140080 | 1.4417 | 1.0742 | 1.0742 | 26.0109 | 23.2575 | 28.0751 | 25.6089 |
| 140082 | 1.4773 | 1.0742 | 1.0742 | 26.8077 | 25.6645 | 29.2173 | 27.2244 |
| 140083 | 1.0308 | 1.0742 | 1.0742 | 24.6491 | 26.2972 | 26.7552 | 25.9303 |
| 140084 | 1.2289 | 1.0596 | 1.0596 | 27.6819 | 29.2515 | 30.0397 | 29.0292 |
| 140088 | 1.8500 | 1.0742 | 1.0742 | 31.0364 | 32.4978 | 30.8245 | 31.4341 |
| 140089 | 1.1914 | 0.8334 | 0.8334 | 22.1227 | 23.3401 | 24.5591 | 23.2899 |
| 140091 | 1.8250 | 0.9649 | 0.9649 | 26.1075 | 26.8518 | 27.8742 | 26.9776 |
| 140093 | 1.1831 | 0.9155 | 0.9155 | 22.1540 | 25.3127 | 27.5152 | 24.7343 |
| 140094 | 1.0356 | 1.0742 | 1.0742 | 25.3678 | 27.9273 | 27.9141 | 27.1207 |
| 140095 | 1.2507 | 1.0742 | 1.0742 | 29.9746 | 27.6799 | 26.6424 | 28.1556 |
| 140100 | 1.3030 | 1.0596 | 1.0596 | 32.8743 | 37.0819 | 37.2217 | 35.8092 |
| 140101 | 1.1672 | 1.0742 | 1.0742 | 25.4784 | 28.5365 | 29.2080 | 27.8662 |
| 140102 | *** | * | * | 21.2278 | * | * | 21.2278 |
| 140103 | 1.1961 | 1.0742 | 1.0742 | 21.7512 | 23.3258 | 23.8866 | 22.9977 |
| 140105 | 1.2788 | 1.0742 | 1.0742 | 26.3054 | 27.4531 | 28.4390 | 27.3700 |
| 140109 | 1.0917 | * | * | 17.8103 | 19.5675 | * | 18.6923 |
| 140110 | 1.0910 | 1.0596 | 1.0596 | 25.6561 | 27.9844 | 29.3202 | 27.6755 |
| 140113 | 1.5788 | 0.9649 | 0.9649 | 23.5337 | 26.7969 | 29.9552 | 26.5722 |
| 140114 | 1.4160 | 1.0742 | 1.0742 | 25.7968 | 28.3014 | 28.6458 | 27.6452 |
| 140115 | 1.0851 | 1.0742 | 1.0742 | 26.3677 | 25.1498 | 25.8357 | 25.7964 |
| 140116 | 1.2978 | 1.0742 | 1.0742 | 30.5166 | 31.9902 | 34.3361 | 32.3584 |
| 140117 | 1.5416 | 1.0742 | 1.0742 | 25.6314 | 26.8802 | 27.9774 | 26.8349 |
| 140118 | 1.6195 | 1.0742 | 1.0742 | 27.7392 | 29.7570 | 32.2213 | 29.8836 |
| 140119 | 1.7729 | 1.0742 | 1.0742 | 33.6302 | 36.1419 | 34.7716 | 34.8306 |
| 140120 | 1.2239 | 0.8973 | 0.8973 | 22.5795 | 22.7375 | 24.0981 | 23.1900 |
| 140122 | 1.4330 | 1.0742 | 1.0742 | 26.4991 | 28.4188 | 31.0736 | 28.6341 |
| 140124 | 1.3392 | 1.0742 | 1.0742 | 35.2798 | 36.1327 | 36.4899 | 35.9612 |
| 140125 | 1.2398 | 0.9017 | 0.9017 | 20.7189 | 20.4014 | 22.3436 | 21.1516 |
| 140127 | 1.6317 | 0.8959 | 0.8959 | 22.8172 | 24.1658 | 25.0102 | 23.9945 |
| 140130 | 1.2469 | 1.0596 | 1.0596 | 26.3518 | 29.5247 | 32.9615 | 29.7730 |
| 140133 | 1.2969 | 1.0742 | 1.0742 | 26.1599 | 28.0339 | 30.6892 | 28.1483 |
| 140135 | 1.4756 | 0.8334 | 0.8334 | 21.2104 | 22.3264 | 23.0885 | 22.2454 |
| 140137 | 1.0253 | 0.9017 | 0.9017 | 20.5053 | 21.4700 | 23.4302 | 21.8888 |
| 140140 | *** | * | * | 21.4710 | * | * | 21.4710 |
| 140141 | 1.0512 | * | * | 23.0515 | 21.7871 | * | 22.4305 |
| 140143 | 1.2279 | 0.8827 | 0.8827 | 23.8255 | 26.2954 | 26.2579 | 25.4680 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 140144 | *** | * | * | 27.8046 | * | * | 27.8046 |
| 140145 | 1.0954 | 0.9017 | 0.9017 | 21.6168 | 23.4608 | 25.4576 | 23.5453 |
| 140147 | 1.1011 | 0.8334 | 0.8334 | 19.5896 | 19.8541 | 21.5005 | 20.3136 |
| 140148 | 1.7345 | 0.8900 | 0.8900 | 23.0022 | 24.7031 | 25.6350 | 24.3700 |
| 140150 | 1.6237 | 1.0742 | 1.0742 | 33.9013 | 35.2711 | 53.4891 | 41.2967 |
| 140151 | 0.8172 | 1.0742 | 1.0742 | 22.4842 | 23.4879 | 25.1381 | 23.7102 |
| 140152 | 1.0879 | 1.0742 | 1.0742 | 29.6882 | 27.6086 | 30.5283 | 29.2513 |
| 140155 | 1.2917 | 1.0032 | 1.0032 | 27.6610 | 28.9724 | 29.8350 | 28.8823 |
| 140158 | 1.4185 | 1.0742 | 1.0742 | 23.8542 | 27.0986 | 27.3765 | 25.9317 |
| 140160 | 1.2622 | 0.9773 | 0.9773 | 22.7002 | 24.5373 | 25.6756 | 24.3339 |
| 140161 | 1.1501 | 1.0596 | 1.0596 | 24.1071 | 23.1647 | 24.6442 | 23.9715 |
| 140162 | 1.6074 | 0.8959 | 0.8959 | 26.0312 | 27.4472 | 28.9571 | 27.4950 |
| 140164 | 1.7902 | 0.8902 | 0.8902 | 22.0424 | 23.7457 | 24.3913 | 23.3924 |
| 140165 | 1.0595 | * | * | 15.9312 | 16.6304 | * | 16.2816 |
| 140166 | 1.1868 | 0.8334 | 0.8334 | 21.7776 | 23.1005 | 26.5696 | 23.8462 |
| 140167 | 1.1260 | 0.9728 | 0.9728 | 19.7610 | 22.8911 | 23.2552 | 21.9523 |
| 140168 | *** | * | * | 20.0225 | * | * | 20.0225 |
| 140170 | 0.9621 | * | * | 17.1608 | * | * | 17.1608 |
| 140172 | 1.4090 | 1.0742 | 1.0742 | 27.1121 | 29.8568 | 32.0491 | 29.9831 |
| 140174 | 1.4735 | 1.0742 | 1.0742 | 24.7011 | 27.8131 | 30.6391 | 27.6903 |
| 140176 | 1.2059 | 1.0742 | 1.0742 | 28.9378 | 31.3490 | 32.8367 | 31.1310 |
| 140177 | 0.9899 | 1.0742 | 1.0742 | 19.3328 | 22.5610 | 25.4042 | 22.6360 |
| 140179 | 1.3042 | 1.0742 | 1.0742 | 26.3200 | 27.6376 | 29.1623 | 27.7184 |
| 140180 | 1.2048 | 1.0742 | 1.0742 | 27.4366 | 28.3629 | 29.4449 | 28.4116 |
| 140181 | 1.2002 | 1.0742 | 1.0742 | 23.6034 | 25.0100 | 24.7902 | 24.4674 |
| 140182 | 1.5644 | 1.0742 | 1.0742 | 28.0337 | 28.2211 | 30.4042 | 28.7014 |
| 140184 | 1.2402 | 0.8334 | 0.8334 | 20.1279 | 21.1802 | 24.5927 | 22.1636 |
| 140185 | 1.4592 | 0.9017 | 0.9017 | 22.0222 | 23.8531 | 24.9794 | 23.6400 |
| 140186 | 1.5570 | 1.0032 | 1.0032 | 28.1977 | 30.6951 | 29.4859 | 29.5088 |
| 140187 | 1.5360 | 0.9017 | 0.9017 | 22.0674 | 23.2892 | 24.9822 | 23.4667 |
| 140189 | 1.1691 | 0.9155 | 0.9155 | 25.6954 | 23.7198 | 22.2803 | 23.9070 |
| 140190 | 1.0766 | * | * | 18.8530 | 19.8297 | * | 19.3398 |
| 140191 | 1.2997 | 1.0742 | 1.0742 | 25.2817 | 25.8678 | 28.1849 | 26.4367 |
| 140193 | *** | * | * | 22.9443 | * | * | 22.9443 |
| 140197 | 1.3178 | 1.0742 | 1.0742 | 21.8060 | 23.0684 | 24.2236 | 22.9343 |
| 140199 | 1.0459 | * | * | 21.3464 | 22.0315 | * | 21.6914 |
| 140200 | 1.4752 | 1.0742 | 1.0742 | 24.9217 | 26.3379 | 28.3720 | 26.5054 |
| 140202 | 1.5706 | 1.0596 | 1.0596 | 27.4336 | 29.7870 | 32.1701 | 29.9764 |
| 140203 | *** | * | * | 28.2212 | * | * | 28.2212 |
| 140205 | 1.7126 | 1.0150 | 1.0150 | * | * | * | * |
| 140206 | 1.0867 | 1.0742 | 1.0742 | 27.5481 | 30.6561 | 29.1294 | 29.1455 |
| 140207 | 1.2439 | 1.0742 | 1.0742 | 25.7331 | 24.1048 | 25.1473 | 24.9715 |
| 140208 | 1.6564 | 1.0742 | 1.0742 | 27.6586 | 29.4708 | 29.7525 | 28.9886 |
| 140209 | 1.5833 | 0.8973 | 0.8973 | 23.3886 | 24.5376 | 26.3371 | 24.7775 |
| 140210 | 1.1359 | 0.8334 | 0.8334 | 16.6729 | 19.2639 | 20.5812 | 18.7925 |
| 140211 | 1.2974 | 1.0742 | 1.0742 | 29.5114 | 29.7054 | 30.7546 | 30.0426 |
| 140213 | 1.2144 | 1.0742 | 1.0742 | 29.1649 | 30.2945 | 31.3811 | 30.2935 |
| 140215 | *** | * | * | 22.3097 | * | * | 22.3097 |
| 140217 | 1.4968 | 1.0742 | 1.0742 | 29.3711 | 31.5324 | 32.7581 | 31.1722 |
| 140223 | 1.4796 | 1.0742 | 1.0742 | 29.2540 | 30.4923 | 31.9618 | 30.5734 |
| 140224 | 1.3603 | 1.0742 | 1.0742 | 29.0350 | 28.2177 | 29.8867 | 29.0497 |
| 140228 | 1.5725 | 0.9987 | 0.9987 | 25.0074 | 25.6419 | 27.7259 | 26.1206 |
| 140231 | 1.4875 | 1.0742 | 1.0742 | 28.3545 | 30.6410 | 30.0920 | 29.7474 |
| 140233 | 1.6248 | 1.0596 | 1.0596 | 27.3379 | 28.6305 | 28.3631 | 28.1358 |
| 140234 | 1.0969 | 0.8827 | 0.8827 | 23.2604 | 23.6928 | 24.7645 | 23.9187 |
| 140239 | 1.5507 | 0.9987 | 0.9987 | 24.2112 | 29.0092 | 31.8210 | 28.3245 |
| 140240 | 1.4058 | 1.0742 | 1.0742 | 27.2654 | 28.7310 | 30.1439 | 28.6637 |
| 140242 | 1.4891 | 1.0742 | 1.0742 | 30.4005 | 32.0522 | 34.4226 | 32.3743 |
| 140245 | *** | * | * | 16.0772 | * | * | 16.0772 |
| 140250 | 1.1833 | 1.0742 | 1.0742 | 27.4628 | 28.5971 | 29.9198 | 28.6855 |
| 140251 | 1.3420 | 1.0742 | 1.0742 | 26.7266 | 27.1687 | 28.4384 | 27.4435 |
| 140252 | 1.3975 | 1.0742 | 1.0742 | 30.2656 | 33.3351 | 34.5410 | 32.7890 |
| 140258 | 1.5438 | 1.0742 | 1.0742 | 27.9478 | 30.2639 | 33.6353 | 30.7068 |
| 140271 | 0.8939 | * | * | 18.8535 | * | * | 18.8535 |
| 140275 | 1.3373 | 0.8569 | 0.8569 | 25.2824 | 26.1473 | 27.9824 | 26.4533 |
| 140276 | 1.8331 | 1.0742 | 1.0742 | 27.5936 | 29.8325 | 31.3200 | 29.6123 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 140280 | 1.4395 | 0.8569 | 0.8569 | 21.9302 | 23.4447 | 22.5604 | 22.6515 |
| 140281 | 1.6866 | 1.0742 | 1.0742 | 29.2602 | 30.4838 | 33.7817 | 31.1676 |
| 140285 | *** | * | * | 17.7824 | 20.7576 | * | 19.1679 |
| 140286 | 1.1273 | 1.0742 | 1.0742 | 28.4378 | 29.1543 | 31.0563 | 29.5696 |
| 140288 | 1.5613 | 1.0742 | 1.0742 | 26.9581 | 29.3988 | 31.7089 | 29.3668 |
| 140289 | 1.3194 | 0.9017 | 0.9017 | 22.3274 | 22.6211 | 24.5456 | 23.1903 |
| 140290 | 1.3527 | 1.0742 | 1.0742 | 28.6926 | 31.7341 | 31.2636 | 30.6196 |
| 140291 | 1.5063 | 1.0596 | 1.0596 | 28.2338 | 29.8958 | 31.3199 | 29.9025 |
| 140292 | 1.1567 | 1.0742 | 1.0742 | 26.1781 | 27.6285 | 29.2990 | 27.7701 |
| 140294 | 1.1615 | 0.8334 | 0.8334 | 22.6123 | 23.4504 | 24.0181 | 23.3722 |
| 140300 | 1.1185 | 1.0742 | 1.0742 | 33.3983 | 34.8568 | 35.6231 | 34.6085 |
| 140301 | 1.2721 | 1.0742 | 1.0742 | * | 31.7073 | 49.7125 | 37.1819 |
| 140303 | 1.8671 | 1.0742 | 1.0742 | * | * | 29.8654 | 29.8654 |
| 140344 | 0.7733 | * | * | * | * | * | * |
| 150001 | 1.1131 | 0.9757 | 0.9757 | 27.1021 | 29.6844 | 28.3954 | 28.4082 |
| 150002 | 1.4378 | 1.0596 | 1.0596 | 23.3804 | 25.0063 | 26.3713 | 24.8884 |
| 150003 | 1.6318 | 0.8957 | 0.8957 | 23.3196 | 25.3458 | 27.0406 | 25.2176 |
| 150004 | 1.4953 | 1.0596 | 1.0596 | 24.8884 | 26.8458 | 28.0176 | 26.5920 |
| 150005 | 1.1856 | 0.9757 | 0.9757 | 25.4443 | 27.2369 | 29.5025 | 27.5016 |
| 150006 | 1.3717 | 0.9543 | 0.9543 | 24.8976 | 26.4061 | 26.1674 | 25.8384 |
| 150007 | 1.3603 | 0.9494 | 0.9494 | 23.5841 | 26.6073 | 29.4617 | 26.6700 |
| 150008 | 1.4502 | 1.0596 | 1.0596 | 23.6953 | 26.6928 | 27.3400 | 25.9807 |
| 150009 | 1.3886 | 0.9137 | 0.9137 | 20.4993 | 22.2147 | 24.9618 | 22.6002 |
| 150010 | 1.4176 | 0.9494 | 0.9494 | 23.9740 | 26.8524 | 26.1311 | 25.6410 |
| 150011 | 1.1850 | 0.9582 | 0.9582 | 23.2249 | 24.3490 | 25.3748 | 24.3343 |
| 150012 | 1.5696 | 0.9677 | 0.9677 | 22.9314 | 27.3029 | 27.7477 | 25.8046 |
| 150013 | 1.0122 | * | * | 19.7689 | 21.8465 | * | 20.8053 |
| 150014 | *** | * | * | 26.5785 | * | * | 26.5785 |
| 150015 | 1.3253 | 1.0596 | 1.0596 | 24.3015 | 26.2434 | 27.7478 | 26.1118 |
| 150017 | 1.7827 | 0.9498 | 0.9498 | 23.7180 | 25.2342 | 27.1394 | 25.3937 |
| 150018 | 1.6614 | 0.9421 | 0.9421 | 24.7048 | 26.3289 | 27.4616 | 26.1770 |
| 150021 | 1.7672 | 0.9498 | 0.9498 | 27.8168 | 29.6967 | 29.5355 | 29.0360 |
| 150022 | 1.1171 | 0.8728 | 0.8728 | 22.8035 | 22.6773 | 22.9027 | 22.7977 |
| 150023 | 1.5443 | 0.8663 | 0.8663 | 23.1253 | 23.7159 | 26.3792 | 24.2243 |
| 150024 | 1.3983 | 0.9757 | 0.9757 | 24.7879 | 27.1589 | 27.5637 | 26.5220 |
| 150026 | 1.3092 | 0.9421 | 0.9421 | 23.7185 | 28.1127 | 28.7334 | 26.9980 |
| 150027 | 1.0215 | * | * | 21.2855 | 17.4862 | * | 19.1736 |
| 150029 | 1.4031 | 0.9677 | 0.9677 | 23.4103 | 26.9680 | 27.8939 | 25.8068 |
| 150030 | 1.1595 | 0.9582 | 0.9582 | 24.4361 | 26.9533 | 28.0417 | 26.5118 |
| 150033 | 1.6558 | 0.9757 | 0.9757 | 25.8851 | 27.9995 | 29.0207 | 27.6412 |
| 150034 | 1.5452 | 1.0596 | 1.0596 | 23.9388 | 26.0465 | 28.1138 | 26.1270 |
| 150035 | 1.5489 | 0.9361 | 0.9361 | 26.0952 | 26.6620 | 27.1031 | 26.6373 |
| 150037 | 1.3067 | 0.9757 | 0.9757 | 27.7009 | 28.5451 | 30.7071 | 28.9916 |
| 150038 | 1.1286 | 0.9757 | 0.9757 | 24.4188 | 28.8054 | 29.0433 | 27.4342 |
| 150042 | 1.4612 | 0.8479 | 0.8479 | 21.9917 | 23.0102 | 22.3848 | 22.4673 |
| 150044 | 1.3885 | 0.9137 | 0.9137 | 23.1200 | 23.7065 | 24.3939 | 23.7747 |
| 150045 [h] | 1.0516 | 0.9914 | 0.9914 | 24.2899 | 25.2225 | 27.1520 | 25.569 |
| 150046 | 1.4240 | 0.8663 | 0.8663 | 21.0417 | 21.9369 | 24.1694 | 22.4186 |
| 150047 | 1.7598 | 0.9498 | 0.9498 | 24.5455 | 25.8349 | 25.1553 | 25.1829 |
| 150048 | 1.3838 | 0.9599 | 0.9599 | 24.5864 | 27.1817 | 27.4034 | 26.3728 |
| 150049 | 1.2142 | * | * | 20.2178 | 22.3370 | * | 21.2543 |
| 150051 | 1.5992 | 0.9582 | 0.9582 | 22.6866 | 23.7061 | 25.3577 | 23.9071 |
| 150052 | 1.0642 | * | * | 19.6073 | 20.6339 | * | 20.1223 |
| 150056 | 1.9057 | 0.9757 | 0.9757 | 27.6754 | 28.2842 | 29.5718 | 28.5127 |
| 150057 | 2.0352 | 0.9757 | 0.9757 | 22.7804 | 24.8605 | 29.6310 | 25.6224 |
| 150058 | 1.5547 | 0.9677 | 0.9677 | 26.9753 | 27.5341 | 29.3647 | 28.0150 |
| 150059 | 1.5388 | 0.9757 | 0.9757 | 27.0792 | 28.5715 | 32.4123 | 29.3673 |
| 150060 | 1.0871 | * | * | 23.2409 | 24.8544 | * | 24.0586 |
| 150061 | 1.1363 | 0.8479 | 0.8479 | 21.3640 | 22.2822 | 21.7707 | 21.8139 |
| 150062 | 1.0931 | * | * | 23.5550 | 24.6088 | * | 24.0884 |
| 150063 | *** | * | * | 19.0377 | * | * | 19.0377 |
| 150064 | 1.2156 | 0.8479 | 0.8479 | 21.6370 | 23.7707 | 25.1734 | 23.5270 |
| 150065 | 1.2414 | 0.9582 | 0.9582 | 24.4451 | 25.9461 | 27.9073 | 26.1176 |
| 150069 | 1.2501 | 0.9599 | 0.9599 | 25.3445 | 25.2655 | 25.9517 | 25.5268 |
| 150070 | *** | * | * | 22.6260 | * | * | 22.6260 |
| 150072 | 1.1595 | 0.8479 | 0.8479 | 20.3191 | 20.5111 | 21.3608 | 20.7440 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 150074 | 1.4564 | 0.9757 | 0.9757 | 24.4374 | 25.2586 | 25.6634 | 25.1233 |
| 150075 | 1.0933 | 0.9498 | 0.9498 | 24.2085 | 24.0745 | 25.6197 | 24.6280 |
| 150076 | 1.2852 | 0.9543 | 0.9543 | 24.1434 | 28.1874 | 28.2428 | 26.8000 |
| 150078 | 1.0122 | * | * | 21.2476 | * | * | 21.2476 |
| 150079 | 1.1145 | * | * | 20.6486 | 21.4067 | * | 21.0466 |
| 150082 | 1.7181 | 0.8844 | 0.8844 | 22.2054 | 25.5860 | 28.1847 | 25.2933 |
| 150084 | 1.7659 | 0.9757 | 0.9757 | 28.7722 | 29.3905 | 29.5244 | 29.2252 |
| 150086 | 1.2036 | 0.9599 | 0.9599 | 22.4471 | 23.9404 | 25.2450 | 23.9229 |
| 150088 | 1.2606 | 0.9582 | 0.9582 | 23.0998 | 23.6253 | 26.2241 | 24.3172 |
| 150089 | 1.5861 | 0.8479 | 0.8479 | 22.6545 | 25.0449 | 24.6068 | 24.0532 |
| 150090 | 1.5494 | 1.0596 | 1.0596 | 24.6758 | 26.2899 | 29.4725 | 26.7855 |
| 150091 [h] | 1.1148 | 1.0071 | 1.0071 | 27.8087 | 30.6209 | 30.7951 | 29.8811 |
| 150096 | 0.9023 | * | * | 21.9091 | * | * | 21.9091 |
| 150097 | 1.1238 | 0.9757 | 0.9757 | 24.4179 | 25.0367 | 27.1660 | 25.5838 |
| 150100 | 1.7215 | 0.8844 | 0.8844 | 22.2687 | 24.3530 | 25.0773 | 23.8670 |
| 150101 | 1.0867 | 0.9498 | 0.9498 | 27.9745 | 29.1657 | 29.8966 | 29.0799 |
| 150102 | 1.0400 | 0.9278 | 0.9278 | 22.6870 | 24.5923 | 25.3187 | 24.2235 |
| 150104 | 1.0401 | 0.9757 | 0.9757 | 21.8172 | 25.5871 | 28.5451 | 25.2739 |
| 150106 [h] | 1.0633 | 0.9498 | 0.9498 | 20.9955 | 20.9387 | 19.9273 | 20.5636 |
| 150109 | 1.4441 | 0.8957 | 0.8957 | 24.3786 | 23.5865 | 26.0186 | 24.6513 |
| 150112 | 1.4182 | 0.9582 | 0.9582 | 24.7455 | 26.5643 | 27.6269 | 26.3492 |
| 150113 | 1.2634 | 0.9582 | 0.9582 | 23.0450 | 24.8760 | 26.0356 | 24.6828 |
| 150115 | 1.4534 | 0.8479 | 0.8479 | 20.5215 | 19.3411 | 22.3372 | 20.6746 |
| 150122 | 1.1613 | 0.9582 | 0.9582 | 24.2471 | 26.0173 | * | 25.1559 |
| 150123 | *** | * | * | 15.3050 | * | * | 15.3050 |
| 150124 | 1.1063 | * | * | 18.8218 | 21.3933 | * | 20.1237 |
| 150125 | 1.4997 | 1.0596 | 1.0596 | 24.3872 | 26.7666 | 27.1394 | 26.1113 |
| 150126 | 1.4372 | 1.0596 | 1.0596 | 25.5585 | 26.9887 | 27.7563 | 26.7967 |
| 150128 | 1.4280 | 0.9757 | 0.9757 | 23.1660 | 26.4976 | 28.2773 | 25.9381 |
| 150129 | 1.1690 | 0.9757 | 0.9757 | 35.4311 | 29.9099 | 30.1445 | 31.4914 |
| 150130 | 1.0939 | * | * | 21.5678 | 21.7399 | * | 21.6494 |
| 150132 | *** | * | * | 24.2559 | 25.6257 | 27.7474 | 25.8793 |
| 150133 | 1.2322 | 0.9498 | 0.9498 | 21.8839 | 22.7293 | 25.1827 | 23.2488 |
| 150134 | 1.0669 | 0.9137 | 0.9137 | 22.1085 | 23.8526 | 26.1958 | 23.9695 |
| 150136 | *** | * | * | 25.7004 | 26.2703 | * | 25.9880 |
| 150146 | 1.0555 | 0.9498 | 0.9498 | 26.1168 | 29.3383 | 30.2135 | 28.6444 |
| 150147 | 1.2950 | 1.0596 | 1.0596 | 32.3336 | 22.8456 | 27.0517 | 26.4997 |
| 150148 | *** | * | * | 27.2081 | * | * | 27.2081 |
| 150149 | 1.0182 | 0.8844 | 0.8844 | 23.8554 | 23.6361 | 24.7733 | 24.1065 |
| 150150 | 1.2596 | 0.9498 | 0.9498 | 26.5138 | 25.5331 | 28.4744 | 26.8947 |
| 150151 | *** | * | * | * | 38.1446 | * | 38.1446 |
| 150152 | *** | * | * | * | 44.7143 | * | 44.7143 |
| 150153 | 2.4953 | 0.9757 | 0.9757 | * | * | 32.2301 | 32.2301 |
| 150154 | 2.5331 | 0.9757 | 0.9757 | * | * | 29.2863 | 29.2863 |
| 150155 | *** | * | * | * | * | 45.0525 | 45.0525 |
| 150156 | *** | * | * | * | * | 25.8304 | 25.8304 |
| 150157 | 1.5402 | 0.9757 | 0.9757 | * | * | * | * |
| 150158 | 1.1799 | * | * | * | * | * | * |
| 150159 | 0.9066 | * | * | * | * | * | * |
| 150160 | 1.8672 | * | * | * | * | * | * |
| 150323 | 0.8865 | * | * | * | * | * | * |
| 150325 | 0.8673 | * | * | * | * | * | * |
| 160001 | 1.1633 | 0.8976 | 0.8976 | 23.8657 | 25.1220 | 25.0365 | 24.6447 |
| 160003 | 0.8939 | * | * | 19.0037 | * | * | 19.0037 |
| 160005 | 1.1884 | 0.8696 | 0.8696 | 21.1745 | 21.8950 | 23.7127 | 22.2743 |
| 160008 | 1.0864 | 0.8696 | 0.8696 | 19.8066 | 20.7200 | 22.3526 | 20.9456 |
| 160013 | 1.2716 | 0.8914 | 0.8914 | 23.0163 | 23.7163 | 24.6784 | 23.7825 |
| 160014 | 0.9604 | * | * | 19.2447 | 20.5882 | * | 19.9190 |
| 160016 | 1.5629 | 0.8976 | 0.8976 | 21.2785 | 23.3619 | 24.6900 | 23.1167 |
| 160020 | 1.1096 | * | * | 19.0043 | 19.5554 | * | 19.2901 |
| 160024 | 1.6059 | 0.9136 | 0.9136 | 24.2385 | 26.2392 | 27.4041 | 25.9650 |
| 160026 | 1.0140 | * | * | 24.2045 | 24.7424 | * | 24.4805 |
| 160028 | 1.3221 | 0.9453 | 0.9453 | 26.0052 | 26.2948 | 28.0717 | 26.9016 |
| 160029 | 1.6161 | 0.9726 | 0.9726 | 24.9493 | 27.9277 | 29.7097 | 27.5319 |
| 160030 | 1.4263 | 0.9819 | 0.9819 | 24.9920 | 26.7068 | 28.9474 | 26.8746 |
| 160031 | 0.9870 | * | * | 18.5281 | 19.7368 | * | 19.1263 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 160032 | 1.0729 | 0.8968 | 0.8968 | 22.3837 | 23.4727 | 25.7041 | 23.9167 |
| 160033 | 1.7593 | 0.8696 | 0.8696 | 23.4148 | 24.6768 | 26.5814 | 24.9317 |
| 160034 | 0.9775 | * | * | 19.4837 | 19.3503 | * | 19.4156 |
| 160039 | 0.9863 | * | * | 20.9623 | 22.1180 | * | 21.5414 |
| 160040 | 1.2803 | 0.8891 | 0.8696 | 21.8187 | 23.9053 | 25.6843 | 23.8388 |
| 160044 | 1.1510 | * | * | 19.5635 | * | * | 19.5635 |
| 160045 | 1.7325 | 0.8891 | 0.8891 | 24.4957 | 25.4153 | 26.9819 | 25.6677 |
| 160047 | 1.4056 | 0.9453 | 0.9453 | 24.5000 | 25.2072 | 25.6964 | 25.1382 |
| 160048 | 1.0401 | * | * | 19.5701 | 19.5832 | * | 19.5767 |
| 160050 | 1.1294 | * | * | 23.8830 | 24.5403 | * | 24.2221 |
| 160057 | 1.2446 | 0.9568 | 0.9568 | 22.0472 | 23.0937 | 25.1339 | 23.4637 |
| 160058 | 1.9653 | 0.9726 | 0.9726 | 25.5244 | 27.1646 | 28.6411 | 27.1442 |
| 160064 | 1.5286 | 0.9256 | 0.9256 | 27.6301 | 28.6139 | 28.7718 | 28.4086 |
| 160066 | 1.0600 | * | * | 21.4631 | 22.7709 | * | 22.1300 |
| 160067 | 1.3137 | 0.8891 | 0.8696 | 21.9418 | 23.4060 | 23.7824 | 23.1319 |
| 160069 | 1.5111 | 0.9132 | 0.9132 | 22.7514 | 25.3402 | 27.7295 | 25.2986 |
| 160074 | 1.0989 | * | * | 20.2418 | * | * | 20.2418 |
| 160076 | *** | * | * | 20.9749 | * | * | 20.9749 |
| 160079 | 1.5393 | 0.8891 | 0.8891 | 22.5299 | 23.7234 | 25.4508 | 23.9274 |
| 160080 | 1.3064 | 0.8696 | 0.8696 | 23.5721 | 23.1837 | 25.9475 | 24.2696 |
| 160081 | 1.1664 | * | * | 21.3614 | 23.1930 | * | 22.2788 |
| 160082 | 1.8161 | 0.9136 | 0.9136 | 23.8181 | 26.4398 | 27.2896 | 25.8257 |
| 160083 | 1.6913 | 0.9136 | 0.9136 | 25.0617 | 28.2193 | 27.3867 | 26.9189 |
| 160089 | 1.2968 | 0.8976 | 0.8976 | 21.5693 | 22.6551 | 23.6643 | 22.6499 |
| 160090 | 0.8236 | * | * | 21.2753 | * | * | 21.2753 |
| 160091 | 0.9377 | * | * | 18.0630 | 17.9862 | * | 18.0240 |
| 160092 | 0.9932 | * | * | 22.0841 | * | * | 22.0841 |
| 160101 | 1.1187 | 0.9136 | 0.9136 | 24.2309 | 25.1000 | 23.7690 | 24.3536 |
| 160104 | 1.5181 | 0.8696 | 0.8696 | 24.0075 | 24.9134 | 28.0389 | 25.6671 |
| 160106 | *** | * | * | 21.4912 | * | * | 21.4912 |
| 160107 | *** | * | * | 21.3754 | * | * | 21.3754 |
| 160110 | 1.5282 | 0.8891 | 0.8696 | 24.1762 | 24.9434 | 26.9342 | 25.3634 |
| 160112 | 1.2386 | 0.8696 | 0.8696 | 21.8901 | 23.0672 | 25.2434 | 23.4606 |
| 160113 | *** | * | * | 18.6599 | * | * | 18.6599 |
| 160115 | 1.0432 | * | * | 19.5764 | * | * | 19.5764 |
| 160116 | 1.0175 | * | * | 22.2019 | * | * | 22.2019 |
| 160117 | 1.3193 | 0.9132 | 0.9132 | 23.4250 | 25.0278 | 25.9502 | 24.8152 |
| 160118 | *** | * | * | 18.3322 | 19.7764 | * | 19.0436 |
| 160122 | 1.1051 | 0.8696 | 0.8696 | 22.9565 | 22.5872 | 23.9298 | 23.1689 |
| 160124 | 1.1607 | 0.8696 | 0.8696 | 22.7223 | 23.1690 | 23.1591 | 23.0224 |
| 160126 | 1.0173 | * | * | 20.3748 | 19.8323 | * | 20.1046 |
| 160140 | 1.0475 | * | * | 22.5230 | * | * | 22.5230 |
| 160146 | 1.4589 | 0.9201 | 0.9201 | 20.9583 | 22.9897 | 22.5441 | 22.1450 |
| 160147 | 1.3443 | 0.8976 | 0.8976 | 26.6577 | 26.6438 | 28.6722 | 27.3688 |
| 160153 | 1.6297 | 0.9201 | 0.9201 | 26.3671 | 28.9881 | 30.5992 | 28.6813 |
| 160154 | 0.9033 | * | * | * | * | * | * |
| 160365 | 0.7586 | * | * | * | * | * | * |
| 160366 | 0.8054 | * | * | * | * | * | * |
| 170001 | 1.2262 | 0.8017 | 0.8017 | 20.9837 | 21.9131 | 23.0583 | 21.9743 |
| 170006 | 1.2593 | 0.8620 | 0.8620 | 20.6460 | 21.9019 | 24.5553 | 22.4217 |
| 170009 | 1.0705 | 0.9501 | 0.9501 | 29.1979 | 29.2588 | 31.2360 | 29.8767 |
| 170010 | 1.2077 | 0.8146 | 0.8146 | 21.2131 | 24.0008 | 24.9889 | 23.4347 |
| 170012 | 1.6500 | 0.8832 | 0.8832 | 22.6869 | 24.7392 | 25.8453 | 24.4008 |
| 170013 | 1.5264 | 0.8832 | 0.8832 | 23.1159 | 25.0419 | 25.9854 | 24.7349 |
| 170014 | 1.0386 | 0.9501 | 0.9501 | 22.9772 | 23.5960 | 24.9156 | 23.8535 |
| 170015 | 1.0240 | * | * | 19.1902 | 20.2367 | * | 19.7243 |
| 170016 | 1.6420 | 0.8738 | 0.8738 | 24.2336 | 25.9482 | 26.3308 | 25.5277 |
| 170017 | 1.1104 | 0.9093 | 0.9093 | 23.3030 | 24.7771 | 26.6342 | 24.9721 |
| 170018 | 0.9385 | * | * | 17.9497 | * | * | 17.9497 |
| 170019 | 1.1619 | * | * | 20.3243 | 22.0251 | * | 21.1885 |
| 170020 | 1.5720 | 0.8832 | 0.8832 | 22.2571 | 23.1800 | 22.6799 | 22.7039 |
| 170022 | 1.1286 | * | * | 22.9313 | 22.2878 | * | 22.6058 |
| 170023 | 1.4438 | 0.8832 | 0.8832 | 23.2690 | 23.9808 | 24.4018 | 23.8806 |
| 170027 | 1.4472 | 0.8017 | 0.8017 | 21.4678 | 22.5103 | 22.9256 | 22.2935 |
| 170033 | 1.3383 | 0.8832 | 0.8832 | 20.0801 | 20.7865 | 22.0776 | 20.9737 |
| 170039 | 0.9534 | 0.9093 | 0.9093 | 20.1983 | 21.5203 | 25.4845 | 22.1744 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 170040 | 1.9280 | 0.9501 | 0.9501 | 27.1771 | 28.2856 | 28.9419 | 28.1702 |
| 170049 | 1.4737 | 0.9501 | 0.9501 | 24.1208 | 24.7895 | 26.3910 | 25.1440 |
| 170052 | 1.2142 | * | * | 17.3794 | 18.5291 | * | 17.9769 |
| 170054 | *** | * | * | 17.5500 | * | * | 17.5500 |
| 170058 | 1.0587 | 0.9501 | 0.9501 | 22.0398 | 23.3398 | 23.1208 | 22.8378 |
| 170068 | 1.2219 | 0.9177 | 0.9177 | 20.8771 | 22.6087 | 22.6765 | 22.0710 |
| 170070 | 0.9818 | * | * | 16.4767 | 16.0162 | * | 16.2556 |
| 170074 | 1.2412 | 0.8017 | 0.8017 | 20.4936 | 21.0565 | 23.2439 | 21.6462 |
| 170075 | 0.8380 | 0.8017 | 0.8017 | 16.2047 | 16.5444 | 18.8919 | 17.1984 |
| 170085 | 0.9089 | * | * | 18.4867 | * | * | 18.4867 |
| 170086 | 1.5716 | 0.8738 | 0.8738 | 22.7737 | 24.0812 | 25.4693 | 24.1433 |
| 170090 | *** | * | * | 15.9807 | * | * | 15.9807 |
| 170093 | 0.8381 | * | * | 16.8710 | 16.5553 | * | 16.7116 |
| 170094 | 0.9782 | 0.8017 | 0.8017 | 20.3678 | 21.3887 | 20.9912 | 20.9361 |
| 170097 | *** | * | * | 20.3391 | * | * | 20.3391 |
| 170098 | 0.9894 | * | * | 20.0078 | 20.1242 | * | 20.0657 |
| 170103 | 1.2387 | 0.9093 | 0.9093 | 21.4985 | 22.8707 | 23.7154 | 22.7347 |
| 170104 | 1.5107 | 0.9501 | 0.9501 | 26.1866 | 26.9671 | 27.8829 | 27.0103 |
| 170105 | 1.0190 | 0.8017 | 0.8017 | 19.6687 | 21.4422 | 21.9852 | 21.0428 |
| 170109 | 1.0433 | 0.9501 | 0.9501 | 22.7166 | 23.2626 | 24.1847 | 23.3947 |
| 170110 | 0.9597 | 0.8017 | 0.8017 | 21.8904 | 22.9195 | 22.8693 | 22.5555 |
| 170114 | 0.8804 | * | * | 18.1610 | 18.9158 | * | 18.5532 |
| 170116 | *** | * | * | 23.1127 | * | * | 23.1127 |
| 170120 | 1.3358 | 0.8620 | 0.8620 | 19.8723 | 21.0499 | 22.1507 | 21.0257 |
| 170122 | 1.6367 | 0.9093 | 0.9093 | 24.6532 | 25.3981 | 26.6964 | 25.5707 |
| 170123 | 1.6568 | 0.9093 | 0.9093 | 26.4676 | 27.2239 | 28.2363 | 27.2774 |
| 170133 | 1.0499 | 0.9501 | 0.9501 | 21.7748 | 22.9309 | 22.9094 | 22.5427 |
| 170137 | 1.2403 | 0.8017 | 0.8017 | 22.7676 | 23.8863 | 24.7063 | 23.8048 |
| 170142 | 1.3495 | 0.8591 | 0.8591 | 22.4095 | 22.5778 | 23.3910 | 22.8083 |
| 170143 | 1.2000 | * | * | 19.7643 | 20.4459 | * | 20.1017 |
| 170144 | *** | * | * | 24.4259 | 24.6260 | * | 24.5144 |
| 170145 | 1.0697 | 0.8017 | 0.8017 | 21.4472 | 21.5756 | 23.1863 | 22.0533 |
| 170146 | 1.4687 | 0.9501 | 0.9501 | 28.1965 | 29.1358 | 30.3055 | 29.2105 |
| 170147 | 2.0068 | 0.9093 | 0.9093 | 23.1610 | 21.4753 | 22.7160 | 22.4146 |
| 170150 | 1.1923 | 0.8017 | 0.8017 | 17.4916 | 18.5744 | 20.1810 | 18.7858 |
| 170166 | 1.0396 | 0.8017 | 0.8017 | 18.5978 | 19.2842 | 19.8233 | 19.2265 |
| 170175 | 1.3814 | 0.8832 | 0.8832 | 23.6262 | 23.9304 | 25.8196 | 24.4660 |
| 170176 | 1.5073 | 0.9501 | 0.9501 | 24.2283 | 26.2366 | 28.0633 | 26.1546 |
| 170180 | *** | * | * | * | 25.1366 | * | 25.1366 |
| 170182 | 1.4744 | 0.9501 | 0.9501 | 24.3820 | 25.7443 | 28.2886 | 26.1597 |
| 170183 | 1.9823 | 0.9093 | 0.9093 | 22.8633 | 24.5539 | 26.0515 | 24.4826 |
| 170185 | 1.3263 | 0.9501 | 0.9501 | 24.8478 | 26.7797 | 29.1199 | 27.2051 |
| 170186 | 2.6919 | 0.9093 | 0.9093 | 30.5157 | 31.7896 | 33.0190 | 31.8475 |
| 170187 | 1.4655 | 0.8017 | 0.8017 | 21.0780 | 23.3702 | 24.4045 | 22.9793 |
| 170188 | 2.0410 | 0.9501 | 0.9501 | 27.2225 | 29.9751 | 31.8257 | 29.7873 |
| 170190 | 1.0729 | 0.8591 | 0.8591 | 22.4865 | 22.8729 | 22.9911 | 22.7762 |
| 170191 | 1.6457 | 0.8017 | 0.8017 | 24.9599 | 21.3069 | 22.2346 | 22.8619 |
| 170192 | 2.0073 | 0.9093 | 0.9093 | * | 27.9704 | 27.0735 | 27.4857 |
| 170193 | 1.6307 | 0.8832 | 0.8832 | * | 24.7430 | 18.4870 | 21.4458 |
| 170194 | 1.3722 | 0.9501 | 0.9501 | * | 27.9904 | 30.7548 | 29.6973 |
| 170195 | 2.0069 | 0.9501 | 0.9501 | * | * | 30.6081 | 30.6081 |
| 170196 | 2.2556 | 0.9093 | 0.9093 | * | * | * | * |
| 170332 | 0.7372 | * | * | * | * | * | * |
| 170344 | 0.7933 | * | * | * | * | * | * |
| 170374 | 0.8095 | * | * | * | * | * | * |
| 170375 | 0.7667 | * | * | * | * | * | * |
| 180001 | 1.2904 | 0.9599 | 0.9599 | 24.7647 | 25.4217 | 27.4380 | 25.9006 |
| 180002 | 1.0856 | 0.7793 | 0.7793 | 21.6843 | 22.9727 | 25.5510 | 23.4521 |
| 180004 | 1.0814 | 0.7793 | 0.7793 | 19.0834 | 19.5437 | 21.2755 | 19.9789 |
| 180005 | 1.0940 | 0.8759 | 0.8759 | 22.8871 | 24.5561 | 24.9313 | 24.1526 |
| 180006 | 0.8701 | * | * | 15.7136 | 14.8011 | * | 15.2405 |
| 180007 | 1.4568 | 0.9168 | 0.9168 | 21.8724 | 22.7606 | 26.4901 | 23.7049 |
| 180009 | 1.6569 | 0.9009 | 0.9009 | 24.0971 | 25.3837 | 26.6728 | 25.3971 |
| 180010 | 1.9267 | 0.9168 | 0.9168 | 26.4116 | 24.7256 | 25.7070 | 25.5805 |
| 180011 | 1.3761 | 0.8928 | 0.8928 | 22.3183 | 22.7364 | 25.6662 | 23.5939 |
| 180012 | 1.4709 | 0.9137 | 0.9137 | 22.9096 | 24.6642 | 25.8098 | 24.4828 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 180013 | 1.4693 | 0.9571 | 0.9571 | 21.4728 | 22.9512 | 23.9232 | 22.7868 |
| 180016 | 1.3146 | 0.9137 | 0.9137 | 22.2148 | 23.1832 | 24.9302 | 23.4667 |
| 180017 | 1.2778 | 0.8207 | 0.8207 | 19.0694 | 20.8630 | 21.9306 | 20.6221 |
| 180018 | 1.3860 | 0.8928 | 0.8928 | 18.3314 | 19.0992 | 20.9508 | 19.4438 |
| 180019 | 1.1175 | 0.9599 | 0.9599 | 22.0379 | 24.1342 | 24.2365 | 23.4611 |
| 180020 | 1.0710 | 0.7793 | 0.7793 | 22.3477 | 21.9494 | 24.3479 | 22.9113 |
| 180021 | 0.9567 | 0.7793 | 0.7793 | 17.9346 | 18.5966 | 19.2640 | 18.6011 |
| 180024 | 1.1122 | 0.9137 | 0.9137 | 23.6826 | 32.1824 | 31.3281 | 28.9328 |
| 180025 | 1.1108 | 0.9137 | 0.9137 | 17.4781 | 19.1543 | 22.8383 | 19.7600 |
| 180026 | 1.0695 | * | * | 15.8431 | 18.2120 | * | 17.0401 |
| 180027 | 1.1962 | 0.8094 | 0.8094 | 22.1072 | 23.8763 | 21.2891 | 22.3439 |
| 180028 | 0.9346 | 0.8759 | 0.8759 | 21.4766 | 24.7968 | 25.4328 | 23.9001 |
| 180029 | 1.3805 | 0.8062 | 0.8062 | 21.2110 | 23.0536 | 25.1372 | 23.1824 |
| 180035 | 1.6266 | 0.9599 | 0.9599 | 26.7702 | 29.8438 | 31.8857 | 29.5742 |
| 180036 | 1.2029 | 0.9009 | 0.9009 | 23.1636 | 25.1154 | 25.8131 | 24.6472 |
| 180037 | 1.2572 | 0.9137 | 0.9137 | 24.4451 | 25.7361 | 26.3742 | 25.5161 |
| 180038 | 1.4800 | 0.8780 | 0.8780 | 22.2750 | 24.6348 | 25.9911 | 24.2496 |
| 180040 | 2.0538 | 0.9137 | 0.9137 | 24.5590 | 26.2125 | 27.7343 | 26.2542 |
| 180041 | *** | * | * | 18.5483 | * | * | 18.5483 |
| 180043 | 1.1754 | 0.7793 | 0.7793 | 18.8436 | 19.0617 | 20.6947 | 19.5226 |
| 180044 | 1.6181 | 0.8759 | 0.8759 | 21.6837 | 23.0971 | 24.6946 | 23.1584 |
| 180045 | 1.3355 | 0.9599 | 0.9599 | 24.5856 | 25.8349 | 27.3369 | 25.9400 |
| 180046 | 1.0532 | 0.9168 | 0.9168 | 24.7562 | 27.2244 | 27.5609 | 26.5441 |
| 180047 | 0.9169 | * | * | 20.4768 | 21.8037 | * | 21.1276 |
| 180048 | 1.2720 | 0.9137 | 0.9137 | 22.3601 | 21.6571 | 23.9768 | 22.6449 |
| 180049 [h] | 1.3907 | 0.9744 | 0.9744 | 19.4488 | 23.3407 | 23.1703 | 22.0488 |
| 180050 | 1.1591 | 0.7793 | 0.7793 | 21.7150 | 22.6473 | 25.5270 | 23.2474 |
| 180051 | 1.2771 | 0.8431 | 0.8431 | 19.2100 | 21.3312 | 23.0986 | 21.2619 |
| 180053 | 1.0110 | 0.7793 | 0.7793 | 18.6610 | 19.1578 | 20.0309 | 19.3175 |
| 180054 | *** | * | * | 19.0657 | * | * | 19.0657 |
| 180055 | 1.1340 | * | * | 21.1989 | 20.7237 | * | 20.9496 |
| 180056 | 1.1090 | 0.8844 | 0.8844 | 21.4695 | 22.8910 | 24.9363 | 23.0960 |
| 180063 | 1.1323 | * | * | 15.9185 | 17.9741 | * | 17.0063 |
| 180064 | 1.2625 | 0.7793 | 0.7793 | 15.3819 | 16.2638 | 17.2395 | 16.3222 |
| 180066 | 1.1353 | 0.9571 | 0.9571 | 24.6359 | 24.9543 | 22.6968 | 24.0612 |
| 180067 | 2.0454 | 0.9168 | 0.9168 | 24.0551 | 25.4080 | 27.3195 | 25.5822 |
| 180069 | 1.0900 | 0.8759 | 0.8759 | 20.8797 | 22.3674 | 24.8052 | 22.7309 |
| 180070 | 1.1763 | 0.7793 | 0.7793 | 17.4266 | 20.1308 | 20.6670 | 19.4044 |
| 180078 | 1.1205 | 0.8759 | 0.8759 | 25.4196 | 26.2636 | 27.6613 | 26.4740 |
| 180079 | 1.1252 | 0.7793 | 0.7793 | 19.5783 | 19.7791 | 20.0616 | 19.8220 |
| 180080 | 1.2929 | 0.8278 | 0.8278 | 20.1651 | 21.7380 | 21.3549 | 21.0816 |
| 180087 | 1.2016 | 0.7793 | 0.7793 | 17.7758 | 18.4331 | 19.5444 | 18.6024 |
| 180088 | 1.6372 | 0.9137 | 0.9137 | 24.6053 | 27.5767 | 28.1804 | 26.8275 |
| 180092 | 1.1833 | 0.9168 | 0.9168 | 22.4864 | 22.5679 | 24.2126 | 23.0944 |
| 180093 | 1.5187 | 0.8545 | 0.8545 | 19.2748 | 20.5422 | 21.1607 | 20.3257 |
| 180095 | 1.0540 | 0.7793 | 0.7793 | 17.1354 | 17.9677 | 17.9541 | 17.6956 |
| 180101 | 1.1164 | 0.9168 | 0.9168 | 24.2242 | 25.4796 | 28.3249 | 26.0568 |
| 180102 | 1.6318 | 0.8094 | 0.8094 | 19.1136 | 18.4388 | 21.2737 | 19.5783 |
| 180103 | 2.1888 | 0.9168 | 0.9168 | 25.1577 | 26.9407 | 28.4766 | 26.8190 |
| 180104 | 1.6266 | 0.8094 | 0.8094 | 22.8911 | 24.9441 | 25.9248 | 24.6219 |
| 180105 | 0.8701 | 0.7793 | 0.7793 | 19.5364 | 19.7615 | 19.8581 | 19.7194 |
| 180106 | 0.9335 | 0.7793 | 0.7793 | 15.7851 | 17.8020 | 19.1634 | 17.6990 |
| 180115 | 0.9382 | 0.7793 | 0.7793 | 19.9316 | 20.9831 | 20.2666 | 20.3950 |
| 180116 | 1.2247 | 0.8210 | 0.8210 | 21.8698 | 22.7353 | 23.1396 | 22.5915 |
| 180117 | 0.9727 | 0.7793 | 0.7793 | 20.5952 | 21.1854 | 22.4436 | 21.4051 |
| 180124 | 1.3041 | 0.9571 | 0.9571 | 21.4270 | 23.1917 | 24.9816 | 23.2096 |
| 180126 | 1.0703 | * | * | 15.1776 | * | * | 15.1776 |
| 180127 | 1.3028 | 0.9137 | 0.9137 | 21.4633 | 23.4765 | 24.8603 | 23.2919 |
| 180128 | 0.9146 | 0.8075 | 0.8075 | 20.5575 | 20.8406 | 21.9414 | 21.1232 |
| 180130 | 1.6643 | 0.9137 | 0.9137 | 24.8441 | 26.0278 | 27.7053 | 26.2114 |
| 180132 | 1.4816 | 0.8928 | 0.8928 | 22.2101 | 23.7652 | 24.5256 | 23.5331 |
| 180134 | 1.0218 | * | * | 17.3449 | 18.6779 | * | 18.0324 |
| 180138 | 1.2283 | 0.9137 | 0.9137 | 25.1789 | 27.3400 | 28.8157 | 27.1346 |
| 180139 | 1.0399 | 0.8928 | 0.8928 | 21.3797 | 23.5363 | 23.3285 | 22.7513 |
| 180141 | 1.8300 | 0.9137 | 0.9137 | 24.3140 | 25.3042 | 25.3054 | 24.9917 |
| 180143 | 1.6199 | 0.9168 | 0.9168 | 23.9125 | 25.1613 | 28.6078 | 26.0627 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 180144 | *** | * | * | * | * | 30.3286 | 30.3286 |
| 180147 | 1.6674 | 0.8164 | 0.8164 | * | * | * | * |
| 180148 | 1.9111 | 0.7793 | 0.7793 | * | * | * | * |
| 180325 | 0.6167 | * | * | * | * | * | * |
| 190001 | 1.1128 | 0.8855 | 0.8855 | 19.5680 | 19.7516 | 21.5505 | 20.3938 |
| 190002 | 1.6807 | 0.8300 | 0.8300 | 21.7000 | 22.0056 | 23.3871 | 22.3593 |
| 190003 | 1.4747 | 0.8300 | 0.8300 | 21.8156 | 23.4977 | 25.1210 | 23.4734 |
| 190004 | 1.3195 | 0.8003 | 0.8003 | 22.1835 | 23.3290 | 24.5339 | 23.3634 |
| 190005 | 1.4444 | 0.8855 | 0.8855 | 20.7987 | 22.3208 | 23.3281 | 22.1604 |
| 190006 | 1.3548 | 0.8300 | 0.8300 | 19.4573 | 22.2467 | 22.8415 | 21.4705 |
| 190007 | 1.1671 | 0.7487 | 0.7487 | 18.7854 | 19.7528 | 21.6654 | 20.0400 |
| 190008 | 1.7539 | 0.8003 | 0.8003 | 21.4137 | 24.0111 | 24.7413 | 23.4477 |
| 190009 | 1.1787 | 0.8028 | 0.8028 | 18.8295 | 19.8404 | 21.1607 | 19.8729 |
| 190010 | 1.0751 | * | * | 19.9788 | 21.6889 | * | 20.8295 |
| 190011 | 1.0542 | 0.8015 | 0.8015 | 18.1525 | 19.7319 | 20.7613 | 19.5483 |
| 190013 | 1.5067 | 0.7934 | 0.7934 | 19.6346 | 20.8626 | 21.8582 | 20.7874 |
| 190014 | 1.2522 | 0.7487 | 0.7487 | 17.4740 | 22.4596 | 22.4213 | 20.6365 |
| 190015 | 1.3280 | 0.8855 | 0.8855 | 22.1046 | 22.8875 | 24.0393 | 23.0562 |
| 190017 [h] | 1.3326 | 0.8535 | 0.8535 | 18.6962 | 21.5033 | 23.9006 | 21.2079 |
| 190019 | 1.7368 | 0.8028 | 0.8028 | 23.0704 | 23.7168 | 24.9325 | 23.9113 |
| 190020 | 1.1669 | 0.8102 | 0.8102 | 19.8505 | 21.6136 | 21.7393 | 21.0389 |
| 190025 | 1.1904 | 0.7487 | 0.7487 | 20.4651 | 20.8950 | 22.7566 | 21.3808 |
| 190026 | 1.5893 | 0.8028 | 0.8028 | 21.3386 | 22.5087 | 23.6452 | 22.5325 |
| 190027 | 1.7130 | 0.7934 | 0.7934 | 21.2449 | 21.2526 | 24.1159 | 22.1755 |
| 190034 | 1.1212 | 0.7487 | 0.7487 | 17.5002 | 19.6943 | 20.1435 | 19.1254 |
| 190036 | 1.7154 | 0.8855 | 0.8855 | 23.7356 | 24.8152 | 26.1501 | 24.8932 |
| 190037 | 1.0152 | 0.7934 | 0.7934 | 16.7629 | 18.6393 | 19.4805 | 18.2227 |
| 190039 | 1.4789 | 0.8855 | 0.8855 | 23.3105 | 25.6665 | 24.8064 | 24.6160 |
| 190040 | 1.3347 | 0.8855 | 0.8855 | 23.8076 | 26.7428 | 29.1926 | 26.4378 |
| 190041 | 1.4817 | 0.8879 | 0.8879 | 23.9082 | 24.6734 | 28.2604 | 25.5075 |
| 190043 | 0.9762 | * | * | 16.8944 | 17.3477 | * | 17.1195 |
| 190044 [h] | 1.2847 | 0.8300 | 0.8300 | 19.5304 | 19.5567 | 19.6876 | 19.5901 |
| 190045 | 1.6052 | 0.8855 | 0.8855 | 24.0490 | 25.3854 | 26.1439 | 25.2015 |
| 190046 | 1.4230 | 0.8855 | 0.8855 | 22.2884 | 24.2128 | 24.4763 | 23.6621 |
| 190048 | 1.0930 | 0.7487 | 0.7487 | 18.6148 | 19.6288 | 24.1444 | 20.4885 |
| 190049 | *** | * | * | 20.1229 | * | * | 20.1229 |
| 190050 | 1.1065 | 0.7487 | 0.7487 | 18.5287 | 19.1076 | 20.2752 | 19.3127 |
| 190053 | 1.0904 | 0.7487 | 0.7487 | 15.7258 | 16.4968 | 17.0974 | 16.4674 |
| 190054 | 1.3124 | 0.7594 | 0.7594 | 20.3525 | 20.1108 | 22.5554 | 21.0238 |
| 190059 | 0.8305 | * | * | 19.2396 | * | * | 19.2396 |
| 190060 | 1.4882 | 0.7934 | 0.7934 | 22.2517 | 23.6278 | 23.7228 | 23.1972 |
| 190064 | 1.5792 | 0.8102 | 0.8102 | 21.5514 | 23.3617 | 23.1018 | 22.6984 |
| 190065 | 1.5196 | 0.8102 | 0.8102 | 23.0523 | 23.7450 | 23.2052 | 23.3343 |
| 190077 | 0.9219 | * | * | 18.4043 | 18.8409 | * | 18.6185 |
| 190078 [h] | 1.0622 | 0.8535 | 0.8535 | 21.5782 | 21.3786 | 21.4302 | 21.4587 |
| 190079 | 1.2803 | 0.8855 | 0.8855 | 21.8158 | 21.2546 | 24.5361 | 22.5734 |
| 190081 | 0.8857 | 0.7487 | 0.7487 | 14.9141 | 15.6146 | 17.3888 | 15.9862 |
| 190083 | 0.8253 | * | * | 19.2683 | * | * | 19.2683 |
| 190086 | 1.2411 | 0.8015 | 0.8015 | 18.8306 | 19.8823 | 21.7601 | 20.1681 |
| 190088 [h] | 1.0582 | 0.9584 | 0.9584 | 22.5045 | 22.3480 | 23.7776 | 22.8555 |
| 190089 | 1.0009 | * | * | 16.2961 | * | * | 16.2961 |
| 190090 | 1.0399 | 0.7487 | 0.7487 | 20.0745 | 20.2045 | 21.9736 | 20.8003 |
| 190095 | *** | * | * | 18.7302 | 18.0174 | * | 18.3606 |
| 190098 | 1.6321 | 0.8879 | 0.8879 | 23.0802 | 24.6353 | 25.4941 | 24.4176 |
| 190099 | 0.9927 | 0.8102 | 0.8102 | 21.1657 | 20.4597 | 21.4308 | 21.0206 |
| 190102 | 1.5637 | 0.8300 | 0.8300 | 23.4618 | 25.2267 | 26.2644 | 24.9673 |
| 190106 | 1.1741 | 0.8028 | 0.8028 | 21.5643 | 21.7228 | 22.9793 | 22.1017 |
| 190109 | 1.1062 | 0.8003 | 0.8003 | 17.4842 | 18.6524 | 19.7946 | 18.5909 |
| 190110 | 0.9270 | * | * | 19.0611 | * | * | 19.0611 |
| 190111 | 1.6432 | 0.8879 | 0.8879 | 25.2370 | 24.4998 | 26.0669 | 25.2574 |
| 190114 | 1.0698 | 0.7487 | 0.7487 | 14.6258 | 15.8031 | 15.8975 | 15.4576 |
| 190115 | 1.1109 | 0.8879 | 0.8879 | 26.0272 | 26.6295 | 27.9894 | 26.8610 |
| 190116 | 1.2757 | 0.7487 | 0.7487 | 18.6074 | 20.3844 | 21.4300 | 20.1684 |
| 190118 | 0.9548 | 0.8879 | 0.8879 | 19.0200 | 19.7025 | 20.6847 | 19.8213 |
| 190122 | 1.2678 | 0.8102 | 0.8102 | 19.3131 | 23.7082 | 21.6887 | 21.4626 |
| 190124 | 1.5845 | 0.8855 | 0.8855 | 23.4862 | 24.6675 | 26.4280 | 24.8426 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 190125 | 1.6592 | 0.8015 | 0.8015 | 22.3976 | 23.9649 | 25.7211 | 23.9666 |
| 190128 | 1.0106 | 0.8102 | 0.8102 | 24.7842 | 27.9136 | 28.1804 | 26.9928 |
| 190130 | 1.0390 | * | * | 16.6910 | * | * | 16.6910 |
| 190131 | 1.1810 | 0.8855 | 0.8855 | 22.5032 | 25.1917 | 27.3959 | 25.0842 |
| 190133 | 0.9292 | 0.7725 | 0.7725 | 14.3089 | 13.6266 | 17.7890 | 15.7239 |
| 190135 | 1.5040 | 0.8855 | 0.8855 | 26.9920 | 26.8238 | 28.2929 | 27.3619 |
| 190140 | 1.0098 | 0.7487 | 0.7487 | 17.0371 | 17.6936 | 18.5731 | 17.7798 |
| 190144 [h] | 1.1524 | 0.9584 | 0.9584 | 21.1658 | 21.7547 | 23.1334 | 22.0403 |
| 190145 | 0.9656 | 0.7487 | 0.7487 | 17.3361 | 18.9678 | 18.4810 | 18.2716 |
| 190146 | 1.5838 | 0.8855 | 0.8855 | 23.7721 | 26.1792 | 27.6317 | 25.7618 |
| 190148 | *** | * | * | 20.8321 | * | * | 20.8321 |
| 190149 | 0.9370 | * | * | 17.1671 | 18.8819 | * | 17.9835 |
| 190151 | 0.9812 | 0.7487 | 0.7487 | 17.8741 | 18.6293 | 17.5239 | 18.0074 |
| 190152 | 1.3746 | 0.8855 | 0.8855 | 27.4708 | 27.6099 | 29.4694 | 28.1681 |
| 190156 | 0.8864 | * | * | 18.3702 | * | * | 18.3702 |
| 190158 | 1.5509 | 0.8855 | 0.8855 | 26.2352 | 26.3042 | 27.1110 | 26.5427 |
| 190160 | 1.5748 | 0.8015 | 0.8015 | 20.0025 | 21.6740 | 22.7598 | 21.4114 |
| 190161 | 1.0826 | 0.7934 | 0.7934 | 17.8794 | 19.1022 | 22.3359 | 19.6222 |
| 190162 | *** | * | * | 22.1781 | 25.0328 | 25.7829 | 24.2603 |
| 190164 | 1.0953 | 0.8028 | 0.8028 | 21.4247 | 22.8599 | 24.0576 | 22.8477 |
| 190167 | 1.1968 | 0.7487 | 0.7487 | 17.8604 | 24.3185 | 25.8153 | 22.5159 |
| 190175 | 1.3812 | 0.8855 | 0.8855 | 24.6790 | 27.1531 | 26.1048 | 26.0265 |
| 190176 | 1.7672 | 0.8855 | 0.8855 | 25.8482 | 25.6997 | 26.8503 | 26.1394 |
| 190177 | 1.7055 | 0.8855 | 0.8855 | 25.4769 | 27.4621 | 27.9703 | 26.9919 |
| 190182 | 1.0531 | 0.8855 | 0.8855 | 25.0837 | 28.4799 | 27.5625 | 26.9440 |
| 190183 | 1.1374 | 0.8003 | 0.8003 | 18.3151 | 19.8084 | 22.0079 | 19.9316 |
| 190184 | 0.9618 | 0.7648 | 0.7648 | 21.3191 | 23.9609 | 22.4219 | 22.5353 |
| 190185 | 1.4457 | 0.8855 | 0.8855 | 24.4176 | 24.7912 | 26.1253 | 25.1793 |
| 190190 | 0.8819 | 0.7648 | 0.7648 | 14.0052 | 16.1195 | 22.9091 | 18.5382 |
| 190191 [h] | 1.3219 | 0.8102 | 0.8102 | 22.3755 | 23.5734 | 23.3481 | 23.1104 |
| 190196 | 0.9313 | 0.8300 | 0.8300 | 21.9355 | 24.7135 | 24.3478 | 23.6938 |
| 190197 | 1.3995 | 0.8015 | 0.8015 | 22.9631 | 24.3735 | 25.2869 | 24.1817 |
| 190199 | 1.1332 | 0.8102 | 0.8102 | 18.5317 | 14.1410 | 18.4387 | 16.8503 |
| 190200 | *** | * | * | 26.4258 | 27.5681 | 29.3041 | 27.5730 |
| 190201 | 1.4773 | 0.7934 | 0.7934 | 22.5588 | 24.5877 | 25.3816 | 24.2106 |
| 190202 | 1.3534 | 0.8102 | 0.8102 | 21.8900 | 24.7944 | 26.9337 | 24.6847 |
| 190203 | 5.8369 | 0.8855 | 0.8855 | 26.9099 | 26.8795 | 28.7207 | 27.4692 |
| 190204 | 1.4705 | 0.8855 | 0.8855 | 28.8777 | 28.3684 | 28.9970 | 28.7443 |
| 190205 | 1.7340 | 0.8300 | 0.8300 | 21.7696 | 24.4540 | 25.8360 | 24.0124 |
| 190206 | 1.5267 | 0.8855 | 0.8855 | 26.9117 | 26.0139 | 26.9116 | 26.6047 |
| 190208 | 0.8148 | 0.7487 | 0.7487 | 24.8409 | 24.2586 | 24.8507 | 24.6578 |
| 190218 | 1.1776 | 0.8715 | 0.8715 | 23.9182 | 25.0356 | 26.1218 | 25.0378 |
| 190236 | 1.4266 | 0.8879 | 0.8879 | 23.8233 | 23.6824 | 25.3463 | 24.2960 |
| 190240 | *** | * | * | 13.9888 | * | * | 13.9888 |
| 190241 | 1.4098 | 0.8003 | 0.8003 | 28.9620 | 23.9700 | 24.8072 | 25.7035 |
| 190242 | 1.1366 | 0.8102 | 0.8102 | 20.5937 | 23.0072 | 24.3809 | 22.7673 |
| 190243 | *** | * | * | 30.6060 | * | * | 30.6060 |
| 190245 | 1.6145 | 0.8015 | 0.8015 | * | 27.1786 | 26.0610 | 26.6431 |
| 190246 | 1.7005 | 0.7648 | 0.7648 | * | * | * | * |
| 190247 | *** | * | * | * | * | 32.6169 | 32.6169 |
| 190248 | *** | * | * | * | * | 22.5610 | 22.5610 |
| 190249 | 1.6224 | 0.8102 | 0.8102 | * | * | 19.9654 | 19.9654 |
| 190250 | 2.2982 | 0.8855 | 0.8855 | * | * | 30.7776 | 30.7776 |
| 190251 | 1.3551 | 0.8102 | 0.8102 | * | * | 22.7409 | 22.7409 |
| 190252 | *** | * | * | * | * | 23.5958 | 23.5958 |
| 190253 | 1.0067 | 0.8855 | 0.8855 | * | * | 23.2202 | 23.2202 |
| 190254 | *** | * | * | * | * | 32.7951 | 32.7951 |
| 190255 | 0.7132 | 0.8300 | 0.8300 | * | * | 23.6948 | 23.6948 |
| 190256 | 1.0318 | 0.8855 | 0.8855 | * | * | * | * |
| 190257 | 1.6790 | 0.7487 | 0.7487 | * | * | 23.3563 | 23.3563 |
| 190258 | 1.6850 | 0.8879 | 0.8879 | * | * | 31.4217 | 31.4217 |
| 190259 | 1.6898 | 0.8300 | 0.8300 | * | * | * | * |
| 190260 | 1.4951 | 0.8855 | 0.8855 | * | * | * | * |
| 190261 | 0.8481 | 0.8015 | 0.8015 | * | * | * | * |
| 190262 | 1.3581 | 0.8855 | 0.8855 | * | * | * | * |
| 190263 | 2.3925 | 0.8300 | 0.8300 | * | * | * | * |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 190264 | 0.8475 | * | * | * | * | * | * |
| 190265 | 1.7577 | * | * | * | * | * | * |
| 190266 | 2.1798 | * | * | * | * | * | * |
| 190267 | 1.1686 | * | * | * | * | * | * |
| 190268 | 1.0792 | * | * | * | * | * | * |
| 190272 | 1.5252 | * | * | * | * | * | * |
| 190315 | 0.6227 | * | * | * | * | * | * |
| 190319 | 0.6636 | * | * | * | * | * | * |
| 190322 | 0.6534 | * | * | * | * | * | * |
| 200001 | 1.3968 | 0.9702 | 0.9702 | 23.2210 | 25.1145 | 25.2214 | 24.5549 |
| 200002 | 1.1618 | 0.8528 | 0.8528 | 24.1446 | 25.7478 | 25.8372 | 25.2072 |
| 200007 | 1.0634 | * | * | 22.3920 | * | * | 22.3920 |
| 200008 | 1.3499 | 0.9916 | 0.9916 | 25.1741 | 27.4412 | 28.1910 | 26.9280 |
| 200009 | 1.9130 | 0.9916 | 0.9916 | 28.1409 | 31.1056 | 30.5597 | 29.9288 |
| 200012 | 1.2286 | * | * | 24.1243 | 25.7623 | * | 24.9713 |
| 200013 | 1.0902 | * | * | 23.9048 | 24.4131 | * | 24.1576 |
| 200018 | 1.3112 | 0.8399 | 0.8399 | 24.3294 | 23.6337 | 23.3123 | 23.7070 |
| 200019 | 1.2865 | 0.9916 | 0.9916 | 24.0926 | 25.1367 | 25.9081 | 25.0652 |
| 200020 | 1.2500 | 1.0309 | 1.0309 | 28.7351 | 31.7083 | 33.4438 | 31.3595 |
| 200021 | 1.2371 | 0.9916 | 0.9916 | 25.1027 | 24.5519 | 27.4575 | 25.7589 |
| 200024 | 1.5547 | 0.9487 | 0.9487 | 24.6484 | 26.0080 | 26.9002 | 25.9263 |
| 200025 | 1.1601 | 0.9916 | 0.9916 | 24.3646 | 26.0573 | 27.0379 | 25.8101 |
| 200026 | *** | * | * | 21.9997 | * | * | 21.9997 |
| 200027 | 1.2078 | * | * | 23.2912 | 26.3118 | * | 24.7659 |
| 200028 | 1.0082 | * | * | 24.3061 | 24.3271 | * | 24.3172 |
| 200031 | 1.2800 | 0.8399 | 0.8399 | 20.6202 | 21.9489 | 21.2055 | 21.2587 |
| 200032 | 1.1803 | 0.8865 | 0.8865 | 24.2221 | 25.5227 | 26.6057 | 25.4585 |
| 200033 | 1.8640 | 0.9702 | 0.9702 | 26.8727 | 28.6479 | 29.5897 | 28.3730 |
| 200034 | 1.3356 | 0.9487 | 0.9487 | 26.1150 | 26.2926 | 27.3852 | 26.6073 |
| 200037 | 1.1709 | 0.8399 | 0.8399 | 23.3490 | 23.2333 | 24.3927 | 23.6760 |
| 200039 | 1.2856 | 0.9487 | 0.9487 | 24.0474 | 25.1196 | 24.9813 | 24.7257 |
| 200040 | 1.2411 | 0.9916 | 0.9916 | 23.6791 | 25.5405 | 26.1019 | 25.0872 |
| 200041 | 1.1777 | 0.8399 | 0.8399 | 23.6797 | 24.5532 | 24.8537 | 24.3828 |
| 200050 | 1.2158 | 0.9702 | 0.9702 | 25.5233 | 26.4992 | 27.7986 | 26.6203 |
| 200052 | 1.1205 | 0.8399 | 0.8399 | 22.7763 | 21.8726 | 22.6132 | 22.4260 |
| 200063 | 1.1573 | 0.9487 | 0.9487 | 24.7235 | 25.0167 | 25.9508 | 25.2331 |
| 200066 | 1.1290 | * | * | 21.6354 | * | * | 21.6354 |
| 210001 | 1.4173 | 0.9211 | 0.9211 | 26.3144 | 27.7561 | 27.6008 | 27.2238 |
| 210002 | 1.9843 | 1.0090 | 1.0090 | 25.2859 | 26.4992 | 32.7693 | 28.0377 |
| 210003 | 1.6774 | 1.1076 | 1.1076 | 32.3042 | 29.8684 | 34.2570 | 32.1281 |
| 210004 | 1.4303 | 1.1068 | 1.1068 | 29.4300 | 34.2392 | 33.2835 | 32.3122 |
| 210005 | 1.2792 | 1.1028 | 1.1028 | 27.1276 | 28.7557 | 28.9736 | 28.2902 |
| 210006 | 1.0955 | 1.0090 | 1.0090 | 25.6396 | 25.4081 | 26.5757 | 25.8788 |
| 210007 | 1.9108 | 1.0090 | 1.0090 | 28.4496 | 30.2548 | 32.0607 | 30.2720 |
| 210008 | 1.3721 | 1.0090 | 1.0090 | 26.3008 | 25.2833 | 24.6380 | 25.3549 |
| 210009 | 1.7671 | 1.0090 | 1.0090 | 24.6332 | 26.2360 | 28.7516 | 26.5487 |
| 210010 | *** | * | * | 24.5071 | 25.7775 | * | 25.1483 |
| 210011 | 1.4072 | 1.0090 | 1.0090 | 24.8373 | 27.5031 | 29.9956 | 27.5064 |
| 210012 | 1.6687 | 1.0090 | 1.0090 | 25.7934 | 27.4103 | 30.3738 | 27.9884 |
| 210013 | 1.3016 | 1.0090 | 1.0090 | 23.9875 | 25.1348 | 28.1586 | 25.7366 |
| 210015 | 1.3253 | 1.0090 | 1.0090 | 25.8532 | 28.2029 | 30.4000 | 28.1869 |
| 210016 | 1.8484 | 1.1068 | 1.1068 | 28.6992 | 32.2081 | 32.9950 | 31.2873 |
| 210017 | 1.2333 | 0.8946 | 0.8946 | 21.3983 | 23.2168 | 24.8570 | 23.1911 |
| 210018 | 1.2046 | 1.1068 | 1.1068 | 27.5431 | 29.1870 | 29.7414 | 28.8513 |
| 210019 | 1.7934 | 0.8958 | 0.8958 | 24.9252 | 26.1824 | 27.6140 | 26.2446 |
| 210022 | 1.3768 | 1.1068 | 1.1068 | 30.1470 | 33.8015 | 35.4174 | 33.0730 |
| 210023 | 1.4377 | 1.0299 | 1.0299 | 29.0844 | 30.4656 | 32.2959 | 30.6752 |
| 210024 | 1.7307 | 1.0090 | 1.0090 | 27.1756 | 29.5579 | 31.0777 | 29.2823 |
| 210025 | 1.2602 | 0.8946 | 0.8946 | 23.8943 | 26.0771 | 26.8894 | 25.5852 |
| 210027 | 1.4414 | 0.8946 | 0.8946 | 23.9255 | 26.0111 | 25.5623 | 25.2157 |
| 210028 | 1.1079 | 0.9458 | 0.9458 | 24.1265 | 25.9221 | 26.5604 | 25.5493 |
| 210029 | 1.2797 | 1.0090 | 1.0090 | 31.2888 | 27.9741 | 31.4973 | 30.1510 |
| 210030 | 1.3403 | 0.8946 | 0.8946 | 27.5507 | 29.5635 | 27.8221 | 28.3058 |
| 210032 | 1.1400 | 1.0878 | 1.0878 | 25.7138 | 26.1829 | 27.3503 | 26.4352 |
| 210033 | 1.1879 | 1.0090 | 1.0090 | 26.6113 | 29.0420 | 29.2098 | 28.3156 |
| 210034 | 1.3061 | 1.0090 | 1.0090 | 26.3896 | 28.4308 | 30.7435 | 28.5652 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 210035 | 1.2634 | 1.1076 | 1.1076 | 24.5198 | 26.1082 | 28.2974 | 26.3729 |
| 210037 | 1.2148 | 0.8946 | 0.8946 | 24.1913 | 27.0973 | 27.4321 | 26.3569 |
| 210038 | 1.1762 | 1.0090 | 1.0090 | 28.3414 | 29.5980 | 30.2311 | 29.4259 |
| 210039 | 1.1341 | 1.1076 | 1.1076 | 25.8415 | 27.6940 | 30.6411 | 28.0851 |
| 210040 | 1.2321 | 1.0090 | 1.0090 | 28.3723 | 29.3514 | 28.6883 | 28.8196 |
| 210043 | 1.3335 | 1.0299 | 1.0299 | 24.3070 | 27.5657 | 28.0237 | 26.6189 |
| 210044 | 1.3586 | 1.0090 | 1.0090 | 24.8083 | 28.8700 | 30.1590 | 27.9174 |
| 210045 | 1.0603 | 0.8958 | 0.8958 | 15.0867 | 15.6380 | 14.3656 | 15.0218 |
| 210048 | 1.3049 | 1.0377 | 1.0377 | 25.0617 | 28.4638 | 27.3793 | 27.0126 |
| 210049 | 1.2098 | 1.0090 | 1.0090 | 25.9342 | 26.9656 | 26.7764 | 26.5560 |
| 210051 | 1.3106 | 1.1076 | 1.1076 | 27.3692 | 29.2998 | 30.1862 | 28.9788 |
| 210054 | 1.3557 | 1.1076 | 1.1076 | 24.6658 | 26.2295 | 27.6137 | 26.2370 |
| 210055 | 1.2007 | 1.1076 | 1.1076 | 28.0014 | 29.9708 | 30.8388 | 29.6378 |
| 210056 | 1.2815 | 1.0090 | 1.0090 | 26.6884 | 28.6091 | 30.5354 | 28.6855 |
| 210057 | 1.4141 | 1.1068 | 1.1068 | 29.2233 | 32.2883 | 31.9780 | 31.2261 |
| 210058 | 1.0867 | 1.0090 | 1.0090 | 24.8576 | 29.7841 | 31.7032 | 29.0401 |
| 210060 | 1.1523 | 1.1076 | 1.1076 | 28.7531 | 28.5087 | 28.8466 | 28.7138 |
| 210061 | 1.3223 | 0.8946 | 0.8946 | 24.1369 | 23.6662 | 23.0523 | 23.5621 |
| 220001 | 1.2596 | 1.1318 | 1.1318 | 27.3238 | 29.0014 | 31.2085 | 29.1967 |
| 220002 | 1.3298 | 1.1318 | 1.1318 | 28.9722 | 30.3598 | 32.8760 | 30.8268 |
| 220003 | 1.0758 | * | * | 20.5790 | 22.0549 | * | 21.3294 |
| 220006 | *** | * | * | 29.5946 | 30.8599 | 30.7330 | 30.4422 |
| 220008 | 1.2830 | 1.0791 | 1.0791 | 27.1675 | 30.1043 | 30.9345 | 29.4497 |
| 220010 | 1.2555 | 1.1318 | 1.1318 | 27.4161 | 29.7998 | 31.4253 | 29.5798 |
| 220011 | 1.1836 | 1.1318 | 1.1318 | 32.6624 | 34.4064 | 32.7733 | 33.3053 |
| 220012 | 1.5060 | 1.2553 | 1.2553 | 32.9791 | 35.7872 | 37.6096 | 35.5395 |
| 220015 | 1.1800 | 1.0664 | 1.0664 | 25.5449 | 28.3397 | 29.7600 | 27.9761 |
| 220016 | 1.1151 | 1.0664 | 1.0664 | 26.8798 | 28.0609 | 30.8663 | 28.6310 |
| 220017 | 1.2644 | 1.1687 | 1.1687 | 28.8264 | 29.7108 | 31.2550 | 29.9361 |
| 220019 | 1.1472 | 1.1318 | 1.1318 | 22.2294 | 23.2544 | 24.9623 | 23.5079 |
| 220020 | 1.1731 | 1.0791 | 1.0791 | 24.2279 | 26.5305 | 27.8385 | 26.2353 |
| 220024 | 1.3169 | 1.0664 | 1.0664 | 25.5837 | 27.3488 | 28.6898 | 27.1876 |
| 220025 | 1.0713 | 1.1318 | 1.1318 | 24.5186 | 23.0637 | 26.0299 | 24.5351 |
| 220028 | 1.5243 | 1.1318 | 1.1318 | 31.3592 | 32.0980 | 31.5587 | 31.6664 |
| 220029 | 1.1194 | 1.1318 | 1.1318 | 28.1432 | 28.6970 | 31.1099 | 29.3471 |
| 220030 | 1.1049 | 1.0664 | 1.0664 | 23.6257 | 24.4289 | 25.9633 | 24.7095 |
| 220031 | 1.6617 | 1.1687 | 1.1687 | 32.2660 | 34.8183 | 37.0251 | 34.7408 |
| 220033 | 1.1670 | 1.1318 | 1.1318 | 26.8049 | 28.2539 | 31.3862 | 28.8106 |
| 220035 | 1.4035 | 1.1318 | 1.1318 | 27.5533 | 28.6238 | 31.2994 | 29.2385 |
| 220036 | 1.5300 | 1.1687 | 1.1687 | 29.6296 | 31.5184 | 33.5361 | 31.6091 |
| 220041 | *** | * | * | 29.7464 | * | * | 29.7464 |
| 220046 | 1.4404 | 1.1318 | 1.0664 | 27.7726 | 28.1396 | 30.3602 | 28.8066 |
| 220049 | 1.2204 | 1.1318 | 1.1318 | 27.0464 | 27.7517 | 30.6379 | 28.5150 |
| 220050 | 1.1427 | 1.0664 | 1.0664 | 24.9945 | 26.3768 | 28.0886 | 26.5235 |
| 220051 | 1.2556 | 1.0664 | 1.0664 | 26.5575 | 29.8380 | 30.6499 | 28.9958 |
| 220052 | 1.1658 | 1.1687 | 1.1687 | 28.0925 | 29.8577 | 32.5961 | 30.0602 |
| 220058 | 1.0009 | 1.1318 | 1.1318 | 25.0598 | 24.9642 | 26.7206 | 25.5650 |
| 220060 | 1.1942 | 1.2181 | 1.2181 | 30.8242 | 32.3362 | 33.0544 | 32.1202 |
| 220062 | 0.5772 | 1.1318 | 1.1318 | 21.9489 | 24.2779 | 24.9938 | 23.7495 |
| 220063 | 1.2343 | 1.1318 | 1.1318 | 25.5840 | 27.3967 | 29.9941 | 27.6386 |
| 220065 | 1.2426 | 1.0664 | 1.0664 | 24.8737 | 26.5513 | 27.5196 | 26.3247 |
| 220066 | 1.3716 | 1.0664 | 1.0664 | 26.2561 | 27.1317 | 27.9943 | 27.1639 |
| 220067 | 1.1669 | 1.1687 | 1.1687 | 28.5220 | 29.8911 | 30.3267 | 29.6132 |
| 220070 | 1.1708 | 1.1318 | 1.1318 | 28.9100 | 31.9283 | 32.8480 | 31.0719 |
| 220071 | 1.8540 | 1.1687 | 1.1687 | 31.8322 | 32.2936 | 35.5338 | 33.2847 |
| 220073 | 1.2165 | 1.0791 | 1.0791 | 29.2399 | 31.3566 | 33.3418 | 31.2658 |
| 220074 | 1.3020 | 1.1687 | 1.1687 | 27.5763 | 28.4930 | 30.0912 | 28.7684 |
| 220075 | 1.5634 | 1.1687 | 1.1687 | 27.9503 | 29.1588 | 30.5079 | 29.2027 |
| 220076 | *** | * | * | 27.2534 | 29.7507 | 27.4339 | 28.0834 |
| 220077 | 1.7189 | 1.0918 | 1.0918 | 28.0935 | 30.2684 | 31.1933 | 29.9019 |
| 220080 | 1.2116 | 1.1318 | 1.1318 | 27.1578 | 28.9835 | 29.5970 | 28.6365 |
| 220082 | 1.2876 | 1.1318 | 1.1318 | 24.8060 | 26.9841 | 29.8247 | 27.2457 |
| 220083 | 1.1521 | 1.1687 | 1.1687 | 29.9001 | 32.9143 | 33.7694 | 32.1442 |
| 220084 | 1.2315 | 1.1318 | 1.1318 | 29.0505 | 32.5711 | 31.4451 | 31.0666 |
| 220086 | 1.8147 | 1.1687 | 1.1687 | 31.7482 | 34.3667 | 33.7988 | 33.2870 |
| 220088 | 1.8495 | 1.1687 | 1.1687 | 28.5711 | 28.5462 | 36.0913 | 30.7044 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 220089 | 1.3003 | 1.1161 | 1.1161 | 32.4409 | 31.1708 | 32.4915 | 32.0184 |
| 220090 | 1.2011 | 1.1318 | 1.1318 | 29.7945 | 30.8685 | 32.9169 | 31.2935 |
| 220095 | 1.1330 | 1.1318 | 1.1318 | 24.9871 | 27.4273 | 28.5030 | 27.0085 |
| 220098 | 1.1241 | 1.1318 | 1.1318 | 26.8538 | 28.8314 | 30.8540 | 28.8728 |
| 220100 | 1.3422 | 1.1687 | 1.1687 | 28.4848 | 29.6912 | 31.4815 | 29.9431 |
| 220101 | 1.2661 | 1.1318 | 1.1318 | 31.0834 | 33.1690 | 35.9902 | 33.5726 |
| 220105 | 1.2410 | 1.1318 | 1.1318 | 30.0892 | 31.9421 | 33.2654 | 31.8424 |
| 220108 | 1.1449 | 1.1687 | 1.1687 | 29.0804 | 30.6252 | 33.0443 | 30.9170 |
| 220110 | 2.0017 | 1.1687 | 1.1687 | 35.4242 | 36.6084 | 39.0322 | 37.0923 |
| 220111 | 1.1994 | 1.1687 | 1.1687 | 28.9092 | 31.1850 | 33.3309 | 31.2225 |
| 220116 | 1.9564 | 1.1687 | 1.1687 | 32.2337 | 32.9988 | 36.5682 | 33.8543 |
| 220119 | 1.1193 | 1.1687 | 1.1687 | 27.8372 | 30.1056 | 30.8989 | 29.6743 |
| 220126 | 1.1729 | 1.1687 | 1.1687 | 26.7660 | 28.7805 | 31.8676 | 29.1255 |
| 220133 | *** | * | * | 31.2981 | 33.6003 | * | 32.4924 |
| 220135 | 1.3405 | 1.2553 | 1.2553 | 31.3246 | 33.9866 | 36.0887 | 33.8967 |
| 220153 | 0.9848 | 1.0664 | 1.0664 | 18.9267 | * | 14.1334 | 17.1170 |
| 220154 | 0.9336 | 1.1687 | 1.1687 | 30.9009 | 28.6462 | 35.5883 | 31.2859 |
| 220163 | 1.6470 | 1.1318 | 1.1318 | 30.5056 | 33.6484 | 33.8384 | 32.5869 |
| 220171 | 1.7942 | 1.1318 | 1.1318 | 28.9733 | 30.4036 | 32.0101 | 30.5076 |
| 220174 | 1.1988 | 1.1318 | 1.1318 | 30.3356 | 31.7572 | 30.7270 | 30.9243 |
| 220176 | 1.5414 | * | * | * | * | * | * |
| 230001 | 1.0769 | * | * | 24.3660 | * | * | 24.3660 |
| 230002 | 1.2952 | 1.0235 | 1.0391 | 27.0305 | 29.1410 | 28.6090 | 28.2640 |
| 230003 | 1.2115 | 1.0737 | 0.9683 | 25.2596 | 26.1278 | 27.3169 | 26.2815 |
| 230004 | 1.7321 | 1.0737 | 0.9961 | 25.5573 | 26.7206 | 29.1937 | 27.2248 |
| 230005 [h] | 1.2788 | 1.0853 | 1.0853 | 22.1018 | 24.1902 | 26.3043 | 24.1338 |
| 230006 | 1.1218 | * | * | 22.7656 | 23.8835 | * | 23.3472 |
| 230013 | 1.3549 | 1.0685 | 1.0235 | 22.7014 | 23.7822 | 24.5785 | 23.6715 |
| 230015 | 1.0350 | 0.9414 | 0.9414 | 23.4512 | 24.6570 | 27.0741 | 25.0665 |
| 230017 | 1.6823 | 1.0737 | 1.0737 | 27.3259 | 29.5178 | 31.7604 | 29.6143 |
| 230019 | 1.5714 | 1.0685 | 1.0235 | 27.6563 | 28.4575 | 32.0970 | 29.3438 |
| 230020 | 1.7351 | 1.0630 | 1.0391 | 26.8516 | 29.2869 | 29.1241 | 28.4427 |
| 230021 | 1.5640 | 0.9191 | 0.9191 | 23.4663 | 24.9551 | 26.4485 | 24.9904 |
| 230022 | 1.2895 | 0.9823 | 0.9823 | 22.2528 | 23.3000 | 25.0800 | 23.5509 |
| 230024 | 1.5504 | 1.0630 | 1.0391 | 27.6555 | 30.0813 | 31.5988 | 29.7774 |
| 230027 | 1.1269 | * | * | 22.5736 | 23.5511 | * | 23.0457 |
| 230029 | 1.6096 | 1.0685 | 1.0235 | 27.9012 | 29.0935 | 32.7314 | 29.8511 |
| 230030 | 1.2805 | 0.9055 | 0.9055 | 20.9867 | 22.3174 | 23.5494 | 22.3170 |
| 230031 | 1.3726 | 1.0123 | 1.0123 | 23.2910 | 25.4678 | 28.9309 | 25.7151 |
| 230034 | 1.3358 | 0.9055 | 0.9055 | 20.9195 | 26.7967 | 24.7096 | 24.1460 |
| 230035 | 1.3084 | 0.9469 | 0.9469 | 20.9197 | 21.2317 | 24.6410 | 22.2545 |
| 230036 | 1.3873 | 1.0040 | 1.0040 | 26.5854 | 28.3622 | 29.2811 | 28.0601 |
| 230037 | 1.2855 | 1.0630 | 1.0391 | 24.7875 | 26.2000 | 28.6435 | 26.5799 |
| 230038 | 1.7665 | 1.0737 | 0.9469 | 25.2499 | 26.3480 | 27.9064 | 26.5323 |
| 230040 | 1.2170 | 0.9469 | 0.9469 | 21.9813 | 24.2349 | 25.5295 | 23.9840 |
| 230041 | 1.5467 | 1.0139 | 1.0139 | 25.2518 | 26.1760 | 27.4599 | 26.3249 |
| 230042 | 1.2127 | * | * | 24.3640 | 26.2037 | * | 25.3026 |
| 230046 | 1.8770 | 1.0853 | 1.0853 | 29.2683 | 30.3591 | 31.8614 | 30.5717 |
| 230047 | 1.4956 | 1.0235 | 1.0235 | 26.2447 | 28.1351 | 30.7000 | 28.4133 |
| 230053 | 1.6058 | 1.0630 | 1.0391 | 28.3030 | 29.8703 | 32.3593 | 30.1185 |
| 230054 | 2.0040 | 0.9620 | 0.9620 | 24.0137 | 24.9905 | 25.8181 | 24.9538 |
| 230055 | 1.2536 | 0.9055 | 0.9055 | 23.7671 | 25.4143 | 26.6932 | 25.2940 |
| 230058 | 1.1715 | 0.9055 | 0.9055 | 21.9308 | 24.0657 | 26.0394 | 24.0162 |
| 230059 | 1.5561 | 1.0737 | 0.9469 | 23.1451 | 25.5350 | 27.6205 | 25.5084 |
| 230060 | 1.2076 | 0.9055 | 0.9055 | 24.5073 | 25.5015 | 28.8932 | 26.2709 |
| 230065 | *** | * | * | 27.9179 | 28.4631 | 32.3190 | 29.1033 |
| 230066 | 1.3089 | 1.0737 | 0.9961 | 25.8517 | 27.4928 | 29.8291 | 27.8691 |
| 230069 | 1.1416 | 1.0630 | 1.0391 | 27.6815 | 29.5556 | 31.3504 | 29.5335 |
| 230070 | 1.6546 | 0.9055 | 0.9055 | 25.1587 | 24.2342 | 25.2886 | 24.8787 |
| 230071 | 0.8889 | 1.0685 | 1.0235 | 24.7707 | 26.3907 | 28.1751 | 26.4737 |
| 230072 | 1.4215 | 1.0737 | 0.9683 | 24.1560 | 24.4933 | 26.3114 | 25.0275 |
| 230075 | 1.3157 | 0.9871 | 0.9871 | 24.1482 | 27.6193 | 28.5212 | 26.7496 |
| 230077 | 2.0406 | 1.0685 | 1.0685 | 27.3117 | 27.6157 | 28.3061 | 27.7598 |
| 230078 | 1.0339 | 0.9055 | 0.9055 | 21.9200 | 23.9901 | 26.2508 | 24.1481 |
| 230080 | 1.3081 | 0.9055 | 0.9055 | 21.2840 | 21.2314 | 24.0443 | 22.1966 |
| 230081 | 1.2045 | 0.9055 | 0.9055 | 20.6777 | 23.0788 | 24.5396 | 22.7915 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 230082 | 0.9782 | * | * | 23.1240 | 22.2165 | * | 22.6498 |
| 230085 | 1.2286 | 1.0737 | 1.0737 | 22.2569 | 22.7314 | 23.3957 | 22.8121 |
| 230086 | 1.1583 | * | * | 20.8759 | * | * | 20.8759 |
| 230087 | *** | * | * | * | 16.9168 | * | 16.9168 |
| 230089 | 1.3507 | 1.0630 | 1.0391 | 23.9486 | 28.7015 | 30.4100 | 27.6217 |
| 230092 | 1.3484 | 0.9823 | 0.9823 | 24.3768 | 26.3584 | 28.1764 | 26.3309 |
| 230093 | 1.2207 | 0.9469 | 0.9469 | 24.5055 | 26.4967 | 26.0513 | 25.6772 |
| 230095 | 1.3595 | 0.9055 | 0.9055 | 19.2244 | 21.3915 | 22.4323 | 21.0375 |
| 230096 | 1.1658 | 1.0737 | 1.0737 | 26.7578 | 28.7681 | 30.6584 | 28.7161 |
| 230097 | 1.8024 | 0.9469 | 0.9469 | 25.2104 | 26.5773 | 28.5361 | 26.7964 |
| 230099 | 1.2294 | 1.0630 | 1.0391 | 25.0390 | 26.4882 | 28.7593 | 26.7894 |
| 230100 | 1.2303 | 0.9055 | 0.9055 | 20.4565 | 21.8895 | 24.1824 | 22.1932 |
| 230101 | 1.1612 | 0.9055 | 0.9055 | 23.1349 | 24.3772 | 25.3781 | 24.3329 |
| 230103 | 1.0731 | * | * | 18.4304 | 21.6609 | * | 19.9258 |
| 230104 | 1.6312 | 1.0630 | 1.0391 | 27.8864 | 30.5570 | 31.7701 | 30.0214 |
| 230105 | 1.9789 | 1.0040 | 1.0040 | 24.6853 | 27.2705 | 32.8773 | 28.3242 |
| 230106 | 1.0982 | 1.0737 | 0.9499 | 24.1128 | 24.3980 | 25.6113 | 24.7279 |
| 230108 | 1.1275 | 0.9055 | 0.9055 | 22.4966 | 18.4063 | 20.8489 | 20.4585 |
| 230110 | 1.2929 | 0.9055 | 0.9055 | 22.7621 | 28.7704 | 24.6324 | 25.3971 |
| 230117 | 1.8782 | 1.0737 | 1.0737 | 29.6361 | 29.4775 | 32.3796 | 30.4251 |
| 230118 | 1.0705 | 0.9055 | 0.9055 | 21.4886 | 22.3636 | 23.4529 | 22.4396 |
| 230119 | 1.3083 | 1.0630 | 1.0391 | 29.2509 | 30.2441 | 30.5690 | 30.0291 |
| 230120 | 1.1170 | * | * | 21.7894 | 24.1485 | * | 22.9553 |
| 230121 | 1.2749 | 0.9823 | 0.9823 | 23.4394 | 24.5220 | 26.7038 | 24.8835 |
| 230124 | 1.3714 | * | * | 23.0508 | * | * | 23.0508 |
| 230130 | 1.7526 | 1.0685 | 1.0235 | 26.9907 | 26.6076 | 30.4881 | 28.0695 |
| 230132 | 1.4085 | 1.0978 | 1.0978 | 29.9106 | 30.5318 | 32.7610 | 31.0442 |
| 230133 | 1.3772 | 0.9055 | 0.9055 | 21.2273 | 24.3175 | 24.1542 | 23.2760 |
| 230135 | 1.1854 | 1.0630 | 1.0391 | 23.9000 | 25.8406 | 26.3160 | 25.3904 |
| 230141 | 1.6360 | 1.0978 | 1.0978 | 30.4643 | 28.6326 | 31.7206 | 30.2602 |
| 230142 | 1.2984 | 1.0235 | 1.0391 | 25.6044 | 26.9433 | 27.7390 | 26.7874 |
| 230143 | 1.2854 | * | * | 19.5387 | 21.4083 | * | 20.4663 |
| 230144 | 1.5305 | 1.0853 | 1.0853 | * | * | * | * |
| 230145 | *** | * | * | 17.2181 | * | * | 17.2181 |
| 230146 | 1.3093 | 1.0630 | 1.0391 | 24.3891 | 26.3432 | 27.0190 | 25.9632 |
| 230149 | *** | * | * | 21.4753 | * | * | 21.4753 |
| 230151 | 1.3162 | 1.0685 | 1.0235 | 26.4669 | 28.2243 | 27.3926 | 27.3632 |
| 230153 | 0.9954 | * | * | 22.3404 | 22.8644 | * | 22.6169 |
| 230155 | *** | * | * | 24.0404 | * | * | 24.0404 |
| 230156 | 1.5931 | 1.0853 | 1.0853 | 29.4855 | 31.1909 | 33.3966 | 31.3733 |
| 230165 | 1.7163 | 1.0630 | 1.0391 | 27.3164 | 28.9636 | 29.3983 | 28.5661 |
| 230167 | 1.5889 | 1.0096 | 1.0096 | 26.6828 | 27.4562 | 29.4375 | 27.8699 |
| 230169 | *** | * | * | 27.1172 | 31.8442 | * | 29.3455 |
| 230171 | *** | * | * | 22.0635 | * | * | 22.0635 |
| 230172 | 1.2675 | * | * | 24.0236 | 25.7402 | * | 24.8835 |
| 230174 | 1.3287 | 1.0737 | 0.9683 | 26.2770 | 27.6920 | 30.2951 | 28.1112 |
| 230176 | 1.2860 | 1.0630 | 1.0391 | 25.6777 | 27.3605 | 27.8101 | 27.1746 |
| 230180 | 1.0946 | 0.9055 | 0.9055 | 22.5454 | 24.7358 | 26.5277 | 24.6245 |
| 230184 | *** | * | * | 21.9346 | 23.6707 | 34.0691 | 23.6789 |
| 230186 | *** | * | * | 27.1126 | 26.2282 | * | 26.7039 |
| 230189 | 0.9848 | * | * | 20.8605 | 23.0099 | * | 21.9754 |
| 230190 | 0.9660 | 1.0737 | 1.0737 | 28.7365 | 29.9604 | 32.4001 | 30.3817 |
| 230193 | 1.2369 | 1.0123 | 1.0123 | 24.3181 | 23.3565 | 25.2992 | 24.3281 |
| 230195 | 1.4121 | 1.0235 | 1.0235 | 27.1266 | 28.2892 | 29.4364 | 28.3509 |
| 230197 | 1.6117 | 1.0978 | 1.0978 | 28.3439 | 30.0367 | 32.8265 | 30.4301 |
| 230204 | 1.3256 | 1.0235 | 1.0235 | 25.9871 | 29.1466 | 29.7273 | 28.2022 |
| 230207 | 1.3967 | 1.0685 | 1.0235 | 22.2854 | 24.5201 | 25.4131 | 24.0831 |
| 230208 | 1.1981 | 0.9469 | 0.9469 | 20.9420 | 21.9651 | 23.1625 | 22.0408 |
| 230212 | 1.0156 | 1.0853 | 1.0853 | 27.3686 | 29.7980 | 32.5361 | 29.8062 |
| 230216 | 1.6633 | 1.0123 | 1.0123 | 26.1468 | 27.5230 | 29.1364 | 27.6226 |
| 230217 | 1.3064 | 0.9823 | 0.9823 | 26.7929 | 28.6075 | 29.7609 | 28.4930 |
| 230222 [h] | 1.3442 | 0.9283 | 0.9283 | 24.8925 | 26.9724 | 30.2084 | 27.4096 |
| 230223 | 1.2478 | 1.0685 | 1.0235 | 27.1503 | 29.2853 | 28.7434 | 28.4016 |
| 230227 | 1.5190 | 1.0235 | 1.0235 | 28.1105 | 29.5798 | 31.2231 | 29.6698 |
| 230230 | 1.5144 | 1.0096 | 1.0096 | 25.4471 | 27.9607 | 30.0898 | 27.8390 |
| 230235 | 0.9813 | * | * | 19.6046 | 21.8777 | * | 20.7318 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 230236 | 1.4603 | 1.0737 | 0.9469 | 26.3988 | 28.4754 | 30.7222 | 28.5769 |
| 230239 | 1.2296 | 0.9055 | 0.9055 | 21.1643 | 22.1040 | 21.2172 | 21.5040 |
| 230241 | 1.2197 | 1.0123 | 1.0123 | 25.8671 | 27.4890 | 27.5447 | 26.9859 |
| 230244 | 1.4048 | 1.0630 | 1.0391 | 25.3817 | 26.4326 | 28.0406 | 26.5791 |
| 230254 | 1.4614 | 1.0685 | 1.0235 | 26.4431 | 28.1216 | 28.9407 | 27.8278 |
| 230257 | 0.9689 | 1.0235 | 1.0235 | 25.4086 | 27.8197 | 30.1026 | 27.6619 |
| 230259 | 1.2083 | 1.0853 | 1.0853 | 24.3067 | 26.8677 | 27.9433 | 26.4486 |
| 230264 | 2.1504 | 1.0235 | 1.0235 | 19.9992 | 19.2398 | 22.3532 | 20.5167 |
| 230269 | 1.4452 | 1.0685 | 1.0235 | 27.4732 | 28.8187 | 30.9490 | 29.1589 |
| 230270 | 1.3222 | 1.0630 | 1.0391 | 26.1113 | 27.8488 | 25.2072 | 26.3816 |
| 230273 | 1.5273 | 1.0630 | 1.0391 | 30.2209 | 29.9307 | 31.5014 | 30.5474 |
| 230275 | 0.4787 | 0.9055 | 0.9055 | 30.2244 | 23.1095 | 23.7882 | 25.8693 |
| 230277 | 1.3945 | 1.0685 | 1.0235 | 26.9231 | 29.1973 | 29.6262 | 28.6272 |
| 230279 | 0.5318 | 1.0630 | 1.0391 | 23.1636 | 24.7673 | 27.1158 | 24.8848 |
| 230283 | *** | * | * | 24.9272 | 26.2622 | 33.2824 | 26.4188 |
| 230289 | *** | * | * | * | 29.7720 | * | 29.7720 |
| 230290 | *** | * | * | 29.4792 | * | * | 29.4792 |
| 230291 | *** | * | * | * | 30.9655 | * | 30.9655 |
| 230292 | *** | * | * | * | 31.8943 | * | 31.8943 |
| 230294 | *** | * | * | * | * | 31.3710 | 31.3710 |
| 230295 | *** | * | * | * | * | 27.2229 | 27.2229 |
| 230296 | 1.6564 | 1.0096 | 1.0096 | * | * | * | * |
| 230328 | 0.6608 | * | * | * | * | * | * |
| 240001 | 1.5162 | 1.0943 | 1.0943 | 29.9123 | 31.5753 | 33.3161 | 31.6280 |
| 240002 | 1.8250 | 1.0157 | 1.0157 | 26.9608 | 28.9860 | 30.9011 | 28.9495 |
| 240004 | 1.5995 | 1.0943 | 1.0943 | 27.8796 | 30.8072 | 32.7422 | 30.4106 |
| 240006 | 1.0882 | 1.1246 | 1.1246 | 30.2330 | 30.1950 | 30.9169 | 30.4586 |
| 240007 | 0.9780 | * | * | 23.7588 | * | * | 23.7588 |
| 240010 | 2.0356 | 1.1246 | 1.1246 | 30.4139 | 31.3733 | 33.5850 | 31.7910 |
| 240011 | *** | * | * | 22.9561 | * | * | 22.9561 |
| 240013 | 1.3325 | * | * | 28.7202 | 28.3860 | * | 28.5544 |
| 240014 | 1.0328 | 1.0943 | 1.0943 | 28.3788 | 29.8623 | 30.0296 | 29.4562 |
| 240016 | 1.2570 | * | * | 24.9211 | 26.7814 | * | 25.9310 |
| 240017 | 1.2425 | 0.9256 | 0.9256 | 23.3314 | 24.4417 | 24.2138 | 23.9977 |
| 240018 | 1.2809 | 1.0842 | 1.0842 | 27.9218 | 25.6236 | 27.9842 | 27.0238 |
| 240019 | 1.0723 | 1.0157 | 1.0157 | 27.5441 | 28.6723 | 32.3927 | 29.5002 |
| 240020 | 1.0716 | 1.0943 | 1.0943 | 28.1568 | 31.2443 | 32.7931 | 30.6996 |
| 240021 | 0.9533 | * | * | 23.7096 | 27.1235 | * | 25.3021 |
| 240022 | 1.1345 | 0.9256 | 0.9256 | 23.7368 | 25.2066 | 27.4658 | 25.4771 |
| 240025 | *** | * | * | 27.8656 | * | * | 27.8656 |
| 240027 | 0.9013 | * | * | 20.2531 | 18.2481 | * | 19.1090 |
| 240029 | 1.1341 | * | * | 24.3017 | 25.3568 | * | 24.8217 |
| 240030 | 1.3375 | 0.9971 | 0.9971 | 23.3753 | 24.7154 | 26.4497 | 24.8644 |
| 240031 | 0.9645 | * | * | 26.7242 | 26.7778 | * | 26.7517 |
| 240036 | 1.6566 | 1.0842 | 1.0842 | 27.0821 | 28.0812 | 30.9000 | 28.6586 |
| 240037 | 1.0394 | * | * | 24.3986 | * | * | 24.3986 |
| 240038 | 1.5532 | 1.0943 | 1.0943 | 29.8465 | 31.0779 | 33.2288 | 31.4072 |
| 240040 | 1.0905 | 1.0157 | 1.0157 | 26.3177 | 27.4895 | 27.3304 | 27.0645 |
| 240043 | 1.1406 | 0.9256 | 0.9256 | 20.7155 | 21.8685 | 23.2097 | 21.9560 |
| 240044 | 1.1339 | 1.0124 | 1.0124 | 24.3009 | 22.0973 | 25.1529 | 23.8283 |
| 240045 | 1.0878 | * | * | 26.1743 | * | * | 26.1743 |
| 240047 | 1.5452 | 1.0157 | 1.0157 | 29.1211 | 28.8288 | 28.4908 | 28.7805 |
| 240050 | 1.0908 | 1.0943 | 1.0943 | 26.6687 | 26.4854 | 26.8525 | 26.6732 |
| 240052 | 1.2502 | 0.9256 | 0.9256 | 24.9870 | 26.4256 | 28.0986 | 26.5338 |
| 240053 | 1.4037 | 1.0943 | 1.0943 | 28.4733 | 29.5315 | 31.4458 | 29.8618 |
| 240056 | 1.2278 | 1.0943 | 1.0943 | 30.8619 | 31.6623 | 33.3453 | 31.9671 |
| 240057 | 1.8040 | 1.0943 | 1.0943 | 29.4870 | 30.6258 | 31.7172 | 30.6390 |
| 240059 | 1.0849 | 1.0943 | 1.0943 | 28.6340 | 29.7916 | 31.6035 | 30.0547 |
| 240061 | 1.7796 | 1.1246 | 1.1246 | 30.0031 | 30.6383 | 32.8216 | 31.1991 |
| 240063 | 1.5489 | 1.0943 | 1.0943 | 29.9603 | 32.3487 | 34.2862 | 32.2192 |
| 240064 | 1.2477 | 1.0157 | 1.0157 | 26.6996 | 29.9662 | 33.2930 | 30.5360 |
| 240066 | 1.4590 | 1.0943 | 1.0943 | 30.2716 | 33.4532 | 36.4650 | 33.5054 |
| 240069 | 1.1852 | 1.1246 | 1.1246 | 27.4990 | 28.9496 | 30.2048 | 28.9405 |
| 240071 | 1.1457 | 1.1246 | 1.1246 | 26.4780 | 28.0585 | 29.9094 | 28.1696 |
| 240075 | 1.1523 | 0.9971 | 0.9971 | 26.6607 | 26.1956 | 27.9350 | 26.9347 |
| 240076 | 1.0765 | 1.0943 | 1.0943 | 28.4519 | 29.8562 | 31.5934 | 30.0582 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 240078 | 1.6631 | 1.0943 | 1.0943 | 30.5339 | 32.3235 | 32.6859 | 31.8480 |
| 240079 | *** | * | * | 20.9220 | * | * | 20.9220 |
| 240080 | 1.8436 | 1.0943 | 1.0943 | 29.6274 | 31.6828 | 32.9636 | 31.4183 |
| 240083 | 1.2072 | 0.9256 | 0.9256 | 25.0214 | 26.6582 | 26.9625 | 26.2728 |
| 240084 | 1.1120 | 1.0157 | 1.0157 | 24.7856 | 26.8142 | 27.5846 | 26.3984 |
| 240087 | 1.0241 | * | * | 24.8479 | * | * | 24.8479 |
| 240088 | 1.3204 | 0.9971 | 0.9971 | 27.6323 | 28.0825 | 28.0161 | 27.9149 |
| 240093 | 1.3161 | 1.0842 | 1.0842 | 23.7785 | 25.5805 | 26.9860 | 25.4182 |
| 240094 | 1.1989 | * | * | 27.3974 | * | * | 27.3974 |
| 240100 | 1.2983 | 0.9256 | 0.9256 | 25.3269 | 27.6299 | 30.4304 | 27.7995 |
| 240101 | 1.1584 | 0.9256 | 0.9256 | 26.6078 | 25.5355 | 26.1979 | 26.0918 |
| 240103 | 1.1155 | * | * | 22.5416 | 22.7078 | * | 22.6234 |
| 240104 | 1.1722 | 1.0943 | 1.0943 | 30.1392 | 31.4306 | 32.5071 | 31.4775 |
| 240106 | 1.5325 | 1.0943 | 1.0943 | 27.5171 | 29.3455 | 30.9325 | 29.3230 |
| 240107 | 0.9182 | * | * | 25.5199 | * | * | 25.5199 |
| 240109 | 0.9469 | * | * | 15.2076 | 16.5051 | * | 15.8386 |
| 240115 | 1.6345 | 1.0943 | 1.0943 | 29.0261 | 31.3869 | 32.6799 | 31.0904 |
| 240117 | 1.1572 | 0.9256 | 0.9256 | 22.0463 | 23.6230 | 23.7271 | 23.1567 |
| 240123 | 1.1119 | * | * | 20.5755 | 21.7500 | * | 21.1868 |
| 240124 | *** | * | * | 23.9297 | * | * | 23.9297 |
| 240127 | *** | * | * | 24.4824 | * | * | 24.4824 |
| 240128 | 1.0253 | 0.9256 | 0.9256 | 21.2638 | 21.5791 | 23.2704 | 22.0363 |
| 240132 | 1.3295 | 1.0943 | 1.0943 | 29.5310 | 31.7139 | 32.8272 | 31.3936 |
| 240133 | 1.1376 | * | * | 26.1836 | * | * | 26.1836 |
| 240135 | *** | * | * | 16.1837 | * | * | 16.1837 |
| 240137 | *** | * | * | 23.8666 | * | * | 23.8666 |
| 240139 | *** | * | * | 23.7898 | * | * | 23.7898 |
| 240141 | 1.1289 | 1.0943 | 1.0943 | 26.7173 | 26.4016 | 29.8940 | 27.9382 |
| 240143 | 0.8821 | * | * | 21.1180 | 21.7416 | * | 21.4375 |
| 240152 | 0.9917 | * | * | 27.3445 | 29.6196 | * | 28.5127 |
| 240154 | 1.0591 | * | * | 23.9643 | * | * | 23.9643 |
| 240162 | 1.1507 | * | * | 22.3136 | 22.2721 | * | 22.2926 |
| 240166 | 1.1450 | 0.9256 | 0.9256 | 23.4265 | 25.7509 | 27.1602 | 25.4648 |
| 240179 | *** | * | * | 20.8449 | * | * | 20.8449 |
| 240187 | 1.2475 | 1.0842 | 1.0842 | 26.5129 | 27.8811 | 28.0014 | 27.4824 |
| 240196 | 0.7780 | 1.0943 | 1.0943 | 28.9380 | 30.7719 | 32.4098 | 30.7649 |
| 240206 | 0.8192 | 1.4448 | 1.4448 | * | * | * | * |
| 240207 | 1.1912 | 1.0943 | 1.0943 | 29.2395 | 31.7665 | 32.6617 | 31.2871 |
| 240210 | 1.2761 | 1.0943 | 1.0943 | 29.7227 | 32.1564 | 33.0565 | 31.6494 |
| 240211 | 0.9917 | 1.0842 | 1.0842 | 44.4214 | 18.8503 | 23.5383 | 24.9982 |
| 240213 | 1.3747 | 1.0943 | 1.0943 | 31.3974 | 32.7532 | 34.3377 | 32.9080 |
| 240366 | 0.8163 | * | * | * | * | * | * |
| 250001 | 1.8600 | 0.8278 | 0.8278 | 21.9176 | 22.7827 | 23.7029 | 22.8415 |
| 250002 | 0.9030 | 0.8008 | 0.8008 | 20.1310 | 23.3845 | 23.9358 | 22.3598 |
| 250004 | 1.9070 | 0.9032 | 0.9032 | 20.6828 | 24.1065 | 24.9720 | 23.2149 |
| 250006 | 1.0729 | 0.9032 | 0.9032 | 21.4038 | 24.0191 | 24.9513 | 23.4457 |
| 250007 | 1.2555 | 0.8914 | 0.8914 | 23.6933 | 25.8710 | 25.8218 | 25.1582 |
| 250009 | 1.2768 | 0.8640 | 0.8640 | 20.4329 | 22.2323 | 22.2900 | 21.6627 |
| 250010 | 1.0392 | 0.7579 | 0.7579 | 19.4130 | 19.4403 | 20.8939 | 19.9016 |
| 250012 | 0.9166 | 0.9367 | 0.9367 | 20.0493 | 20.2921 | 20.2685 | 20.2019 |
| 250015 | 1.0413 | 0.7579 | 0.7579 | 20.6931 | 20.7555 | 21.4605 | 20.9636 |
| 250017 | 1.0388 | 0.7579 | 0.7579 | 18.1013 | 21.3950 | 22.0824 | 20.6762 |
| 250018 | 0.8272 | 0.7579 | 0.7579 | 17.0689 | 16.6294 | 16.9042 | 16.8758 |
| 250019 | 1.5866 | 0.8914 | 0.8914 | 22.8358 | 23.9741 | 26.3257 | 24.3649 |
| 250020 | 0.9684 | 0.7579 | 0.7579 | 19.3390 | 21.4019 | 21.3531 | 20.6951 |
| 250021 | *** | * | * | 15.1242 | 20.3559 | * | 16.1481 |
| 250023 | 0.8560 | 0.8607 | 0.8607 | 16.1820 | 16.2418 | 17.0598 | 16.5022 |
| 250025 | 1.1161 | 0.7579 | 0.7579 | 20.6892 | 20.5258 | 22.4404 | 21.2459 |
| 250027 | 0.9523 | 0.7579 | 0.7579 | 17.3313 | 17.3481 | 23.1213 | 19.2559 |
| 250031 | 1.3383 | 0.8278 | 0.8278 | 22.0850 | 21.4326 | 24.9777 | 22.6950 |
| 250034 | 1.5646 | 0.9032 | 0.9032 | 20.6752 | 24.3189 | 26.4723 | 23.8164 |
| 250035 | 0.8603 | 0.7579 | 0.7579 | 14.6149 | 17.2045 | 19.4498 | 17.1103 |
| 250036 | 1.0150 | 0.8229 | 0.8229 | 17.8313 | 19.1975 | 19.2912 | 18.8229 |
| 250037 | 0.8531 | * | * | 17.4463 | 17.4012 | * | 17.4232 |
| 250038 | 0.9812 | 0.8278 | 0.8278 | 18.0209 | 18.9050 | 21.6995 | 19.5148 |
| 250039 | 0.9171 | * | * | 15.2939 | 17.3155 | * | 16.2540 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 250040 | 1.5081 | 0.8607 | 0.8607 | 21.3451 | 23.2285 | 24.9604 | 23.2173 |
| 250042 | 1.1719 | 0.9032 | 0.9032 | 21.4117 | 23.4135 | 25.0292 | 23.2557 |
| 250043 | 1.0266 | 0.7579 | 0.7579 | 18.3322 | 19.8098 | 18.5069 | 18.8884 |
| 250044 | 1.0422 | 0.8008 | 0.8008 | 21.1198 | 23.3862 | 24.1915 | 22.8737 |
| 250045 | 1.1328 | * | * | 25.0863 | 26.3831 | * | 25.7497 |
| 250048 | 1.6466 | 0.8278 | 0.8278 | 21.6547 | 22.9765 | 25.5576 | 23.4215 |
| 250049 | 0.8984 | 0.7579 | 0.7579 | 17.8154 | 17.7005 | 16.6336 | 17.2912 |
| 250050 | 1.2572 | 0.7579 | 0.7579 | 18.3170 | 19.1467 | 20.2413 | 19.2614 |
| 250051 | 0.8663 | 0.7579 | 0.7579 | 106908 | 106095 | 11.7079 | 109990 |
| 250057 | 1.1351 | 0.7579 | 0.7579 | 19.6789 | 20.1900 | 22.5761 | 20.8199 |
| 250058 | 1.2384 | 0.7579 | 0.7579 | 17.5160 | 18.1704 | 19.0087 | 18.2438 |
| 250059 | 0.9837 | 0.7579 | 0.7579 | 17.7270 | 19.2977 | 20.6556 | 19.2080 |
| 250060 | 0.8378 | 0.7579 | 0.7579 | 20.8115 | 16.8247 | 25.4246 | 20.6969 |
| 250061 | 0.8786 | 0.7579 | 0.7579 | 15.2515 | 12.8174 | 16.2589 | 14.6266 |
| 250065 | *** | * | * | 16.1984 | * | * | 16.1984 |
| 250067 | 1.0700 | 0.7579 | 0.7579 | 20.1261 | 21.6911 | 23.4774 | 21.7391 |
| 250068 | *** | * | * | 16.9585 | * | * | 16.9585 |
| 250069 | 1.5415 | 0.7785 | 0.7785 | 21.6617 | 22.8162 | 16.1304 | 19.3701 |
| 250071 | *** | * | * | 17.7149 | * | * | 17.7149 |
| 250072 | 1.5965 | 0.8278 | 0.8278 | 22.9316 | 24.6587 | 26.4719 | 24.7138 |
| 250077 | 0.9353 | 0.7579 | 0.7579 | 14.2271 | 14.7632 | 17.4410 | 15.4299 |
| 250078 [2] | 1.6824 | 0.8607 | 0.8914 | 18.6563 | 20.9354 | 21.3612 | 20.3108 |
| 250079 | 0.8320 | 0.8278 | 0.8278 | 27.2549 | 38.0031 | 44.8151 | 37.9933 |
| 250081 | 1.2341 | 0.7785 | 0.7785 | 21.3830 | 24.7031 | 23.9285 | 23.1846 |
| 250082 | 1.4493 | 0.8224 | 0.8224 | 20.5212 | 19.6966 | 23.1859 | 21.1022 |
| 250083 | *** | * | * | 19.9484 | * | * | 19.9484 |
| 250084 | 1.1750 | 0.7579 | 0.7579 | 21.8001 | 18.5775 | 19.4461 | 19.8188 |
| 250085 | 0.9867 | 0.7579 | 0.7579 | 18.7367 | 19.7007 | 21.3859 | 19.9851 |
| 250093 | 1.1742 | 0.7579 | 0.7579 | 18.8001 | 21.3237 | 22.3211 | 20.8049 |
| 250094 | 1.6054 | 0.8607 | 0.8607 | 22.3312 | 22.7312 | 24.5599 | 23.2045 |
| 250095 | 1.0280 | 0.7579 | 0.7579 | 19.9553 | 21.3511 | 20.0315 | 20.4379 |
| 250096 | 1.1310 | 0.8278 | 0.8278 | 22.7458 | 22.6298 | 24.4706 | 23.2825 |
| 250097 | 1.5757 | 0.8102 | 0.8102 | 19.4534 | 20.1687 | 22.0566 | 20.5452 |
| 250099 | 1.2588 | 0.8278 | 0.8278 | 19.0333 | 19.5797 | 20.5324 | 19.7105 |
| 250100 | 1.4755 | 0.7785 | 0.7785 | 22.0328 | 24.2209 | 26.2027 | 24.1667 |
| 250101 | *** | * | * | 21.2234 | 19.3543 | * | 20.1785 |
| 250102 | 1.6047 | 0.8278 | 0.8278 | 22.5518 | 24.2868 | 24.3828 | 23.7712 |
| 250104 | 1.4423 | 0.8278 | 0.8278 | 21.4431 | 22.6591 | 23.5992 | 22.6152 |
| 250105 | 0.9397 | * | * | 17.9468 | 18.1196 | * | 18.0323 |
| 250107 | 0.9189 | * | * | 16.5369 | 17.8999 | * | 17.2381 |
| 250112 | 0.9624 | 0.7579 | 0.7579 | 19.6172 | 21.2824 | 23.2090 | 21.4577 |
| 250117 | 1.0940 | 0.8607 | 0.8607 | 19.9774 | 23.3673 | 22.2965 | 21.8104 |
| 250120 | 1.0796 | 0.7579 | 0.7579 | 22.7607 | 23.4277 | 24.5030 | 23.5079 |
| 250122 | 1.0886 | 0.8607 | 0.7579 | 23.7230 | 24.5854 | 27.7136 | 25.3125 |
| 250123 | 1.3078 | 0.8914 | 0.8914 | 22.0486 | 24.5115 | 25.8310 | 24.1586 |
| 250124 | 0.8426 | 0.8278 | 0.8278 | 15.4343 | 17.2181 | 18.4511 | 17.0346 |
| 250125 | 1.3143 | 0.8914 | 0.8914 | 26.8379 | 27.7077 | 27.9165 | 27.4937 |
| 250126 | 0.9024 | 0.9367 | 0.9367 | 20.4085 | 21.7111 | 24.0142 | 21.9434 |
| 250127 | 0.8488 | 1.4448 | 1.4448 | * | * | * | * |
| 250128 | 0.8921 | 0.7579 | 0.7579 | 15.9344 | 17.6269 | 17.8958 | 17.1308 |
| 250134 | 0.7992 | 0.8278 | 0.8278 | 23.5608 | 25.8368 | 23.0509 | 24.1129 |
| 250136 | 1.0417 | 0.8278 | 0.8278 | 22.5832 | 23.0637 | 24.6860 | 23.4511 |
| 250138 | 1.3056 | 0.8278 | 0.8278 | 22.7902 | 23.8861 | 24.8531 | 23.8880 |
| 250141 | 1.6112 | 0.9367 | 0.9367 | 24.5772 | 27.6158 | 29.0066 | 27.2108 |
| 250146 | 0.9041 | * | * | 17.2328 | 18.6486 | * | 17.9106 |
| 250149 | 0.8797 | 0.7579 | 0.7579 | 15.0367 | 15.0641 | 16.5424 | 15.5525 |
| 250151 | 0.4842 | 0.7579 | 0.7579 | 21.8697 | 17.2205 | 19.1595 | 18.6189 |
| 250152 | 0.9050 | 0.8278 | 0.8278 | * | 25.7837 | 27.1864 | 26.4345 |
| 250153 | *** | * | * | * | 29.0461 | * | 29.0461 |
| 250155 | *** | * | * | * | * | 22.3917 | 22.3917 |
| 250156 | 1.6598 | 0.7579 | 0.7579 | * | * | * | * |
| 250159 | 0.8786 | * | * | * | * | * | * |
| 250300 | 0.6711 | * | * | * | * | * | * |
| 250302 | 0.7681 | * | * | * | * | * | * |
| 250306 | 0.8875 | * | * | * | * | * | * |
| 250311 | 0.6819 | * | * | * | * | * | * |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 250314 | 0.8263 | * | * | * | * | * | * |
| 250317 | 0.7015 | * | * | * | * | * | * |
| 250318 | 0.7989 | * | * | * | * | * | * |
| 250319 | 0.7364 | * | * | * | * | * | * |
| 250320 | 0.7176 | * | * | * | * | * | * |
| 260001 | 1.6784 | 0.8620 | 0.8620 | 25.3084 | 25.9250 | 27.1336 | 26.1147 |
| 260002 | *** | * | * | 27.2329 | 26.4879 | * | 26.9807 |
| 260003 | *** | * | * | 17.6339 | * | * | 17.6339 |
| 260004 | 0.9693 | 0.8206 | 0.8206 | 16.7742 | 16.9421 | 17.2699 | 17.0026 |
| 260005 | 1.4686 | 0.9017 | 0.9017 | 24.6142 | 26.5773 | 28.1696 | 26.5242 |
| 260006 | 1.4688 | 0.8206 | 0.8206 | 26.4948 | 26.7587 | 30.1186 | 27.9482 |
| 260008 | *** | * | * | 17.6040 | 18.9522 | * | 18.2612 |
| 260009 | 1.2265 | 0.9501 | 0.9501 | 21.2729 | 22.1816 | 23.6333 | 22.3815 |
| 260011 | 1.4257 | 0.8550 | 0.8550 | 21.4409 | 22.7061 | 24.4077 | 22.8791 |
| 260012 | 1.1452 | * | * | 19.3389 | 20.3061 | * | 19.8719 |
| 260013 | 1.0553 | * | * | 19.2065 | 20.5007 | * | 19.8516 |
| 260015 | 1.0248 | 0.8206 | 0.8206 | 22.4450 | 22.5409 | 23.5052 | 22.8435 |
| 260017 | 1.3611 | 0.8902 | 0.8902 | 21.1359 | 22.7022 | 23.3807 | 22.4549 |
| 260018 | 1.0484 | * | * | 14.8425 | 17.0434 | * | 15.9088 |
| 260020 | 1.7691 | 0.9017 | 0.9017 | 25.7898 | 26.0407 | 27.6200 | 26.5265 |
| 260021 | 1.3788 | 0.9017 | 0.9017 | 27.8332 | 27.6330 | 29.3311 | 28.2357 |
| 260022 | 1.2315 | 0.8696 | 0.8696 | 21.7707 | 22.8085 | 23.1569 | 22.5606 |
| 260023 | 1.2983 | 0.9017 | 0.9017 | 21.2519 | 21.2077 | 23.3349 | 21.8971 |
| 260024 | 1.1077 | 0.8206 | 0.8206 | 17.5351 | 18.4829 | 18.9172 | 18.3027 |
| 260025 | 1.3739 | 0.8902 | 0.8902 | 20.0901 | 22.4645 | 22.2246 | 21.6146 |
| 260027 | 1.6704 | 0.9501 | 0.9501 | 24.7605 | 25.3348 | 26.9815 | 25.6688 |
| 260029 | 1.1287 | * | * | 22.2892 | * | * | 22.2892 |
| 260031 | *** | * | * | 24.2877 | * | * | 24.2877 |
| 260032 | 1.8631 | 0.9017 | 0.9017 | 23.1125 | 23.9478 | 25.5746 | 24.2130 |
| 260034 | 0.9620 | 0.9501 | 0.9501 | 23.3034 | 24.1143 | 23.7530 | 23.7269 |
| 260035 | 0.9284 | * | * | 16.8502 | 17.8741 | * | 17.3672 |
| 260036 | 0.9601 | * | * | 20.1324 | 22.1912 | * | 21.0403 |
| 260039 | 1.0479 | * | * | * | * | * | * |
| 260040 | 1.6510 | 0.8490 | 0.8490 | 21.9452 | 23.3566 | 24.0972 | 23.1582 |
| 260044 | 0.9223 | * | * | 20.0686 | * | * | 20.0686 |
| 260047 | 1.5031 | 0.8206 | 0.8206 | 22.6169 | 24.4185 | 25.0084 | 24.0413 |
| 260048 | 1.2049 | 0.9501 | 0.9501 | 25.8089 | 24.3906 | 27.9464 | 26.0146 |
| 260050 | 1.2142 | 0.9993 | 0.9993 | 20.6364 | 23.6849 | 25.0389 | 23.2365 |
| 260052 | 1.3392 | 0.9017 | 0.9017 | 22.5809 | 24.5165 | 26.1098 | 24.4028 |
| 260053 | 1.1022 | * | * | 20.0051 | 21.6607 | * | 20.8214 |
| 260057 | 1.1001 | 0.9501 | 0.9501 | 16.4875 | 19.3335 | 20.6191 | 18.7408 |
| 260059 | 1.2035 | 0.8206 | 0.8206 | 18.6379 | 19.7243 | 23.1217 | 20.5682 |
| 260061 | 1.1216 | 0.8206 | 0.8206 | 19.6674 | 21.5264 | 22.7333 | 21.2263 |
| 260062 | 1.2337 | 0.9501 | 0.9501 | 26.0439 | 26.4539 | 27.6932 | 26.7397 |
| 260063 | *** | * | * | 22.0826 | * | * | 22.0826 |
| 260064 | 1.3185 | 0.8550 | 0.8550 | 19.1587 | 19.0543 | 21.6891 | 19.9635 |
| 260065 | 1.7537 | 0.8490 | 0.8490 | 23.6969 | 23.0015 | 26.9359 | 24.5533 |
| 260067 | 0.8877 | * | * | 16.5364 | 17.6256 | * | 17.0827 |
| 260068 | 1.7594 | 0.8550 | 0.8550 | 23.9340 | 24.9504 | 25.8172 | 24.9247 |
| 260070 | 0.9582 | 0.8206 | 0.8206 | 14.3881 | 18.4779 | 22.5048 | 18.8578 |
| 260073 | 0.9941 | 0.8206 | 0.8206 | 19.2744 | 21.6214 | 21.9134 | 20.9434 |
| 260074 | 1.2557 | 0.8550 | 0.8550 | 23.9301 | 24.8654 | 25.3754 | 24.7419 |
| 260077 | 1.6328 | 0.9017 | 0.9017 | 23.5466 | 25.5782 | 26.2056 | 25.0998 |
| 260078 | 1.3444 | 0.8206 | 0.8206 | 18.4017 | 19.0802 | 20.2858 | 19.2623 |
| 260080 | 0.9295 | 0.8206 | 0.8206 | 11.2817 | 14.7774 | 16.6581 | 14.1755 |
| 260081 | 1.5369 | 0.9017 | 0.9017 | 23.7447 | 26.3969 | 28.6641 | 26.2683 |
| 260085 | 1.6015 | 0.9501 | 0.9501 | 24.6046 | 25.6302 | 26.9696 | 25.7362 |
| 260086 | 0.8999 | * | * | 17.1202 | 19.1702 | * | 18.1866 |
| 260091 | 1.5426 | 0.9017 | 0.9017 | 26.1149 | 27.2407 | 28.9307 | 27.4593 |
| 260094 | 1.5689 | 0.8345 | 0.8345 | 20.6805 | 23.2544 | 24.0891 | 22.7688 |
| 260095 | 1.3199 | 0.9501 | 0.9501 | 23.8671 | 25.5668 | 24.5424 | 24.6443 |
| 260096 | 1.4703 | 0.9501 | 0.9501 | 25.9932 | 27.5592 | 29.7166 | 27.8481 |
| 260097 | 1.1816 | 0.8631 | 0.8631 | 21.5077 | 21.3957 | 24.3155 | 22.4793 |
| 260102 | 0.9158 | 0.9501 | 0.9501 | 22.9283 | 24.2368 | 27.3752 | 24.9011 |
| 260103 | *** | * | * | 23.3175 | * | * | 23.3175 |
| 260104 | 1.4999 | 0.9017 | 0.9017 | 24.0038 | 26.2867 | 28.5834 | 26.3843 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 260105 | 1.7844 | 0.9017 | 0.9017 | 28.4652 | 28.8849 | 30.1547 | 29.1870 |
| 260107 | 1.3536 | 0.9501 | 0.9501 | 24.2001 | 26.7782 | 26.1120 | 25.6719 |
| 260108 | 1.8031 | 0.9017 | 0.9017 | 24.0936 | 24.9880 | 26.7305 | 25.3112 |
| 260110 | 1.7032 | 0.8902 | 0.8902 | 22.2730 | 23.7978 | 24.6033 | 23.5975 |
| 260113 | 1.1184 | 0.8210 | 0.8210 | 19.2467 | 20.9644 | 20.3219 | 20.1880 |
| 260115 | 1.1842 | 0.9017 | 0.9017 | 21.7450 | 21.9859 | 23.2089 | 22.3429 |
| 260116 | 1.1117 | 0.8210 | 0.8210 | 17.2698 | 18.5076 | 20.2843 | 18.6799 |
| 260119 | 1.3503 | 0.8206 | 0.8206 | 22.1588 | 24.9937 | 25.3857 | 24.1933 |
| 260122 | 1.0867 | * | * | 17.3270 | 20.8015 | * | 19.0424 |
| 260123 | *** | * | * | 16.1169 | * | * | 16.1169 |
| 260127 | 0.9496 | * | * | 22.5328 | 21.8534 | * | 22.1664 |
| 260134 | *** | * | * | 18.1531 | * | * | 18.1531 |
| 260137 | 1.6799 | 0.8620 | 0.8620 | 21.3426 | 22.7431 | 23.9849 | 22.7568 |
| 260138 | 1.9860 | 0.9501 | 0.9501 | 27.8229 | 28.5610 | 30.1909 | 28.8843 |
| 260141 | 1.8731 | 0.8550 | 0.8550 | 21.1511 | 22.4886 | 24.7555 | 22.6828 |
| 260142 | 1.0575 | 0.8206 | 0.8206 | 19.6582 | 20.3993 | 21.1102 | 20.4022 |
| 260147 | 0.9163 | 0.8206 | 0.8206 | 17.2291 | 18.5153 | 19.8920 | 18.5887 |
| 260159 | *** | * | * | 26.8924 | 23.7427 | 23.3667 | 25.0036 |
| 260160 | 1.0950 | 0.8206 | 0.8206 | 19.4997 | 21.0544 | 23.2474 | 21.4698 |
| 260162 | 1.3128 | 0.9017 | 0.9017 | 24.1246 | 25.1423 | 27.0428 | 25.5018 |
| 260163 | 1.1375 | 0.8206 | 0.8206 | 19.2885 | 20.1949 | 21.2854 | 20.2047 |
| 260164 | 1.1012 | * | * | 19.5539 | 19.7068 | * | 19.6321 |
| 260166 | 1.2031 | 0.9501 | 0.9501 | 25.5151 | 27.0237 | 29.7395 | 27.4350 |
| 260172 | *** | * | * | 18.1438 | * | * | 18.1438 |
| 260175 | 1.1223 | 0.9501 | 0.9501 | 21.1257 | 22.6171 | 24.1261 | 22.6182 |
| 260176 | 1.7007 | 0.9017 | 0.9017 | 29.2184 | 27.4244 | 28.7405 | 28.4251 |
| 260177 | 1.2297 | 0.9501 | 0.9501 | 25.0724 | 26.1178 | 27.2209 | 26.1484 |
| 260178 | 1.8231 | 0.8550 | 0.8550 | 21.4781 | 22.2251 | 25.8033 | 23.2762 |
| 260179 | 1.5349 | 0.9017 | 0.9017 | 24.8541 | 26.1419 | 26.6483 | 25.8935 |
| 260180 | 1.5806 | 0.9017 | 0.9017 | 21.9679 | 26.7461 | 27.6875 | 25.4223 |
| 260183 | 1.6192 | 0.8902 | 0.8902 | 23.3924 | 26.0418 | 27.4529 | 25.6739 |
| 260186 | 1.6356 | 0.8550 | 0.8550 | 23.4317 | 25.3148 | 26.7114 | 25.2113 |
| 260189 | 0.5844 | * | * | * | * | * | * |
| 260190 | 1.2092 | 0.9501 | 0.9501 | 25.1653 | 26.4505 | 28.2087 | 26.6613 |
| 260191 | 1.2955 | 0.9017 | 0.9017 | 22.4369 | 23.3856 | 24.3589 | 23.4174 |
| 260193 | 1.1924 | 0.9501 | 0.9501 | 24.4705 | 26.2979 | 27.6919 | 26.2018 |
| 260195 | 1.2645 | 0.8206 | 0.8206 | 20.1327 | 22.3958 | 22.3215 | 21.7669 |
| 260198 | 1.1484 | 0.9017 | 0.9017 | 27.6116 | 27.5996 | 28.1088 | 27.7785 |
| 260200 | 1.2426 | 0.9017 | 0.9017 | 25.1134 | 24.8624 | 28.8227 | 26.3660 |
| 260207 | 1.0751 | 0.8490 | 0.8490 | 19.2467 | 19.7294 | 20.9045 | 20.0908 |
| 260209 | 1.1133 | 0.8341 | 0.8341 | 21.8396 | 23.2430 | 24.8878 | 23.3114 |
| 260210 | 1.2183 | 0.9017 | 0.9017 | * | 25.3782 | 26.5193 | 26.0224 |
| 260211 | 1.6548 | 0.9501 | 0.9501 | * | 33.9109 | 39.2576 | 36.5853 |
| 260213 | 1.7185 | 0.9501 | 0.9501 | * | * | * | * |
| 260214 | 1.1966 | * | * | * | * | * | * |
| 260324 | 0.6926 | * | * | * | * | * | * |
| 260326 | 0.8398 | * | * | * | * | * | * |
| 270002 [2] | 1.2593 | 0.8909 | 0.8909 | 20.7620 | 22.7322 | 24.3756 | 22.6537 |
| 270003 | 1.2545 | 0.8781 | 0.8781 | 24.2823 | 26.4843 | 28.4192 | 26.4146 |
| 270004 | 1.7115 | 0.8740 | 0.8740 | 22.9081 | 23.5454 | 25.1806 | 23.8999 |
| 270011 | 0.9968 | 0.8781 | 0.8781 | 22.0710 | 22.1394 | 22.5874 | 22.2704 |
| 270012 [2] | 1.6196 | 0.8909 | 0.8909 | 23.1697 | 25.2873 | 25.5002 | 24.6491 |
| 270014 | 1.9153 | 0.8909 | 0.8909 | 25.0650 | 26.2025 | 26.3179 | 25.8695 |
| 270017 | 1.3672 | 0.8909 | 0.8909 | 24.6186 | 27.5483 | 26.7552 | 26.3154 |
| 270021 | 1.0409 | * | * | 21.6758 | 21.7056 | * | 21.6913 |
| 270023 | 1.5356 | 0.8740 | 0.8909 | 25.5525 | 26.7576 | 26.4505 | 26.2685 |
| 270032 | 1.0407 | 0.8740 | 0.8591 | 18.2377 | 19.6212 | 21.0457 | 19.6054 |
| 270036 | 0.8297 | * | * | 21.8255 | 20.4242 | * | 20.9986 |
| 270049 | 1.7342 | 0.8740 | 0.8740 | 24.6556 | 26.3996 | 26.8611 | 25.9770 |
| 270050 | 1.1098 | * | * | 22.4195 | * | * | 22.4195 |
| 270051 | 1.5813 | 0.8909 | 0.8909 | 26.4457 | 26.6619 | 25.1706 | 26.0404 |
| 270057 | 1.2530 | 0.8740 | 0.8591 | 22.6251 | 24.2980 | 26.5171 | 24.5339 |
| 270060 | 0.9595 | * | * | 16.6592 | 17.7564 | * | 17.1813 |
| 270074 | 0.9013 | 1.4448 | 1.4448 | * | * | * | * |
| 270079 | *** | * | * | 21.6382 | * | * | 21.6382 |
| 270081 | 1.0056 | 0.8591 | 0.8591 | 17.3174 | 17.4862 | 18.9628 | 17.9008 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 270082 | *** | * | * | 19.6173 | * | * | 19.6173 |
| 270084 [2] | 1.0889 | * | * | 22.2340 | * | * | 22.2340 |
| 270086 | 1.1747 | 0.8781 | 0.8781 | * | * | 23.0672 | 23.0672 |
| 270087 | 1.1805 | 0.8591 | 0.8591 | * | * | 22.8163 | 22.8163 |
| 280003 | 1.7898 | 1.0084 | 1.0084 | 27.2844 | 29.3921 | 30.8267 | 29.2098 |
| 280009 | 1.8271 | 0.9746 | 0.9746 | 25.3162 | 26.7678 | 27.6871 | 26.5956 |
| 280010 | *** | * | * | 22.6516 | * | * | 22.6516 |
| 280013 | 1.7857 | 0.9453 | 0.9453 | 24.5214 | 26.1908 | 27.2546 | 25.9627 |
| 280020 | 1.7128 | 1.0084 | 1.0084 | 25.7522 | 26.5068 | 27.6978 | 26.6945 |
| 280021 | 1.1344 | * | * | 22.2864 | 22.0489 | * | 22.1652 |
| 280023 | 1.3783 | 0.9746 | 0.9746 | 22.7207 | 22.3230 | 26.7240 | 23.8272 |
| 280030 | 1.9075 | 0.9453 | 0.9453 | 32.5601 | 30.7481 | 30.4696 | 31.2643 |
| 280032 | 1.3256 | 0.9746 | 0.9746 | 22.6510 | 23.6462 | 25.0787 | 23.7853 |
| 280040 | 1.6714 | 0.9453 | 0.9453 | 25.2965 | 26.9827 | 28.4619 | 26.9500 |
| 280054 | 1.2075 | * | * | 22.4241 | 23.5665 | * | 23.0039 |
| 280057 | 0.8525 | * | * | 23.6793 | 20.4830 | * | 21.8581 |
| 280060 | 1.6944 | 0.9453 | 0.9453 | 25.2288 | 26.2139 | 27.8379 | 26.5044 |
| 280061 | 1.4064 | 0.9154 | 0.9154 | 23.9110 | 24.9482 | 25.9246 | 24.9668 |
| 280065 | 1.2249 | 0.9636 | 0.9636 | 27.9937 | 26.0135 | 28.3954 | 27.4121 |
| 280077 | 1.3131 | 0.9453 | 0.9453 | 24.0516 | 25.5624 | 27.0934 | 25.5691 |
| 280081 | 1.5886 | 0.9453 | 0.9453 | 25.1973 | 26.0541 | 28.7505 | 26.6763 |
| 280105 | 1.2640 | 0.9453 | 0.9453 | 25.0445 | 26.7555 | 28.0693 | 26.7054 |
| 280108 | 1.0675 | * | * | 22.5584 | 23.2502 | * | 22.8979 |
| 280111 | 1.1778 | 0.8691 | 0.8691 | 22.1424 | 23.4770 | 24.5663 | 23.4937 |
| 280117 | 1.1313 | * | * | 22.0611 | 24.1521 | * | 23.1088 |
| 280119 | 0.8523 | 1.4448 | 1.4448 | * | * | * | * |
| 280123 | 0.9112 | 0.8828 | 0.8828 | 27.5207 | * | 12.1758 | 18.1112 |
| 280125 | 1.4971 | 0.8816 | 0.8816 | 21.8385 | 21.7658 | 22.3025 | 21.9721 |
| 280127 | 1.8457 | 1.0084 | 1.0084 | * | * | 31.8278 | 31.8278 |
| 280128 | 3.0322 | 1.0084 | 1.0084 | * | * | 28.9234 | 28.9234 |
| 280129 | 1.9223 | 0.9453 | 0.9453 | * | * | * | * |
| 280130 | 1.3422 | 0.9453 | 0.9453 | * | * | * | * |
| 290001 | 1.8273 | 1.1975 | 1.1975 | 27.3105 | 31.1981 | 35.3981 | 31.2171 |
| 290002 | 0.9183 | 0.9569 | 0.9569 | 16.8433 | 18.3469 | 17.0514 | 17.4394 |
| 290003 | 1.7512 | 1.1417 | 1.1417 | 27.1099 | 28.1625 | 30.4639 | 28.5720 |
| 290005 | 1.4855 | 1.1417 | 1.1417 | 27.1531 | 27.6697 | 28.5735 | 27.8244 |
| 290006 | 1.2047 | 1.1524 | 1.1524 | 26.3617 | 27.9502 | 30.0265 | 28.0763 |
| 290007 | 1.6530 | 1.1417 | 1.1417 | 35.4193 | 37.5559 | 38.9568 | 37.2981 |
| 290008 | 1.1651 | 0.9421 | 0.9421 | 26.4086 | 27.9714 | 28.3311 | 27.5573 |
| 290009 | 1.7714 | 1.1975 | 1.1975 | 27.6011 | 29.8019 | 36.2577 | 31.1439 |
| 290010 | 1.0541 | * | * | 23.8733 | 23.9654 | * | 23.9192 |
| 290012 | 1.3212 | 1.1417 | 1.1417 | 27.2675 | 31.0843 | 33.4690 | 30.7038 |
| 290016 | 1.2257 | * | * | 25.1726 | 26.1925 | * | 25.6684 |
| 290019 | 1.3891 | 1.1524 | 1.1524 | 27.2484 | 28.6158 | 29.6855 | 28.5533 |
| 290020 [h] | 1.0427 | 1.1417 | 1.1417 | 21.3094 | 21.6993 | 20.9481 | 21.3644 |
| 290021 | 1.7971 | 1.1417 | 1.1417 | 28.3837 | 33.2116 | 33.9446 | 31.8430 |
| 290022 | 1.5768 | 1.1417 | 1.1417 | 29.8144 | 29.4422 | 30.4581 | 29.9084 |
| 290027 | 0.9025 | 0.8967 | 0.8967 | 17.8850 | 15.1448 | 21.6128 | 18.3839 |
| 290032 | 1.4163 | 1.1975 | 1.1975 | 29.4164 | 31.7105 | 32.0495 | 31.1084 |
| 290039 | 1.5419 | 1.1417 | 1.1417 | 29.6801 | 31.2941 | 33.6718 | 31.6289 |
| 290041 | 1.3158 | 1.1417 | 1.1417 | 30.1346 | 33.9878 | 35.5146 | 33.3938 |
| 290042 | 0.4555 | 1.1417 | 1.1417 | * | * | * | * |
| 290044 | *** | * | * | * | * | 38.1320 | 38.1320 |
| 290045 | 1.5773 | 1.1417 | 1.1417 | 26.9319 | 30.9612 | 34.4022 | 31.2459 |
| 290046 | 1.2702 | 1.1417 | 1.1417 | * | * | * | * |
| 290047 | 1.4129 | 1.1417 | 1.1417 | * | * | * | * |
| 290049 | 1.3499 | 1.0054 | 1.0054 | * | * | * | * |
| 290050 | 1.1705 | * | * | * | * | * | * |
| 290051 | 1.5597 | * | * | * | * | * | * |
| 300001 | 1.5726 | 1.1665 | 1.1665 | 29.4130 | 27.5032 | 28.8432 | 28.5481 |
| 300003 | 2.0572 | 1.1665 | 1.1665 | 27.8059 | 33.3560 | 34.5310 | 31.9387 |
| 300005 | 1.3969 | 1.1665 | 1.1665 | 25.1869 | 25.6699 | 26.7123 | 25.8743 |
| 300006 | 1.2070 | * | * | 20.6787 | 23.3200 | * | 21.9235 |
| 300007 | 1.2792 | * | * | 25.3125 | * | * | 25.3125 |
| 300010 | 1.1835 | * | * | 26.9346 | 27.5028 | * | 27.2341 |
| 300011 | 1.2737 | 1.1665 | 1.1665 | 27.3325 | 28.4044 | 31.6428 | 29.1783 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 300012 | 1.3755 | 1.1665 | 1.1665 | 28.4234 | 30.5198 | 30.3374 | 29.7075 |
| 300013 | *** | * | * | 23.1529 | * | * | 23.1529 |
| 300014 | 1.1978 | 1.1665 | 1.1665 | 25.5059 | 27.5151 | 29.2605 | 27.5032 |
| 300015 | 1.0767 | * | * | 24.0620 | * | * | 24.0620 |
| 300016 | *** | * | * | 24.5498 | * | * | 24.5498 |
| 300017 | 1.2321 | 1.1665 | 1.1665 | 28.3959 | 29.6957 | 30.3051 | 29.4733 |
| 300018 | 1.3845 | 1.1665 | 1.1665 | 28.0308 | 29.7209 | 29.6873 | 29.1985 |
| 300019 | 1.2862 | 1.1665 | 1.1665 | 25.3845 | 25.9656 | 27.2631 | 26.2544 |
| 300020 | 1.2090 | 1.1665 | 1.1665 | 26.8402 | 28.6723 | 30.5485 | 28.7305 |
| 300022 | 1.0801 | * | * | 23.5948 | * | * | 23.5948 |
| 300023 | 1.3630 | 1.1665 | 1.1665 | 25.4873 | 28.6309 | 30.9871 | 28.5288 |
| 300024 | 1.6816 | * | * | 23.9205 | * | * | 23.9205 |
| 300029 | 1.7658 | 1.1665 | 1.1665 | 26.9484 | 29.0806 | 29.9138 | 28.7021 |
| 300034 | 2.0425 | 1.1665 | 1.1665 | 28.5375 | 29.7484 | 31.5753 | 29.9856 |
| 300308 | 0.6393 | * | * | * | * | * | * |
| 300309 | 0.7909 | * | * | * | * | * | * |
| 300310 | 0.6299 | * | * | * | * | * | * |
| 310001 | 1.7499 | 1.3215 | 1.3215 | 33.9360 | 35.3612 | 41.8952 | 37.1034 |
| 310002 | 1.8830 | 1.3038 | 1.3008 | 35.4567 | 37.3461 | 38.9875 | 37.2295 |
| 310003 | 1.2035 | 1.3215 | 1.3215 | 31.1040 | 32.8935 | 35.3962 | 33.1810 |
| 310005 | 1.3045 | 1.1886 | 1.1886 | 27.5690 | 29.0084 | 31.6992 | 29.4759 |
| 310006 | 1.1997 | 1.3215 | 1.3215 | 27.0436 | 27.4545 | 28.9780 | 27.8274 |
| 310008 | 1.3218 | 1.3215 | 1.3215 | 29.5857 | 31.2579 | 32.2471 | 31.0509 |
| 310009 | 1.2680 | 1.3038 | 1.3008 | 29.7760 | 32.7384 | 33.9105 | 32.0940 |
| 310010 | 1.2806 | 1.1318 | 1.1318 | 25.3139 | 28.5852 | 33.1613 | 29.0668 |
| 310011 | 1.2514 | 1.1341 | 1.1341 | 28.5241 | 30.8612 | 31.0823 | 30.1687 |
| 310012 | 1.6373 | 1.3215 | 1.3215 | 33.1622 | 34.6882 | 38.1712 | 35.4125 |
| 310013 | 1.2295 | 1.3038 | 1.3008 | 28.5016 | 30.6248 | 31.4496 | 30.2036 |
| 310014 | 1.9216 | 1.1226 | 1.1226 | 32.7222 | 29.7204 | 30.9277 | 30.9970 |
| 310015 | 1.9678 | 1.3038 | 1.3008 | 32.4980 | 36.4776 | 37.1869 | 35.4178 |
| 310016 | 1.3082 | 1.3215 | 1.3215 | 28.9788 | 33.9862 | 34.3751 | 32.6794 |
| 310017 | 1.3290 | 1.3038 | 1.3008 | 28.0930 | 30.9233 | 32.0816 | 30.4154 |
| 310018 | 1.1885 | 1.3038 | 1.3008 | 26.9399 | 30.3381 | 31.1747 | 29.5340 |
| 310019 | 1.6374 | 1.3215 | 1.3215 | 31.0524 | 29.6592 | 30.9463 | 30.5778 |
| 310020 | 1.5424 | 1.3215 | 1.3215 | 29.3392 | 30.6722 | 32.7089 | 30.8843 |
| 310021 | 1.6517 | 1.1886 | 1.1886 | 29.6308 | 31.3410 | 33.1764 | 31.3692 |
| 310022 | 1.2444 | 1.1226 | 1.1226 | 26.1914 | 28.2024 | 28.9633 | 27.8379 |
| 310024 | 1.3630 | 1.1886 | 1.1886 | 27.5278 | 30.9171 | 33.3774 | 30.6108 |
| 310025 | 1.3032 | 1.3215 | 1.3215 | 27.7960 | 31.1274 | 34.3920 | 31.3534 |
| 310026 | 1.1807 | 1.3215 | 1.3215 | 25.3970 | 27.5171 | 29.3348 | 27.4955 |
| 310027 | 1.3584 | 1.1886 | 1.1886 | 27.0982 | 28.8314 | 29.1626 | 28.5991 |
| 310028 | 1.2686 | 1.3038 | 1.1886 | 29.1101 | 31.3849 | 31.8631 | 30.8364 |
| 310029 | 1.9437 | 1.1226 | 1.1226 | 29.1439 | 30.7707 | 33.7099 | 31.2185 |
| 310031 | 3.0821 | 1.1242 | 1.1242 | 30.2345 | 33.9685 | 35.3478 | 33.2165 |
| 310032 | 1.3129 | 1.1226 | 1.1226 | 27.8754 | 27.5232 | 29.1612 | 28.2024 |
| 310034 | 1.3412 | 1.1242 | 1.1242 | 27.8517 | 29.9162 | 31.8300 | 29.8876 |
| 310037 | 1.3580 | 1.3215 | 1.3215 | 32.1471 | 35.0329 | 38.0377 | 35.1550 |
| 310038 | 2.0170 | 1.3038 | 1.3008 | 32.1977 | 33.4822 | 35.8746 | 33.9362 |
| 310039 | 1.2537 | 1.3038 | 1.3008 | 27.1054 | 28.8292 | 31.8657 | 29.2627 |
| 310040 | 1.3533 | 1.3215 | 1.3215 | 28.0068 | 34.1113 | 34.5838 | 32.1930 |
| 310041 | 1.2800 | 1.1242 | 1.1242 | 29.7335 | 32.8085 | 33.3980 | 31.9565 |
| 310042 | *** | * | * | 29.0207 | 30.7358 | 34.0717 | 31.1859 |
| 310044 | 1.3686 | 1.1318 | 1.1318 | 27.7752 | 31.3206 | 31.9267 | 30.3672 |
| 310045 | 1.7345 | 1.3215 | 1.3215 | 32.6359 | 34.1060 | 37.3128 | 34.7199 |
| 310047 | 1.2988 | 1.1736 | 1.1736 | 28.3415 | 32.7880 | 35.2527 | 32.2796 |
| 310048 | 1.3238 | 1.1886 | 1.1886 | 28.4715 | 30.2025 | 32.4064 | 30.4056 |
| 310049 | *** | * | * | 32.7666 | 27.8564 | * | 30.6033 |
| 310050 | 1.2381 | 1.3038 | 1.3008 | 27.2276 | 27.3033 | 29.5929 | 28.0821 |
| 310051 | 1.3966 | 1.3038 | 1.1886 | 32.0113 | 33.7168 | 36.1453 | 33.9634 |
| 310052 | 1.3415 | 1.1242 | 1.1242 | 28.1498 | 30.8036 | 32.8650 | 30.5913 |
| 310054 | 1.2940 | 1.3038 | 1.3008 | 30.6905 | 34.1860 | 35.7990 | 33.5435 |
| 310057 | 1.3251 | 1.1226 | 1.1226 | 26.4606 | 29.5221 | 28.6219 | 28.2552 |
| 310058 | 1.0596 | 1.3215 | 1.3215 | 26.4816 | 28.0815 | 27.3745 | 27.2978 |
| 310060 | 1.2437 | 1.3038 | 1.1226 | 23.2146 | 25.1575 | 27.6986 | 25.4776 |
| 310061 | 1.2606 | 1.1226 | 1.1226 | 27.5400 | 28.2129 | 31.7646 | 29.1214 |
| 310063 | 1.3618 | 1.1886 | 1.1886 | 28.3457 | 31.4884 | 32.1212 | 30.6378 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 310064 | 1.5601 | 1.1736 | 1.1736 | 29.5979 | 33.4440 | 35.3987 | 32.8719 |
| 310067 | *** | * | * | 26.8068 | * | * | 26.8068 |
| 310069 | 1.2815 | 1.1226 | 1.1226 | 27.9656 | 28.1681 | 29.9598 | 28.7705 |
| 310070 | 1.4011 | 1.3038 | 1.3008 | 32.1806 | 33.2310 | 33.7936 | 33.1015 |
| 310072 | *** | * | * | 26.3520 | * | * | 26.3520 |
| 310073 | 1.8401 | 1.1242 | 1.1242 | 29.6611 | 32.0329 | 33.2615 | 31.6839 |
| 310074 | 1.2542 | 1.3215 | 1.3215 | 28.4361 | 29.4834 | 35.6666 | 31.1493 |
| 310075 | 1.3069 | 1.1242 | 1.1242 | 26.2479 | 31.6870 | 31.9433 | 29.9126 |
| 310076 | 1.6706 | 1.3038 | 1.3008 | 34.9428 | 36.4280 | 38.0720 | 36.4875 |
| 310077 | *** | * | * | 30.7465 | 32.6644 | 34.0345 | 32.4516 |
| 310078 | *** | * | * | 26.9589 | 29.8014 | 30.7927 | 29.2238 |
| 310081 | 1.2351 | 1.1226 | 1.1226 | 26.4259 | 26.6136 | 29.8217 | 27.6431 |
| 310083 | 1.2916 | 1.3038 | 1.3008 | 24.6563 | 28.2392 | 30.0128 | 27.5631 |
| 310084 | 1.2146 | 1.1242 | 1.1242 | 29.9437 | 32.9001 | 34.3249 | 32.2493 |
| 310086 | 1.2372 | 1.1226 | 1.1226 | 27.3601 | 29.3058 | 30.7666 | 29.1619 |
| 310088 | 1.1889 | 1.1736 | 1.1736 | 25.5274 | 26.4966 | 29.0942 | 27.0316 |
| 310090 | 1.2738 | 1.1886 | 1.1886 | 27.1661 | 30.8941 | 33.3364 | 30.3968 |
| 310091 | 1.1950 | 1.1226 | 1.1226 | 27.1115 | 27.7204 | 28.8503 | 27.8956 |
| 310092 | 1.4321 | 1.1318 | 1.1318 | 25.7071 | 29.4999 | 29.3843 | 28.2367 |
| 310093 | 1.1892 | 1.3038 | 1.3008 | 25.8727 | 28.0401 | 29.9026 | 28.0649 |
| 310096 | 2.0353 | 1.3038 | 1.3008 | 30.3675 | 34.4275 | 36.4988 | 33.8387 |
| 310105 | 1.2260 | 1.3215 | 1.3215 | 30.9968 | 31.9769 | 29.9797 | 30.9490 |
| 310108 | 1.3646 | 1.3038 | 1.3008 | 29.1548 | 30.1002 | 33.0791 | 30.7872 |
| 310110 | 1.2908 | 1.1318 | 1.1318 | 27.8707 | 31.2164 | 33.2096 | 31.0583 |
| 310111 | 1.2002 | 1.1242 | 1.1242 | 28.8692 | 30.7475 | 31.9533 | 30.6096 |
| 310112 | 1.2755 | 1.1242 | 1.1242 | 28.9928 | 30.4192 | 30.9671 | 30.1683 |
| 310113 | 1.2386 | 1.1242 | 1.1242 | 27.5203 | 29.6079 | 31.9823 | 29.7520 |
| 310115 | 1.2894 | 1.3038 | 1.1226 | 26.2803 | 29.6020 | 30.6848 | 28.9374 |
| 310116 | 1.2313 | 1.3215 | 1.3215 | 26.6287 | 25.6976 | 29.5404 | 27.2633 |
| 310118 | 1.3298 | 1.3215 | 1.3215 | 28.1238 | 28.8797 | 31.9920 | 29.6477 |
| 310119 | 1.8293 | 1.3038 | 1.3008 | 35.6786 | 37.7876 | 42.6911 | 38.8840 |
| 310120 | 1.0683 | 1.3038 | 1.1886 | 27.2010 | 31.4110 | 29.5849 | 29.3345 |
| 310122 | 1.8284 | 1.1242 | 1.1242 | * | * | * | * |
| 310123 | 2.4750 | 1.2237 | 1.2237 | * | * | * | * |
| 310124 | 1.7405 | 1.1592 | 1.1592 | * | * | * | * |
| 310125 | 3.0573 | 1.1886 | 1.1886 | * | * | * | * |
| 320001 | 1.5398 | 0.9477 | 0.9477 | 26.1962 | 26.9434 | 28.3114 | 27.2210 |
| 320002 | 1.4251 | 1.0821 | 1.0821 | 28.6963 | 30.5158 | 32.0322 | 30.4616 |
| 320003 | 1.1829 | 0.8982 | 0.8982 | 22.3911 | 28.1402 | 27.4758 | 25.7749 |
| 320004 | 1.3224 | 0.8353 | 0.8353 | 24.0362 | 24.9481 | 24.7427 | 24.6089 |
| 320005 | 1.3413 | 0.9477 | 0.9477 | 21.2164 | 23.8264 | 25.4686 | 23.5378 |
| 320006 | 1.3228 | 0.9814 | 0.9814 | 22.5615 | 24.2812 | 26.6616 | 24.5380 |
| 320009 | 1.5558 | 0.9477 | 0.9477 | 24.4237 | 22.8293 | 31.2529 | 25.5999 |
| 320011 | 1.1211 | 0.8795 | 0.8795 | 23.1539 | 24.2279 | 25.6322 | 24.4026 |
| 320013 | 1.1009 | 0.9814 | 0.9814 | 27.8671 | 28.9276 | 22.6383 | 25.9594 |
| 320014 | 1.1072 | 0.9270 | 0.9270 | 26.7112 | 24.5310 | 26.0108 | 25.6452 |
| 320016 | 1.1409 | 0.8353 | 0.8353 | 21.7001 | 23.5040 | 24.8595 | 23.3847 |
| 320017 | 1.1564 | 0.9477 | 0.9477 | 23.6861 | 25.0286 | 31.3764 | 26.3396 |
| 320018 | 1.4337 | 0.9333 | 0.9333 | 23.0915 | 23.2360 | 26.8414 | 24.1413 |
| 320019 | 1.6146 | 0.9477 | 0.9477 | 31.2250 | 31.5192 | 29.5311 | 30.6451 |
| 320021 | 1.6483 | 0.9477 | 0.9477 | 28.5620 | 27.2357 | 26.6064 | 27.3101 |
| 320022 | 1.1318 | 0.8353 | 0.8353 | 22.1492 | 23.7160 | 24.3131 | 23.3995 |
| 320030 | 1.0412 | 0.8353 | 0.8353 | 18.0990 | 22.1971 | 20.9229 | 20.3256 |
| 320033 | 1.2017 | 0.9814 | 0.9814 | 24.1185 | 27.6393 | 32.4689 | 27.9429 |
| 320037 | 1.1385 | 0.9477 | 0.9477 | 21.6080 | 23.3999 | 25.1973 | 23.4459 |
| 320038 | 1.2203 | 0.8353 | 0.8353 | 21.2181 | 20.1533 | 21.5104 | 20.9623 |
| 320046 | 1.1831 | * | * | 22.9114 | 24.3534 | * | 23.6315 |
| 320057 | 0.8052 | 1.4448 | 1.4448 | * | * | * | * |
| 320058 | 0.8101 | 1.4448 | 1.4448 | * | * | * | * |
| 320059 | 0.8615 | 1.4448 | 1.4448 | * | * | * | * |
| 320060 | 0.9188 | 1.4448 | 1.4448 | * | * | * | * |
| 320061 | 0.8690 | 1.4448 | 1.4448 | * | * | * | * |
| 320062 | 0.8781 | 1.4448 | 1.4448 | * | * | * | * |
| 320063 | 1.2764 | 0.9737 | 0.9737 | 24.9141 | 24.4696 | 25.1341 | 24.8572 |
| 320065 | 1.1554 | 0.9737 | 0.9737 | 21.6189 | 26.6603 | 26.9856 | 25.3295 |
| 320067 | 0.8883 | 0.8353 | 0.8353 | 20.4431 | 23.7745 | 23.0640 | 22.5148 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 320069 | 1.1144 | 0.8353 | 0.8353 | 19.7296 | 20.9167 | 22.2717 | 20.9948 |
| 320070 | 0.9190 | 1.4448 | 1.4448 | * | * | * | * |
| 320074 | 1.1380 | 0.9477 | 0.9477 | 35.5980 | 22.2175 | 31.3214 | 29.3022 |
| 320079 | 1.0890 | 0.9477 | 0.9477 | 23.8092 | 25.2105 | 25.7148 | 24.9372 |
| 320083 | 2.5979 | 0.9477 | 0.9477 | * | 28.2114 | 24.0257 | 25.7289 |
| 320084 | 0.9804 | 0.8353 | 0.8353 | * | 17.2511 | 17.5258 | 17.4008 |
| 320085 | 1.6874 | 0.9333 | 0.9333 | * | 24.8752 | 28.5627 | 26.8570 |
| 330001 | *** | * | * | 31.3735 | 33.4718 | * | 32.4179 |
| 330002 | 1.5005 | 1.3215 | 1.3215 | 29.3459 | 31.1924 | 30.4429 | 30.3409 |
| 330003 | 1.3482 | 0.8753 | 0.8753 | 21.6506 | 22.9945 | 23.8448 | 22.8408 |
| 330004 | 1.2620 | 1.0583 | 1.0583 | 23.9959 | 26.0445 | 27.5850 | 25.9379 |
| 330005 | 1.5873 | 0.9475 | 0.9475 | 25.9287 | 29.0124 | 30.5004 | 28.4063 |
| 330006 | 1.2604 | 1.3215 | 1.3215 | 29.7509 | 31.5370 | 32.4887 | 31.2785 |
| 330008 | 1.1431 | 0.9475 | 0.9475 | 21.3269 | 21.8198 | 23.2197 | 22.1194 |
| 330009 | 1.2062 | 1.3215 | 1.3215 | 35.8367 | 35.4986 | 35.4703 | 35.5997 |
| 330010 | *** | * | * | 17.9178 | 19.6920 | 20.6440 | 19.2176 |
| 330011 | 1.3098 | 0.8816 | 0.8816 | 20.3641 | 21.8008 | 24.9644 | 22.3720 |
| 330013 | 1.9972 | 0.8753 | 0.8753 | 23.9070 | 24.5162 | 26.1086 | 24.8688 |
| 330014 | 1.3121 | 1.3215 | 1.3215 | 35.4053 | 38.8123 | 41.9904 | 38.6661 |
| 330016 | 0.9857 | 0.8267 | 0.8267 | 18.9388 | 28.4392 | 21.7319 | 22.2994 |
| 330019 | 1.2870 | 1.3215 | 1.3215 | 32.3413 | 34.8266 | 36.2560 | 34.4888 |
| 330023 [2] | 1.5742 | 1.3038 | 1.3215 | 29.2669 | 31.6208 | 35.2521 | 32.2225 |
| 330024 | 1.8005 | 1.3215 | 1.3215 | 36.5648 | 37.8398 | 42.0169 | 38.6703 |
| 330025 | 1.0804 | 0.9475 | 0.9475 | 19.7561 | 20.2775 | 21.2619 | 20.4337 |
| 330027 | 1.4373 | 1.3038 | 1.3008 | 35.1325 | 39.0717 | 41.6731 | 38.5866 |
| 330028 | 1.4210 | 1.3215 | 1.3215 | 33.5312 | 34.2709 | 36.1977 | 34.6170 |
| 330029 | 0.4427 | 0.9475 | 0.9475 | 18.6623 | 19.1589 | 22.2943 | 19.8291 |
| 330030 | 1.2380 | 0.9007 | 0.9007 | 22.4368 | 22.9937 | 24.1393 | 23.1393 |
| 330033 | 1.1423 | 0.8267 | 0.8267 | 21.3762 | 22.5681 | 24.4951 | 22.7923 |
| 330036 | 1.1271 | 1.3215 | 1.3215 | 27.6813 | 28.9409 | 28.6763 | 28.4126 |
| 330037 | 1.1107 | 0.9007 | 0.9007 | 19.6385 | 20.6904 | 22.5429 | 20.9676 |
| 330041 | 1.2505 | 1.3215 | 1.3215 | 36.2481 | 36.0286 | 36.9040 | 36.3905 |
| 330043 | 1.3834 | 1.2701 | 1.2701 | 34.1039 | 34.7480 | 38.4138 | 35.7957 |
| 330044 | 1.2969 | 0.8422 | 0.8422 | 23.1450 | 24.1907 | 25.2654 | 24.2192 |
| 330045 | 1.3331 | 1.2701 | 1.2701 | 34.4956 | 36.1893 | 38.2951 | 36.3647 |
| 330046 | 1.4281 | 1.3215 | 1.3215 | 42.0900 | 44.8494 | 49.9508 | 45.5451 |
| 330047 [h] | 1.2132 | 0.8753 | 0.8753 | 21.1244 | 24.0678 | 24.2099 | 23.2219 |
| 330049 | 1.4505 | 1.3038 | 1.0913 | 25.7022 | 29.2904 | 29.7258 | 28.2859 |
| 330053 | 1.0625 | 0.9007 | 0.9007 | 19.6807 | 18.5290 | 20.0581 | 19.4166 |
| 330055 | 1.5596 | 1.3215 | 1.3215 | 35.1393 | 38.4839 | 41.2383 | 38.3132 |
| 330056 | 1.4423 | 1.3215 | 1.3215 | 32.9295 | 37.8444 | 35.4120 | 35.3946 |
| 330057 | 1.7075 | 0.8753 | 0.8753 | 22.6519 | 24.4680 | 26.1030 | 24.4281 |
| 330058 | 1.3449 | 0.9007 | 0.9007 | 19.5520 | 21.3727 | 22.2270 | 21.0700 |
| 330059 | 1.5303 | 1.3215 | 1.3215 | 38.1019 | 39.7386 | 41.0950 | 39.6782 |
| 330061 | 1.2227 | 1.3215 | 1.3215 | 32.7427 | 33.2848 | 35.0321 | 33.7280 |
| 330062 | 1.0487 | * | * | 21.4270 | 21.0464 | * | 21.2306 |
| 330064 | 1.2592 | 1.3215 | 1.3215 | 38.5719 | 36.4276 | 37.5279 | 37.4900 |
| 330065 | 1.0539 | 0.9475 | 0.9475 | 21.9192 | 23.9128 | 24.8627 | 23.5400 |
| 330066 | 1.3403 | 0.8753 | 0.8753 | 23.0916 | 24.7941 | 28.5116 | 25.5240 |
| 330067 [2] | 1.4381 | 1.3038 | 1.3215 | 34.8416 | 26.4243 | 27.2479 | 28.9882 |
| 330072 | 1.3269 | 1.3215 | 1.3215 | 32.7905 | 36.4336 | 37.1569 | 35.4529 |
| 330073 | 1.1317 | 0.9007 | 0.9007 | 19.0781 | 20.1490 | 22.3706 | 20.5067 |
| 330074 | 1.2195 | 0.9007 | 0.9007 | 20.2874 | 21.4274 | 22.6971 | 21.4576 |
| 330075 | 1.1127 | 0.9723 | 0.9723 | 22.0240 | 22.4188 | 23.0741 | 22.5194 |
| 330078 | 1.4671 | 0.9475 | 0.9475 | 22.7762 | 23.3981 | 25.5249 | 23.9158 |
| 330079 | 1.2417 | 0.9974 | 0.9974 | 22.1064 | 22.5237 | 24.6828 | 23.1380 |
| 330080 | 1.1802 | 1.3215 | 1.3215 | 36.1171 | 39.1724 | 39.0128 | 38.1206 |
| 330084 | 1.0859 | 0.8267 | 0.8267 | 22.6365 | 21.5455 | 21.8844 | 22.0141 |
| 330085 | 1.1463 | 0.9428 | 0.9428 | 23.2927 | 23.9568 | 24.6752 | 23.9772 |
| 330086 | 1.3556 | 1.3215 | 1.3215 | 28.8424 | 29.1784 | 32.4300 | 30.1863 |
| 330088 | 1.0121 | 1.2701 | 1.2701 | 31.2631 | 31.3973 | 33.6229 | 32.0964 |
| 330090 | 1.4380 | 0.8267 | 0.8267 | 22.7721 | 23.6174 | 25.2379 | 23.8595 |
| 330091 | 1.3451 | 0.9475 | 0.9475 | 22.5796 | 23.8063 | 25.1750 | 23.8763 |
| 330094 | 1.2611 | 0.9058 | 0.9058 | 22.1495 | 23.0001 | 24.7488 | 23.2787 |
| 330095 | *** | * | * | 28.9914 | 31.9872 | 46.3616 | 32.4322 |
| 330096 | 1.2346 | 0.8267 | 0.8267 | 22.4895 | 22.0337 | 22.9866 | 22.5018 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 330097 | 1.1683 | * | * | 19.2233 | 20.3189 | * | 19.7495 |
| 330100 | 0.9820 | 1.3215 | 1.3215 | 32.8406 | 34.4621 | 37.3387 | 34.9547 |
| 330101 | 1.9087 | 1.3215 | 1.3215 | 39.2601 | 38.7503 | 40.4612 | 39.5161 |
| 330102 | 1.3915 | 0.9475 | 0.9475 | 23.6141 | 24.8184 | 25.2287 | 24.5563 |
| 330103 | 1.0850 | 0.8330 | 0.8330 | 18.8763 | 21.1452 | 22.5242 | 20.8126 |
| 330104 | 1.3440 | 1.3215 | 1.3215 | 33.7556 | 32.8818 | 33.1903 | 33.2697 |
| 330106 | 1.7400 | 1.4485 | 1.3008 | 39.8554 | 41.4561 | 42.8789 | 41.4391 |
| 330107 | 1.2734 | 1.2701 | 1.2701 | 31.8528 | 31.3888 | 34.1234 | 32.4908 |
| 330108 | 1.1383 | 0.8267 | 0.8267 | 21.4680 | 22.2607 | 22.7058 | 22.1280 |
| 330111 | 1.0558 | 0.9475 | 0.9475 | 17.6185 | 20.9387 | 19.9803 | 19.4680 |
| 330115 | 1.1814 | 0.9723 | 0.9723 | 20.5101 | 23.3043 | 25.2327 | 23.0156 |
| 330119 | 1.7645 | 1.3215 | 1.3215 | 36.5873 | 39.1114 | 38.4828 | 38.0489 |
| 330121 | 0.9476 | * | * | 19.7388 | * | * | 19.7388 |
| 330122 | *** | * | * | 26.3849 | * | * | 26.3849 |
| 330125 | 1.7528 | 0.9007 | 0.9007 | 24.6945 | 26.7118 | 26.7047 | 26.0770 |
| 330126 | 1.2994 | 1.3038 | 1.1473 | 28.8299 | 31.6370 | 35.1728 | 33.1208 |
| 330127 | 1.3343 | 1.3215 | 1.3215 | 43.7479 | 44.6103 | 44.4572 | 44.2717 |
| 330128 | 1.2870 | 1.3215 | 1.3215 | 34.5289 | 37.7166 | 39.5738 | 37.2581 |
| 330132 | 1.0988 | 0.8267 | 0.8267 | 16.3088 | 17.4946 | 20.2593 | 18.3351 |
| 330133 | 1.3735 | 1.3215 | 1.3215 | 44.0704 | 36.6962 | 40.0269 | 40.0358 |
| 330135 | 1.1836 | 1.3038 | 1.1473 | 26.9969 | 29.0837 | 28.2828 | 28.1734 |
| 330136 | 1.4932 | 0.9428 | 0.9428 | 22.5447 | 24.2010 | 25.7642 | 24.2296 |
| 330140 | 1.7494 | 0.9723 | 0.9723 | 23.5774 | 25.7573 | 27.0648 | 25.4535 |
| 330141 | 1.3524 | 1.2701 | 1.2701 | 30.6616 | 34.8902 | 37.7577 | 34.5697 |
| 330144 | 1.0534 | 0.8267 | 0.8267 | 20.1805 | 20.9935 | 22.9269 | 21.3429 |
| 330148 | 1.0140 | * | * | 18.5443 | * | * | 18.5443 |
| 330151 | 1.1572 | 0.8267 | 0.8267 | 17.6782 | 19.1841 | 21.5978 | 19.3648 |
| 330152 | 1.2920 | 1.3215 | 1.3215 | 32.0616 | 36.5136 | 36.5762 | 35.0673 |
| 330153 | 1.7108 | 0.8753 | 0.8753 | 21.9935 | 24.5219 | 26.2638 | 24.3225 |
| 330157 | 1.3554 | 0.9428 | 0.9428 | 23.6939 | 25.2312 | 26.7341 | 25.2451 |
| 330158 | 1.5438 | 1.3215 | 1.3215 | 33.0067 | 32.2990 | 37.6639 | 34.3802 |
| 330159 | 1.4177 | 0.9723 | 0.9723 | 24.1916 | 28.9094 | 28.5063 | 27.1433 |
| 330160 | 1.5992 | 1.3215 | 1.3215 | 34.0373 | 34.1960 | 35.8958 | 34.7339 |
| 330162 | 1.3033 | 1.3215 | 1.3215 | 31.3812 | 32.1783 | 34.4443 | 32.6472 |
| 330163 | 1.1712 | 0.9475 | 0.9475 | 22.4644 | 24.0200 | 27.0659 | 24.5702 |
| 330164 | 1.4565 | 0.9007 | 0.9007 | 24.4306 | 28.8481 | 27.2894 | 26.8505 |
| 330166 [h] | 1.0648 | 0.8267 | 0.8267 | 18.8777 | 19.4360 | 20.4318 | 19.5757 |
| 330167 | 1.7599 | 1.2838 | 1.3008 | 33.7365 | 34.4748 | 36.1041 | 34.7272 |
| 330169 | 1.4208 | 1.3215 | 1.3215 | 38.3498 | 39.3361 | 44.3462 | 40.5303 |
| 330171 | 1.1942 | 1.3215 | 1.3215 | 27.7810 | 30.0122 | 30.0593 | 29.2106 |
| 330175 | 1.1464 | 0.8267 | 0.8267 | 21.1944 | 22.2067 | 23.7714 | 22.4153 |
| 330177 | 1.0045 | 0.8267 | 0.8267 | 20.1850 | 19.6100 | 19.9735 | 19.9338 |
| 330180 | 1.2313 | 0.8753 | 0.8753 | 21.9641 | 22.1920 | 23.7235 | 22.6242 |
| 330181 | 1.3007 | 1.2838 | 1.3008 | 35.9334 | 38.5351 | 40.9623 | 38.5235 |
| 330182 | 2.3224 | 1.3038 | 1.3008 | 36.3831 | 39.6038 | 40.0238 | 38.7114 |
| 330184 | 1.4427 | 1.3215 | 1.3215 | 33.2843 | 34.4044 | 35.1901 | 34.3420 |
| 330185 | 1.2291 | 1.2701 | 1.2701 | 31.0179 | 32.3466 | 34.2430 | 32.5908 |
| 330188 | 1.2590 | 0.9475 | 0.9475 | 22.6803 | 23.9210 | 25.5586 | 24.0883 |
| 330189 | 1.0679 | 0.8753 | 0.8753 | 19.2538 | 21.6229 | 22.9867 | 21.2142 |
| 330191 | 1.2924 | 0.8753 | 0.8753 | 22.3719 | 24.0232 | 24.7436 | 23.7211 |
| 330193 | 1.2808 | 1.3215 | 1.3215 | 36.9866 | 37.1807 | 38.7230 | 37.6472 |
| 330194 | 1.8228 | 1.3215 | 1.3215 | 39.9177 | 43.9910 | 44.2515 | 42.7636 |
| 330195 | 1.7332 | 1.3215 | 1.3215 | 38.6867 | 40.0206 | 39.5538 | 39.5038 |
| 330196 | 1.3705 | 1.3215 | 1.3215 | 32.5883 | 33.2171 | 35.7930 | 33.8609 |
| 330197 | 1.0633 | 0.8267 | 0.8267 | 22.3117 | 23.4291 | 26.7687 | 24.1549 |
| 330198 | 1.3856 | 1.2838 | 1.3008 | 29.5359 | 30.5485 | 32.7085 | 30.9857 |
| 330199 | 1.1511 | 1.3215 | 1.3215 | 32.7870 | 35.0059 | 38.2030 | 35.2594 |
| 330201 | 1.6395 | 1.3215 | 1.3215 | 33.3215 | 39.3682 | 37.4511 | 36.6531 |
| 330202 | 1.2806 | 1.3215 | 1.3215 | 34.3545 | 38.0129 | 36.6670 | 36.3901 |
| 330203 | 1.4512 | 0.9723 | 0.9723 | 26.2459 | 26.5882 | 31.9331 | 28.1724 |
| 330204 | 1.3265 | 1.3215 | 1.3215 | 30.3273 | 37.6849 | 38.9990 | 35.5345 |
| 330205 | 1.2915 | 1.3038 | 1.1473 | 30.0101 | 32.1617 | 32.4144 | 31.6042 |
| 330208 | 1.1799 | 1.3215 | 1.3215 | 28.2667 | 29.6282 | 31.4344 | 29.9593 |
| 330209 | *** | * | * | 28.7213 | 29.7988 | 30.1376 | 29.5534 |
| 330211 | 1.1264 | 0.8267 | 0.8267 | 21.1094 | 22.9966 | 24.3905 | 22.8006 |
| 330212 | *** | * | * | 27.0585 | 27.2232 | * | 27.1435 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 330213 | 1.0844 | 0.8267 | 0.8267 | 21.7208 | 22.5191 | 24.9647 | 23.1508 |
| 330214 | 1.9477 | 1.3215 | 1.3215 | 33.7670 | 37.8500 | 42.1291 | 37.8343 |
| 330215 | 1.2755 | 0.8422 | 0.8422 | 20.6343 | 22.6744 | 23.3466 | 22.2273 |
| 330218 | 1.0776 | 0.9723 | 0.9723 | 21.4095 | 24.1106 | 26.2793 | 23.9406 |
| 330219 | 1.7056 | 0.9475 | 0.9475 | 27.7400 | 29.3644 | 29.8772 | 28.9747 |
| 330221 | 1.3793 | 1.3215 | 1.3215 | 34.7033 | 36.5539 | 39.1877 | 36.8432 |
| 330222 | 1.2774 | 0.8753 | 0.8753 | 25.9825 | 23.9746 | 25.6286 | 25.1525 |
| 330223 | 1.0219 | 0.8267 | 0.8267 | 18.4291 | 19.4229 | 23.6690 | 20.4211 |
| 330224 | 1.3174 | 1.0583 | 1.0583 | 23.9379 | 25.7850 | 28.0293 | 25.9885 |
| 330225 | 1.1580 | 1.2838 | 1.3008 | 28.9952 | 29.2719 | 31.9981 | 30.1465 |
| 330226 | 1.3178 | 0.9007 | 0.9007 | 23.4783 | 21.8977 | 24.1599 | 23.1859 |
| 330229 [h] | 1.2036 | 0.8360 | 0.8360 | 19.5670 | 20.6095 | 21.8375 | 20.6728 |
| 330230 | 0.9991 | 1.3215 | 1.3215 | 32.1101 | 33.3175 | 35.7536 | 33.6689 |
| 330231 | 1.0210 | 1.3215 | 1.3215 | 33.9324 | 36.9619 | 39.1585 | 36.5993 |
| 330232 | 1.1885 | 0.8753 | 0.8753 | 21.4765 | 24.4531 | 26.2367 | 24.0703 |
| 330233 | 1.4774 | 1.3215 | 1.3215 | 41.9968 | 45.5132 | 46.4011 | 44.6873 |
| 330234 | 2.2633 | 1.3215 | 1.3215 | 36.8500 | 40.6314 | 48.6802 | 41.8211 |
| 330235 | 1.1768 | 0.9428 | 0.9428 | 22.1217 | 23.3866 | 25.6714 | 23.6691 |
| 330236 | 1.5550 | 1.3215 | 1.3215 | 32.9391 | 35.6347 | 38.6055 | 35.7449 |
| 330238 | 1.1812 | 0.9007 | 0.9007 | 19.2407 | 20.8639 | 21.8941 | 20.6562 |
| 330239 [h] | 1.2433 | 0.8360 | 0.8360 | 20.4936 | 21.5397 | 22.3783 | 21.4691 |
| 330240 | 1.2427 | 1.3215 | 1.3215 | 40.7478 | 39.9450 | 42.8856 | 41.1747 |
| 330241 | 1.8668 | 0.9723 | 0.9723 | 27.7213 | 29.0882 | 30.2601 | 29.0836 |
| 330242 | 1.3276 | 1.3215 | 1.3215 | 32.2178 | 33.6926 | 36.2068 | 34.0089 |
| 330245 | 1.8252 | 0.8422 | 0.8422 | 21.6857 | 22.8003 | 25.2401 | 23.2687 |
| 330246 | 1.3306 | 1.2701 | 1.2701 | 31.6763 | 34.6329 | 36.8581 | 34.3345 |
| 330247 | 0.7996 | 1.3215 | 1.3215 | 32.1733 | 32.2300 | 35.2706 | 33.1804 |
| 330249 | 1.2670 | 0.9723 | 0.9723 | 21.4345 | 22.9834 | 24.5819 | 23.0385 |
| 330250 | 1.3135 | 0.9355 | 0.9355 | 23.0641 | 25.1664 | 26.8227 | 25.0299 |
| 330259 | 1.4044 | 1.2838 | 1.3008 | 30.0488 | 31.9152 | 33.2686 | 31.7934 |
| 330261 | 1.3009 | 1.3215 | 1.3215 | 30.9356 | 30.7942 | 33.5583 | 31.7945 |
| 330263 | 1.0260 | 0.8267 | 0.8267 | 20.8456 | 22.4675 | 23.6060 | 22.3341 |
| 330264 | 1.2873 | 1.2701 | 1.1473 | 28.1501 | 30.0139 | 31.0746 | 29.7061 |
| 330265 | 1.1926 | 0.9007 | 0.9007 | 19.9414 | 20.4635 | 21.6198 | 20.6587 |
| 330267 | 1.4008 | 1.3215 | 1.3215 | 30.3709 | 31.5478 | 33.1643 | 31.7213 |
| 330268 | 0.9452 | 0.8267 | 0.8267 | 18.9142 | 20.9720 | 25.6319 | 21.7316 |
| 330270 | 2.0124 | 1.3215 | 1.3215 | 38.2605 | 42.2111 | 53.8973 | 44.3875 |
| 330273 | 1.3585 | 1.3215 | 1.3215 | 29.5106 | 30.4720 | 36.3643 | 32.1579 |
| 330276 | 1.1335 | 0.8330 | 0.8330 | 21.7826 | 22.2353 | 23.8846 | 22.6430 |
| 330277 | 1.1855 | 0.9439 | 0.9439 | 25.1438 | 25.3582 | 26.5151 | 25.7061 |
| 330279 | 1.4992 | 0.9475 | 0.9475 | 23.4816 | 25.2130 | 26.7728 | 25.2467 |
| 330285 | 2.0268 | 0.9007 | 0.9007 | 27.1260 | 27.9018 | 29.9511 | 28.3309 |
| 330286 | 1.3541 | 1.2701 | 1.2701 | 32.3244 | 33.3552 | 34.4498 | 33.4062 |
| 330290 | 1.7641 | 1.3215 | 1.3215 | 36.3764 | 36.9981 | 40.0375 | 37.7918 |
| 330293 | *** | * | * | 19.0290 | * | * | 19.0290 |
| 330304 | 1.3150 | 1.3215 | 1.3215 | 33.4431 | 34.5761 | 36.2311 | 34.7931 |
| 330306 | 1.4598 | 1.3215 | 1.3215 | 30.7551 | 35.6640 | 36.3448 | 34.3198 |
| 330307 | 1.2821 | 0.9883 | 0.9883 | 25.4128 | 27.5699 | 29.2568 | 27.4840 |
| 330314 | 1.2414 | 1.2701 | 1.2701 | 26.0150 | 25.5597 | 25.8968 | 25.8297 |
| 330316 | 1.2614 | 1.3215 | 1.3215 | 33.1512 | 34.8623 | 35.1243 | 34.3638 |
| 330331 | 1.2609 | 1.2838 | 1.3008 | 34.7052 | 36.1630 | 38.8882 | 36.6631 |
| 330332 | 1.2980 | 1.2838 | 1.3008 | 31.8389 | 33.3050 | 34.7704 | 33.3802 |
| 330333 | *** | * | * | 33.7637 | 26.1917 | * | 29.6102 |
| 330338 | *** | * | * | 27.3859 | 31.3761 | 37.2825 | 32.0071 |
| 330339 | 0.9158 | 0.8753 | 0.8753 | 22.2812 | 22.6569 | 24.0829 | 23.0041 |
| 330340 | 1.2406 | 1.2701 | 1.2701 | 31.4322 | 33.9358 | 36.7304 | 34.0134 |
| 330350 | 1.4882 | 1.3215 | 1.3215 | 39.3541 | 36.6250 | 43.5699 | 39.8450 |
| 330353 | 1.1878 | 1.3215 | 1.3215 | 38.6962 | 37.6549 | 43.9114 | 40.1352 |
| 330357 | 1.2787 | 1.3215 | 1.3215 | 34.3965 | 35.5975 | 37.5781 | 35.8277 |
| 330372 | 1.2829 | 1.2838 | 1.3008 | 30.1505 | 32.6721 | 34.7591 | 32.6538 |
| 330385 | 1.1485 | 1.3215 | 1.3215 | 42.6671 | 46.3221 | 47.0402 | 45.3358 |
| 330386 | 1.2241 | 1.0583 | 1.0583 | 25.9228 | 27.9943 | 28.7592 | 27.5994 |
| 330389 | 1.8452 | 1.3215 | 1.3215 | 34.7552 | 34.7669 | 36.9478 | 35.4956 |
| 330390 | 1.2447 | 1.3215 | 1.3215 | 33.2628 | 36.0573 | 34.5945 | 34.5746 |
| 330393 | 1.7531 | 1.2701 | 1.2701 | 34.8213 | 34.8095 | 37.6074 | 35.7608 |
| 330394 | 1.6481 | 0.8816 | 0.8816 | 23.3505 | 25.2229 | 26.6945 | 25.0944 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 330395 | 1.3957 | 1.3215 | 1.3215 | 35.4619 | 37.3096 | 35.7217 | 36.1690 |
| 330396 | 1.3725 | 1.3215 | 1.3215 | 32.5345 | 35.0297 | 36.8429 | 34.7966 |
| 330397 | 1.3754 | 1.3215 | 1.3215 | 34.5110 | 38.4741 | 36.7459 | 36.5053 |
| 330399 | 1.1594 | 1.3215 | 1.3215 | 33.6753 | 32.3688 | 34.5604 | 33.5258 |
| 330401 | 1.3754 | 1.2701 | 1.2701 | 35.7435 | 40.6249 | 37.3189 | 37.8874 |
| 330402 | *** | * | * | 21.3302 | * | * | 21.3302 |
| 330403 | *** | * | * | * | 23.1887 | 25.2042 | 24.1429 |
| 330404 | 0.8753 | * | * | * | * | * | * |
| 330405 | 0.8833 | * | * | * | * | * | * |
| 330406 | 0.8810 | * | * | * | * | * | * |
| 340001 | 1.5157 | 0.9520 | 0.9520 | 23.2436 | 25.0041 | 27.2111 | 25.1005 |
| 340002 | 1.7808 | 0.9520 | 0.9110 | 25.1099 | 27.3349 | 28.4571 | 27.0078 |
| 340003 | 1.1318 | 0.8607 | 0.8607 | 21.5562 | 23.3066 | 24.1238 | 22.9768 |
| 340004 | 1.4174 | 0.9129 | 0.9129 | 24.2055 | 25.4474 | 26.6506 | 25.4397 |
| 340005 | 1.0032 | * | * | 22.9830 | 22.3814 | * | 22.6704 |
| 340007 | *** | * | * | 21.1519 | * | * | 21.1519 |
| 340008 | 1.1135 | 0.9520 | 0.9520 | 24.2089 | 26.6314 | 26.2698 | 25.7197 |
| 340010 | 1.3600 | 0.9570 | 0.9570 | 23.1349 | 24.5666 | 27.1894 | 24.9795 |
| 340011 | 1.0750 | 0.8607 | 0.8607 | 18.1843 | 19.9484 | 20.0476 | 19.3757 |
| 340012 | 1.3275 | 0.8607 | 0.8607 | 22.0583 | 22.7189 | 23.2312 | 22.6747 |
| 340013 | 1.2343 | 0.9286 | 0.9286 | 22.4787 | 23.0261 | 24.3059 | 23.2775 |
| 340014 | 1.5855 | 0.8992 | 0.8992 | 24.4831 | 25.1872 | 27.1685 | 25.6433 |
| 340015 [h] | 1.3320 | 0.9787 | 0.9787 | 24.3870 | 26.2276 | 28.1772 | 26.2865 |
| 340016 | 1.2923 | 0.8607 | 0.8607 | 22.7574 | 23.0359 | 23.7376 | 23.1810 |
| 340017 | 1.3200 | 0.9110 | 0.9110 | 22.8879 | 23.8229 | 22.7039 | 23.1314 |
| 340018 | 1.2060 | * | * | 20.3840 | 23.7243 | * | 21.9193 |
| 340019 | *** | * | * | 17.8768 | * | * | 17.8768 |
| 340020 | 1.2238 | 0.8814 | 0.8814 | 24.1955 | 23.7995 | 26.1419 | 24.7053 |
| 340021 | 1.2885 | 0.9520 | 0.9520 | 23.6884 | 26.0995 | 29.3286 | 26.4057 |
| 340023 | 1.3674 | 0.9286 | 0.9286 | 23.2844 | 24.4897 | 26.2541 | 24.6946 |
| 340024 | 1.1513 | 0.8607 | 0.8607 | 21.2671 | 22.2521 | 23.8742 | 22.4843 |
| 340025 | 1.2791 | 0.9110 | 0.9110 | 20.9915 | 21.2276 | 23.1272 | 21.8404 |
| 340027 | 1.1485 | 0.9300 | 0.9300 | 22.6107 | 23.6326 | 25.2357 | 23.8877 |
| 340028 | 1.5457 | 0.8962 | 0.8962 | 24.6836 | 26.3298 | 26.5301 | 25.8563 |
| 340030 | 2.0383 | 0.9805 | 0.9805 | 27.4664 | 29.0122 | 30.0506 | 28.8550 |
| 340032 | 1.4184 | 0.9520 | 0.9520 | 24.8031 | 26.7475 | 27.7578 | 26.5096 |
| 340035 | 1.0842 | 0.8607 | 0.8607 | 21.2407 | 23.5476 | 24.5596 | 23.1461 |
| 340036 | 1.3160 | 0.9855 | 0.9855 | 22.2089 | 25.2077 | 26.3904 | 24.6981 |
| 340037 | 1.0334 | 0.8823 | 0.8823 | 22.5089 | 21.6411 | 25.2974 | 23.1980 |
| 340038 | 1.2308 | 0.8607 | 0.8607 | 14.0203 | 14.0713 | 23.1194 | 16.2732 |
| 340039 | 1.2931 | 0.9520 | 0.9520 | 25.6605 | 27.1275 | 27.9102 | 26.9345 |
| 340040 | 1.9365 | 0.9427 | 0.9427 | 24.1523 | 26.3325 | 27.9072 | 26.1644 |
| 340041 | 1.2470 | 0.9029 | 0.9029 | 23.0497 | 23.6600 | 24.3510 | 23.7190 |
| 340042 | 1.1867 | 0.8607 | 0.8607 | 22.1107 | 23.0236 | 24.3666 | 23.1693 |
| 340044 | 1.0102 | * | * | 21.7089 | * | * | 21.7089 |
| 340045 | 0.9486 | * | * | 14.5004 | 23.1918 | * | 18.3297 |
| 340047 | 1.8343 | 0.8992 | 0.8992 | 25.3727 | 25.0605 | 27.8038 | 26.1074 |
| 340049 | 1.8974 | 0.9805 | 0.9805 | 22.3082 | 30.4827 | 31.2630 | 28.1162 |
| 340050 | 1.0680 | 0.8962 | 0.8962 | 21.4511 | 24.2533 | 25.6210 | 23.7875 |
| 340051 | 1.2225 | 0.8901 | 0.8901 | 21.9069 | 23.4091 | 24.0706 | 23.1553 |
| 340053 | 1.5721 | 0.9520 | 0.9520 | 26.9361 | 27.7261 | 28.5758 | 27.7590 |
| 340055 | 1.2438 | 0.9029 | 0.9029 | 24.3728 | 24.1057 | 26.4405 | 24.9504 |
| 340060 | 1.1227 | 0.8992 | 0.8992 | 22.4303 | 22.8657 | 22.3770 | 22.5569 |
| 340061 | 1.7759 | 0.9805 | 0.9805 | 26.6657 | 27.5594 | 27.2893 | 27.1830 |
| 340064 | 1.0805 | 0.8607 | 0.8607 | 22.3631 | 22.9143 | 23.9195 | 23.0608 |
| 340065 | *** | * | * | 20.8413 | * | * | 20.8413 |
| 340068 | 1.1865 | 0.9516 | 0.9516 | 20.8600 | 21.8830 | 22.4484 | 21.7271 |
| 340069 | 1.8892 | 0.9805 | 0.9805 | 27.5045 | 27.4473 | 29.8633 | 28.2974 |
| 340070 | 1.2950 | 0.8992 | 0.8992 | 23.6045 | 24.9033 | 25.6875 | 24.7454 |
| 340071 | 1.0908 | 0.9570 | 0.9570 | 22.1854 | 25.4537 | 26.0452 | 24.6143 |
| 340072 | 1.1732 | 0.8607 | 0.8607 | 21.3320 | 23.1163 | 24.8367 | 23.0580 |
| 340073 | 1.4358 | 0.9805 | 0.9805 | 29.4189 | 30.2061 | 31.2882 | 30.3321 |
| 340075 | 1.2096 | 0.9029 | 0.9029 | 24.1297 | 26.0225 | 25.4646 | 25.1678 |
| 340084 | 1.1470 | 0.9520 | 0.9520 | 21.3227 | 21.2580 | 21.3338 | 21.3047 |
| 340085 [h] | 1.2078 | 0.9369 | 0.9369 | 23.0890 | 23.9793 | 25.8265 | 24.2485 |
| 340087 | 1.2104 | 0.8607 | 0.8607 | 18.4202 | 22.0070 | 22.5608 | 20.8741 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 340088 | *** | * | * | 24.3299 | * | * | 24.3299 |
| 340090 | 1.3172 | 0.9855 | 0.9855 | 21.7173 | 23.4542 | 25.8788 | 23.8260 |
| 340091 | 1.5502 | 0.9129 | 0.9129 | 24.9411 | 25.8266 | 26.0698 | 25.6286 |
| 340096 [h] | 1.2065 | 0.9369 | 0.9369 | 23.6345 | 25.2169 | 25.0546 | 24.6415 |
| 340097 | 1.1989 | 0.8607 | 0.8607 | 22.5775 | 24.2127 | 25.6227 | 24.1152 |
| 340098 | 1.4802 | 0.9520 | 0.9520 | 25.4823 | 27.3308 | 28.7253 | 27.1943 |
| 340099 | 1.2462 | 0.8607 | 0.8607 | 20.0178 | 20.3683 | 21.6077 | 20.6547 |
| 340104 | 0.8626 | 0.8823 | 0.8823 | 14.3252 | 15.7521 | 16.5594 | 15.5520 |
| 340106 | 1.1004 | 0.8607 | 0.8607 | 22.6979 | 22.4894 | 25.2139 | 23.4325 |
| 340107 | 1.1924 | 0.8869 | 0.8869 | 22.5583 | 22.9698 | 24.4751 | 23.3459 |
| 340109 | 1.2610 | 0.8840 | 0.8840 | 22.3826 | 23.4419 | 25.4826 | 23.8242 |
| 340113 | 1.8335 | 0.9520 | 0.9520 | 26.0776 | 28.2568 | 28.6890 | 27.7109 |
| 340114 | 1.6228 | 0.9805 | 0.9805 | 25.4533 | 26.6813 | 28.7016 | 26.9713 |
| 340115 | 1.6156 | 0.9805 | 0.9805 | 25.1907 | 25.0212 | 27.0359 | 25.7751 |
| 340116 | 1.7312 | 0.9029 | 0.9029 | 26.1641 | 25.3213 | 27.1898 | 26.2312 |
| 340119 | 1.2061 | 0.9520 | 0.9520 | 22.4821 | 24.2287 | 24.9657 | 23.9376 |
| 340120 | 1.0248 | 0.8607 | 0.8607 | 21.8548 | 23.0916 | 24.7598 | 23.2664 |
| 340121 | 1.0763 | 0.9840 | 0.9840 | 20.3701 | 21.7576 | 22.6663 | 21.6117 |
| 340123 | 1.2907 | 0.8992 | 0.8992 | 23.1879 | 26.1083 | 25.6790 | 24.9990 |
| 340124 | 1.0333 | 0.9570 | 0.9570 | 18.3866 | 20.8018 | 22.2436 | 20.3584 |
| 340126 [h] | 1.2954 | 0.9570 | 0.9570 | 23.5405 | 25.0189 | 26.8953 | 25.1845 |
| 340127 | 1.1826 | 0.9805 | 0.9805 | 24.6096 | 25.7831 | 26.6726 | 25.7092 |
| 340129 | 1.2866 | 0.9520 | 0.9520 | 24.1356 | 25.4902 | 26.3540 | 25.4160 |
| 340130 | 1.3338 | 0.9520 | 0.9520 | 23.0937 | 25.2941 | 26.6451 | 25.1555 |
| 340131 | 1.5363 | 0.9300 | 0.9300 | 25.2989 | 27.9358 | 27.8063 | 27.0592 |
| 340132 | 1.1937 | 0.8607 | 0.8607 | 20.4222 | 21.3521 | 22.9792 | 21.6047 |
| 340133 | 1.0422 | 0.8915 | 0.8915 | 22.1588 | 22.5558 | 22.8049 | 22.5184 |
| 340137 | 0.9094 | 0.9029 | 0.9029 | 29.9903 | 21.0642 | 22.2880 | 25.0275 |
| 340138 | 0.8891 | 0.9805 | 0.9805 | 27.4767 | 21.3670 | * | 24.4228 |
| 340141 | 1.6287 | 0.9840 | 0.9840 | 24.8132 | 27.3355 | 29.5610 | 27.3178 |
| 340142 | 1.2086 | 0.8607 | 0.8607 | 22.1298 | 22.9907 | 24.4531 | 23.2199 |
| 340143 | 1.5034 | 0.9029 | 0.9029 | 24.8904 | 25.3633 | 28.6528 | 26.2974 |
| 340144 | 1.2673 | 0.9520 | 0.9520 | 25.6538 | 27.2686 | 26.6107 | 26.5141 |
| 340145 | 1.3036 | 0.9520 | 0.9520 | 23.7028 | 23.7131 | 25.4851 | 24.3247 |
| 340146 | *** | * | * | 18.8354 | * | * | 18.8354 |
| 340147 | 1.3166 | 0.9570 | 0.9570 | 23.9998 | 25.4534 | 26.6789 | 25.4056 |
| 340148 | 1.5957 | 0.8992 | 0.8992 | 22.4205 | 23.5880 | 25.8143 | 23.9131 |
| 340151 | 1.0985 | 0.8607 | 0.8607 | 22.2613 | 22.0052 | 22.6662 | 22.3143 |
| 340153 | 1.8446 | 0.9520 | 0.9520 | 25.7078 | 26.4896 | 28.2013 | 26.7972 |
| 340155 | 1.4243 | 0.9805 | 0.9805 | 28.8758 | 30.4940 | 30.5341 | 30.0011 |
| 340156 | 0.8336 | 1.4448 | 1.4448 | * | * | * | * |
| 340158 | 1.1327 | 0.9840 | 0.9840 | 23.4724 | 26.4849 | 28.1593 | 25.9520 |
| 340159 | 1.1318 | 0.9805 | 0.9805 | 22.1872 | 23.2991 | 24.4603 | 23.3300 |
| 340160 | 1.3065 | 0.8607 | 0.8607 | 19.1330 | 20.7525 | 21.8503 | 20.6086 |
| 340166 | 1.3370 | 0.9520 | 0.9520 | 25.7398 | 26.0557 | 27.8366 | 26.5981 |
| 340168 | 0.3885 | 0.9840 | 0.9840 | 16.8076 | 17.3249 | * | 17.0785 |
| 340171 | 1.1788 | 0.9520 | 0.9520 | 27.2074 | 28.2734 | 29.1675 | 28.2636 |
| 340173 | 1.2716 | 0.9805 | 0.9805 | 26.6128 | 27.5072 | 29.0996 | 27.8382 |
| 340177 | 1.1493 | 0.8607 | 0.8607 | * | 24.7471 | 26.9929 | 25.8488 |
| 340178 | *** | * | * | * | 28.7219 | * | 28.7219 |
| 340179 | *** | * | * | * | * | 34.2396 | 34.2396 |
| 340182 | *** | * | * | * | * | 28.2372 | 28.2372 |
| 340183 | 1.1100 | * | * | * | * | * | * |
| 340322 | 0.7923 | * | * | * | * | * | * |
| 350002 | 1.7713 | 0.8485 | 0.7255 | 20.6474 | 22.0283 | 22.4948 | 21.7317 |
| 350003 | 1.2047 | 0.7255 | 0.7255 | 25.3076 | 21.8061 | 23.7797 | 23.5084 |
| 350004 | *** | * | * | 27.5891 | * | * | 27.5891 |
| 350006 | 1.6121 | 0.7255 | 0.7255 | 19.5870 | 19.4985 | 20.7196 | 19.9754 |
| 350009 | 1.1099 | 0.8485 | 0.8485 | 20.7014 | 23.0873 | 23.8524 | 22.5660 |
| 350010 | 1.1294 | 0.8485 | 0.7237 | 18.5682 | 19.1965 | 20.2900 | 19.3694 |
| 350011 | 2.0043 | 0.8485 | 0.8485 | 22.3896 | 23.1947 | 23.9046 | 23.2095 |
| 350014 | 0.9021 | 0.8485 | 0.7237 | 18.5360 | 17.7565 | 17.9617 | 18.0556 |
| 350015 | 1.6873 | 0.8485 | 0.7255 | 18.6381 | 20.1161 | 20.4658 | 19.8222 |
| 350017 | 1.3520 | 0.8485 | 0.7237 | 20.1943 | 21.0243 | 21.8203 | 21.0001 |
| 350019 [2] | 1.6973 | 0.8485 | 0.9256 | 24.2382 | 22.1960 | 23.6479 | 23.3102 |
| 350027 | *** | * | * | 14.2262 | * | * | 14.2262 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 350030 | 0.9937 | 0.8485 | 0.7237 | 19.2282 | 18.9978 | 20.0738 | 19.4364 |
| 350043 | *** | * | * | 20.9732 | * | * | 20.9732 |
| 350061 | 1.0456 | * | * | 18.6546 | 22.0515 | * | 20.3874 |
| 350063 | 0.8764 | 1.4448 | 1.4448 | * | * | * | * |
| 350064 | 0.8725 | 1.4448 | 1.4448 | * | * | * | * |
| 350070 | 2.0130 | 0.8485 | 0.8485 | 24.4464 | 25.2836 | 25.9959 | 25.2624 |
| 360001 | 1.4368 | 0.9599 | 0.9599 | 23.7750 | 23.9101 | 26.5234 | 24.7144 |
| 360002 | 1.2119 | 0.8673 | 0.8673 | 22.6923 | 24.5789 | 25.2297 | 24.2006 |
| 360003 | 1.8456 | 0.9599 | 0.9599 | 26.3180 | 27.5029 | 28.8816 | 27.5641 |
| 360006 | 1.9839 | 1.0119 | 1.0119 | 25.7041 | 28.1698 | 30.8441 | 28.2373 |
| 360008 | 1.3028 | 0.8759 | 0.8759 | 23.2545 | 24.5714 | 25.7859 | 24.5599 |
| 360009 | 1.6056 | 0.9060 | 0.9060 | 23.2659 | 23.1012 | 24.8430 | 23.7552 |
| 360010 | 1.2454 | 0.8737 | 0.8737 | 22.0262 | 23.1178 | 23.6797 | 22.9911 |
| 360011 | 1.3176 | 0.9919 | 0.9919 | 22.4482 | 25.5340 | 27.0031 | 24.9499 |
| 360012 | 1.3422 | 1.0119 | 1.0119 | 25.5913 | 27.5470 | 29.9512 | 27.8791 |
| 360013 | 1.1193 | 0.9060 | 0.9060 | 25.1588 | 26.8129 | 27.2317 | 26.4104 |
| 360014 | 1.1293 | 0.9919 | 0.9919 | 23.8305 | 25.3861 | 26.8524 | 25.3890 |
| 360016 | 1.4722 | 0.9599 | 0.9599 | 24.6587 | 26.1283 | 27.7608 | 26.1961 |
| 360017 | 1.8024 | 1.0119 | 1.0119 | 25.4969 | 27.2910 | 29.9598 | 27.6052 |
| 360019 | 1.3228 | 0.9212 | 0.9212 | 24.1105 | 25.5926 | 26.9051 | 25.5454 |
| 360020 | 1.6244 | 0.9212 | 0.9212 | 22.3795 | 24.4343 | 23.8636 | 23.5858 |
| 360024 | *** | * | * | 24.0612 | 23.5793 | * | 23.9138 |
| 360025 | 1.4743 | 0.9212 | 0.9212 | 23.6574 | 25.5633 | 27.6127 | 25.8025 |
| 360026 | 1.3027 | 0.9049 | 0.9049 | 22.3303 | 23.5898 | 25.4053 | 23.7441 |
| 360027 | 1.6825 | 0.9212 | 0.9212 | 24.7093 | 25.4894 | 27.1811 | 25.7999 |
| 360029 | 1.1410 | 0.9588 | 0.9588 | 20.8778 | 22.7785 | 24.6599 | 22.7997 |
| 360031 | *** | * | * | 24.4324 | * | * | 24.4324 |
| 360032 [h] | 1.1695 | 0.9060 | 0.9060 | 22.9759 | 23.2638 | 25.2551 | 23.8405 |
| 360034 | *** | * | * | 25.1366 | * | * | 25.1366 |
| 360035 | 1.7700 | 1.0119 | 1.0119 | 25.6895 | 27.5220 | 29.8683 | 27.7932 |
| 360036 | 1.2134 | 0.9212 | 0.9212 | 25.0910 | 27.6094 | 28.4712 | 27.1094 |
| 360037 | 1.4154 | 0.9378 | 0.9378 | 25.1615 | 24.3982 | 28.3912 | 25.9007 |
| 360038 | 1.5182 | 0.9599 | 0.9599 | 24.8294 | 22.8009 | 23.6986 | 23.7742 |
| 360039 | 1.4811 | 0.9919 | 0.9919 | 22.5921 | 24.0218 | 24.2491 | 23.6541 |
| 360040 | 1.1486 | 0.8673 | 0.8673 | 22.8729 | 24.0942 | 25.2894 | 24.0903 |
| 360041 | 1.4912 | 0.9378 | 0.9378 | 23.2625 | 24.1080 | 25.5889 | 24.3654 |
| 360044 | 1.1134 | 0.8673 | 0.8673 | 20.4724 | 21.8411 | 21.8857 | 21.4070 |
| 360046 | 1.2112 | 0.9599 | 0.9599 | 23.8918 | 25.0775 | 25.7145 | 24.9194 |
| 360047 | 1.0125 | * | * | 17.1973 | 21.7248 | * | 19.5322 |
| 360048 | 1.8468 | 0.9588 | 0.9588 | 27.2274 | 28.8107 | 29.1376 | 28.3862 |
| 360049 | *** | * | * | 24.2605 | 25.8367 | 26.2059 | 25.4083 |
| 360051 | 1.7024 | 0.9049 | 0.9049 | 25.1785 | 25.7556 | 27.0097 | 26.0022 |
| 360052 | 1.6267 | 0.9049 | 0.9049 | 23.3285 | 24.5405 | 25.8613 | 24.5908 |
| 360054 | 1.3415 | 0.8759 | 0.8759 | 20.3176 | 23.0376 | 23.1854 | 22.1915 |
| 360055 | 1.4208 | 0.8815 | 0.8815 | 25.1475 | 26.3112 | 27.3781 | 26.2760 |
| 360056 | 1.6221 | 0.9599 | 0.9599 | 23.4638 | 23.1024 | 27.1657 | 24.5328 |
| 360058 | 1.0757 | 0.8673 | 0.8673 | 22.7943 | 23.4429 | 24.6591 | 23.6483 |
| 360059 | 1.5786 | 0.9378 | 0.9378 | 25.5222 | 25.3516 | 28.8091 | 26.6068 |
| 360062 | 1.4901 | 1.0119 | 1.0119 | 26.8091 | 28.6518 | 31.8334 | 29.2317 |
| 360064 | 1.6168 | 0.8815 | 0.8815 | 22.8729 | 22.2393 | 25.2315 | 23.4351 |
| 360065 | 1.2521 | 0.9212 | 0.9212 | 24.0868 | 26.3036 | 28.1088 | 26.2426 |
| 360066 | 1.5217 | 0.9060 | 0.9060 | 25.2316 | 27.3362 | 27.8899 | 26.8407 |
| 360068 | 1.8902 | 0.9588 | 0.9588 | 23.7895 | 25.8414 | 26.5008 | 25.3817 |
| 360069 | 1.2137 | * | * | 25.7032 | 24.2444 | * | 24.9438 |
| 360070 | 1.6590 | 0.9088 | 0.9088 | 23.1687 | 24.8863 | 26.4994 | 24.8533 |
| 360071 [h] | 1.1279 | 0.9060 | 0.9060 | 21.6176 | 22.0786 | 22.9101 | 22.1868 |
| 360072 | 1.4686 | 1.0119 | 1.0119 | 23.0464 | 24.4332 | 25.5498 | 24.3891 |
| 360074 | 1.2447 | 0.9588 | 0.9588 | 23.6172 | 24.9055 | 26.1751 | 24.8987 |
| 360075 | 1.1859 | 0.9378 | 0.9378 | 24.7610 | 26.8453 | 27.1558 | 26.3365 |
| 360076 | 1.4726 | 0.9599 | 0.9599 | 22.5943 | 25.9369 | 27.3636 | 25.2933 |
| 360077 | 1.5136 | 0.9378 | 0.9378 | 24.7086 | 25.6505 | 29.2165 | 26.5561 |
| 360078 | 1.3049 | 0.9212 | 0.9212 | 24.6821 | 26.1313 | 26.1568 | 25.6598 |
| 360079 | 1.8031 | 0.9599 | 0.9599 | 25.8762 | 26.0935 | 26.1253 | 26.0376 |
| 360080 | 1.1259 | 0.8673 | 0.8673 | 19.5436 | 20.8309 | 21.0795 | 20.5175 |
| 360081 | 1.3277 | 0.9588 | 0.9588 | 25.1439 | 27.5695 | 30.4888 | 27.5972 |
| 360082 | 1.3704 | 0.9378 | 0.9378 | 27.4264 | 27.1197 | 29.4729 | 28.0495 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 360084 | 1.5807 | 0.8737 | 0.8737 | 25.2059 | 25.8415 | 27.7366 | 26.2609 |
| 360085 | 2.1063 | 1.0119 | 1.0119 | 27.5792 | 29.0081 | 31.6756 | 29.4421 |
| 360086 | 1.5487 | 0.9049 | 0.9049 | 22.3005 | 22.1859 | 24.8676 | 23.1200 |
| 360087 | 1.3826 | 0.9378 | 0.9378 | 25.9131 | 25.4040 | 29.6489 | 27.0082 |
| 360089 | 1.0966 | 0.8673 | 0.8673 | 21.0253 | 22.7951 | 25.4796 | 23.0814 |
| 360090 | 1.5300 | 0.9588 | 0.9588 | 24.4291 | 26.7717 | 28.6236 | 26.5744 |
| 360091 | 1.3038 | 0.9378 | 0.9378 | 26.0541 | 27.5067 | 26.2518 | 26.6013 |
| 360092 | 1.2227 | 1.0119 | 1.0119 | 23.5100 | 25.6618 | 25.6879 | 24.9879 |
| 360093 | 1.0458 | * | * | 24.1238 | * | * | 24.1238 |
| 360094 | *** | * | * | 27.1864 | 26.6348 | * | 26.9890 |
| 360095 | 1.3013 | 0.9588 | 0.9588 | 24.6984 | 26.1275 | 26.3654 | 25.7726 |
| 360096 | 1.1174 | 0.8815 | 0.8815 | 22.2333 | 24.6317 | 25.6497 | 24.1705 |
| 360098 | 1.3974 | 0.9378 | 0.9378 | 23.6413 | 24.8447 | 25.7314 | 24.7628 |
| 360100 | 1.2146 | 0.9088 | 0.9088 | 19.0616 | 23.0561 | 25.3775 | 22.1813 |
| 360101 | 1.3459 | 0.9378 | 0.9378 | 27.7584 | 26.6208 | 28.7561 | 27.7335 |
| 360106 | 1.1149 | * | * | 21.6450 | 24.1588 | * | 22.9406 |
| 360107 | 1.0901 | 0.9588 | 0.9588 | 24.5365 | 25.9697 | 25.0899 | 25.1975 |
| 360109 | 1.0676 | 0.8673 | 0.8673 | 24.3236 | 25.4184 | 26.4649 | 25.4240 |
| 360112 | 1.9284 | 0.9588 | 0.9588 | 26.7880 | 28.6784 | 31.4146 | 28.9038 |
| 360113 | 1.2716 | 0.9599 | 0.9599 | 23.5138 | 25.6493 | 26.8972 | 25.2973 |
| 360115 | 1.2507 | 0.9378 | 0.9378 | 24.0232 | 24.0052 | 25.4614 | 24.5372 |
| 360116 | 1.2486 | 0.9599 | 0.9599 | 23.4049 | 18.0655 | 25.1390 | 22.2554 |
| 360118 | 1.5454 | 0.9298 | 0.9298 | 24.2526 | 27.7289 | 27.5254 | 26.5502 |
| 360121 | 1.2601 | 1.0630 | 1.0391 | 25.2037 | 24.5592 | 27.5575 | 25.7699 |
| 360123 | 1.4622 | 0.9378 | 0.9378 | 24.1761 | 22.6523 | 27.1080 | 24.5618 |
| 360125 | 1.2312 | 0.9212 | 0.9212 | 22.6871 | 22.1096 | 23.6342 | 22.8051 |
| 360128 | 0.9991 | * | * | 18.5954 | 21.0066 | * | 19.7451 |
| 360129 | 0.8850 | * | * | 19.5336 | * | * | 19.5336 |
| 360130 | 1.4172 | 0.9378 | 0.9378 | 21.7015 | 22.9762 | 25.4768 | 23.6048 |
| 360131 | 1.2611 | 0.9088 | 0.9088 | 23.1730 | 24.0495 | 25.7134 | 24.3448 |
| 360132 | 1.3086 | 0.9599 | 0.9599 | 25.7991 | 25.9453 | 27.4285 | 26.3954 |
| 360133 | 1.6046 | 0.9049 | 0.9049 | 23.9457 | 24.6208 | 28.9439 | 25.8164 |
| 360134 | 1.7646 | 0.9599 | 0.9599 | 25.3013 | 29.2975 | 28.4609 | 27.6989 |
| 360137 | 1.6613 | 0.9378 | 0.9378 | 25.7647 | 26.9522 | 25.1870 | 25.9473 |
| 360141 | 1.5955 | 0.8815 | 0.8815 | 31.0127 | 27.7085 | 30.1241 | 29.6138 |
| 360142 | 1.0183 | * | * | 21.2084 | 22.1610 | * | 21.6897 |
| 360143 | 1.3785 | 0.9378 | 0.9378 | 23.8938 | 24.6306 | 28.4811 | 25.7432 |
| 360144 | 1.2995 | 0.9378 | 0.9378 | 26.7160 | 25.7079 | 28.7129 | 27.0896 |
| 360145 | 1.7603 | 0.9378 | 0.9378 | 23.4743 | 25.8268 | 26.3634 | 25.2160 |
| 360147 | 1.4037 | 0.8673 | 0.8673 | 22.7172 | 24.1953 | 25.2136 | 24.0757 |
| 360148 | 1.0686 | 0.8673 | 0.8673 | 24.4873 | 26.1946 | 26.3049 | 25.7083 |
| 360150 | 1.2404 | 0.9212 | 0.9212 | 25.8703 | 24.7667 | 25.2592 | 25.2945 |
| 360151 | 1.6537 | 0.9088 | 0.9088 | 22.2179 | 24.8629 | 26.0020 | 24.3233 |
| 360152 | 1.5944 | 1.0119 | 1.0119 | 24.9894 | 27.9147 | 30.0354 | 27.4637 |
| 360153 | 1.0121 | 0.8673 | 0.8673 | 19.0844 | 19.0226 | 19.1349 | 19.0821 |
| 360154 | *** | * | * | 17.1274 | * | * | 17.1274 |
| 360155 | 1.5025 | 0.9378 | 0.9378 | 23.9466 | 25.3909 | 26.8044 | 25.3987 |
| 360156 | 1.1867 | 0.8886 | 0.8886 | 22.6709 | 24.0510 | 25.3478 | 24.0344 |
| 360159 | 1.2285 | 0.9919 | 0.9919 | 25.7108 | 33.1613 | 28.6988 | 28.9897 |
| 360161 | 1.3481 | 0.8815 | 0.8815 | 22.6005 | 24.3792 | 25.7944 | 24.2437 |
| 360163 | 1.8980 | 0.9599 | 0.9599 | 25.7966 | 26.9728 | 29.1497 | 27.2933 |
| 360170 | 1.2814 | 1.0119 | 1.0119 | 22.9359 | 24.3620 | 27.3245 | 25.1144 |
| 360172 | 1.4157 | 0.9378 | 0.9378 | 23.4727 | 26.3501 | 27.9941 | 25.9423 |
| 360174 | 1.2911 | 0.9049 | 0.9049 | 22.8167 | 24.9990 | 26.5821 | 24.8252 |
| 360175 | 1.2853 | 0.9919 | 0.9919 | 24.6152 | 26.5949 | 27.7409 | 26.3745 |
| 360177 | 1.1829 | * | * | 23.4256 | 24.4712 | * | 23.9572 |
| 360179 | 1.6031 | 0.9599 | 0.9599 | 25.9429 | 28.8645 | 30.2960 | 28.4358 |
| 360180 | 2.2529 | 0.9378 | 0.9378 | 26.8720 | 26.1514 | 29.5742 | 27.5212 |
| 360185 | 1.2223 | 0.8815 | 0.8815 | 21.8641 | 23.7173 | 24.8364 | 23.4838 |
| 360187 | 1.6071 | 0.9049 | 0.9049 | 23.8362 | 24.8173 | 25.1844 | 24.6459 |
| 360189 | 1.1205 | 1.0119 | 1.0119 | 24.2512 | 24.2136 | 26.6418 | 25.0335 |
| 360192 | 1.3080 | 0.9378 | 0.9378 | 26.2976 | 26.7577 | 26.6802 | 26.5811 |
| 360194 | 1.4943 | * | * | 22.3297 | * | * | 22.3297 |
| 360195 | 1.1127 | 0.9378 | 0.9378 | 25.8043 | 26.1280 | 25.5865 | 25.8335 |
| 360197 | 1.1514 | 0.9919 | 0.9919 | 24.7539 | 27.0896 | 28.6572 | 26.8812 |
| 360203 | 1.1904 | 0.8673 | 0.8673 | 21.5564 | 22.1414 | 23.2702 | 22.3580 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 360210 | 1.1799 | 1.0119 | 1.0119 | 26.5665 | 27.8415 | 28.7970 | 27.7707 |
| 360211 | 1.5528 | 0.8673 | 0.8673 | 23.0884 | 22.5449 | 25.6367 | 23.6870 |
| 360212 | 1.3402 | 0.9378 | 0.9378 | 24.5310 | 25.2756 | 26.3396 | 25.4049 |
| 360218 | 1.1646 | 1.0119 | 1.0119 | 24.4720 | 27.4288 | 29.1835 | 27.0945 |
| 360230 | 1.5362 | 0.9378 | 0.9378 | 26.6444 | 27.0223 | 29.3334 | 27.7442 |
| 360234 | 1.3735 | 0.9599 | 0.9599 | 23.3325 | 24.3625 | 26.6945 | 24.6936 |
| 360236 | 1.2075 | 0.9599 | 0.9599 | 21.3795 | 35.8144 | 25.7297 | 25.5205 |
| 360239 | 1.3163 | 0.9049 | 0.9049 | 24.4398 | 25.2474 | 25.9671 | 25.2853 |
| 360241 | *** | * | * | 24.8089 | 24.7001 | 23.4843 | 24.1955 |
| 360245 | 0.5410 | 0.9212 | 0.9212 | 18.7966 | 19.1885 | 20.0683 | 19.3751 |
| 360247 | 0.3827 | 1.0119 | 1.0119 | 25.1083 | 19.8892 | 19.3874 | 21.2446 |
| 360253 | 2.3855 | 0.9599 | 0.9599 | 28.2555 | 30.4276 | 31.4677 | 30.0805 |
| 360257 | *** | * | * | 17.9652 | * | * | 17.9652 |
| 360258 | 1.4162 | * | * | * | * | * | * |
| 360259 | 1.2048 | 0.9588 | 0.9588 | * | 25.1338 | 26.3472 | 25.7673 |
| 360260 | *** | * | * | * | 27.3903 | * | 27.3903 |
| 360261 | 1.7902 | 0.9009 | 0.9009 | * | 22.5431 | 23.2578 | 22.9224 |
| 360262 | 1.3180 | 0.9588 | 0.9588 | * | 27.1680 | 29.8320 | 28.5152 |
| 360263 | 1.6984 | 0.9060 | 0.9060 | * | 20.8884 | 22.6737 | 21.7835 |
| 360264 | *** | * | * | * | * | 36.4427 | 36.4427 |
| 360265 | *** | * | * | * | * | 36.5621 | 36.5621 |
| 360266 | 2.0048 | 1.0119 | 1.0119 | * | * | * | * |
| 360268 | 2.3692 | 0.9049 | 0.9049 | * | * | * | * |
| 360269 | 1.8533 | * | * | * | * | * | * |
| 360270 | 1.0574 | * | * | * | * | * | * |
| 360271 | 1.2708 | * | * | * | * | * | * |
| 360272 | 1.3839 | * | * | * | * | * | * |
| 360319 | 0.7559 | * | * | * | * | * | * |
| 360325 | 0.8727 | * | * | * | * | * | * |
| 360327 | 0.8846 | * | * | * | * | * | * |
| 360328 | 0.6787 | * | * | * | * | * | * |
| 360330 | 0.7444 | * | * | * | * | * | * |
| 370001 | 1.7930 | 0.8146 | 0.8146 | 26.2391 | 27.7245 | 24.5650 | 26.1351 |
| 370002 | 1.1799 | 0.7663 | 0.7663 | 19.7718 | 20.1479 | 21.1078 | 20.3588 |
| 370004 | 1.0870 | 0.8620 | 0.8620 | 24.7694 | 25.3919 | 26.9577 | 25.6751 |
| 370006 | 1.2934 | 0.8017 | 0.8017 | 16.9469 | 20.1063 | 22.7149 | 19.9948 |
| 370007 | 1.0616 | 0.7663 | 0.7663 | 17.2084 | 17.6547 | 18.3587 | 17.7447 |
| 370008 | 1.4174 | 0.8857 | 0.8857 | 22.7419 | 24.2978 | 25.3440 | 24.2102 |
| 370011 | 0.9999 | 0.8857 | 0.8857 | 19.2266 | 19.7821 | 21.7538 | 20.1606 |
| 370013 | 1.5053 | 0.8857 | 0.8857 | 22.6451 | 24.9295 | 26.7257 | 24.7559 |
| 370014 | 1.0129 | 0.8376 | 0.8376 | 24.8138 | 25.3576 | 25.6283 | 25.2744 |
| 370015 | 0.9407 | 0.8146 | 0.8146 | 21.1833 | 23.6693 | 24.1384 | 22.9965 |
| 370016 [h] | 1.5363 | 0.8857 | 0.8857 | 24.2737 | 25.4062 | 26.2547 | 25.3515 |
| 370018 | 1.4528 | 0.8146 | 0.8146 | 23.4286 | 23.5336 | 25.0566 | 24.0042 |
| 370019 | 1.2391 | 0.7663 | 0.7663 | 19.6761 | 21.4474 | 21.8628 | 20.9956 |
| 370020 | 1.3420 | 0.7663 | 0.7663 | 17.4835 | 18.5046 | 19.0473 | 18.3584 |
| 370022 | 1.2433 | 0.8116 | 0.8116 | 18.4217 | 19.6495 | 23.6102 | 20.4747 |
| 370023 | 1.2712 | 0.7747 | 0.7747 | 20.6002 | 21.5762 | 23.0397 | 21.7646 |
| 370025 | 1.2655 | 0.8146 | 0.8146 | 22.0287 | 23.5659 | 24.0174 | 23.2102 |
| 370026 [h] | 1.5216 | 0.8857 | 0.8857 | 22.5734 | 23.0848 | 25.8863 | 23.8389 |
| 370028 | 1.8296 | 0.8857 | 0.8857 | 24.8661 | 26.6153 | 27.3471 | 26.2811 |
| 370029 | 1.0748 | 0.7663 | 0.7663 | 22.1163 | 23.9956 | 26.2124 | 24.0953 |
| 370030 | 1.0261 | 0.7663 | 0.7663 | 20.3315 | 23.3037 | 23.5362 | 22.4100 |
| 370032 | 1.4505 | 0.8857 | 0.8857 | 21.6029 | 23.4843 | 24.9755 | 23.3829 |
| 370034 | 1.2289 | 0.7663 | 0.7663 | 17.6247 | 18.2341 | 18.7092 | 18.1945 |
| 370036 | 1.0525 | 0.7663 | 0.7663 | 16.9222 | 17.7576 | 18.8545 | 17.8650 |
| 370037 | 1.6593 | 0.8857 | 0.8857 | 23.1256 | 23.9685 | 25.2235 | 24.1678 |
| 370039 | 1.1293 | 0.8146 | 0.8146 | 21.0793 | 21.8220 | 23.1526 | 22.0252 |
| 370040 | 1.0032 | 0.7761 | 0.7761 | 21.1061 | 22.4048 | 22.4840 | 21.9813 |
| 370041 | 0.8640 | 0.8146 | 0.8146 | 22.0082 | 22.3496 | 21.1950 | 21.8627 |
| 370042 | 0.8638 | * | * | 15.3613 | * | * | 15.3613 |
| 370043 | *** | * | * | 21.5588 | * | * | 21.5588 |
| 370045 | *** | * | * | 14.6370 | * | * | 14.6370 |
| 370047 | 1.4165 | 0.8376 | 0.8376 | 19.7112 | 20.4657 | 23.1490 | 21.1519 |
| 370048 | 1.1155 | 0.7663 | 0.7663 | 17.7273 | 19.2464 | 20.7363 | 19.2180 |
| 370049 | 1.3251 | 0.8857 | 0.8857 | 21.6878 | 23.2171 | 23.8712 | 22.9296 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 370051 | 1.0947 | 0.7663 | 0.7663 | 14.6254 | 17.2618 | 18.0757 | 16.5780 |
| 370054 | 1.2331 | 0.7663 | 0.7663 | 21.5521 | 21.5043 | 22.3399 | 21.8038 |
| 370056 | 1.8115 | 0.8116 | 0.8116 | 21.7647 | 22.0312 | 23.9116 | 22.5937 |
| 370057 | 0.9668 | 0.8146 | 0.8146 | 18.0426 | 19.7284 | 19.2372 | 19.0104 |
| 370060 | 0.9205 | 0.8146 | 0.8146 | 23.8007 | 18.7592 | 18.0984 | 20.1632 |
| 370064 | 0.9620 | * | * | 14.1879 | 14.2053 | * | 14.1969 |
| 370065 | 1.0168 | 0.7784 | 0.7784 | 20.6537 | 20.0226 | 20.4496 | 20.3712 |
| 370072 | 0.7997 | 0.7663 | 0.7663 | 14.6387 | 99616 | 101559 | 109922 |
| 370076 | *** | * | * | 21.5461 | * | * | 21.5461 |
| 370078 | 1.5644 | 0.8146 | 0.8146 | 23.9507 | 25.4068 | 26.2455 | 25.2147 |
| 370080 | 0.8779 | 0.7663 | 0.7663 | 17.4857 | 18.0665 | 18.5141 | 17.9718 |
| 370083 | 0.9436 | 0.7663 | 0.7663 | 15.3447 | 16.8836 | 17.8617 | 16.5924 |
| 370084 | 0.9721 | 0.7663 | 0.7663 | 17.2735 | 16.6514 | 17.2101 | 17.0695 |
| 370089 | 1.1406 | 0.7663 | 0.7663 | 19.9021 | 20.4699 | 20.8401 | 20.4021 |
| 370091 | 1.5557 | 0.8146 | 0.8146 | 22.9893 | 23.3357 | 24.0027 | 23.4438 |
| 370093 | 1.5136 | 0.8857 | 0.8857 | 25.7296 | 26.9774 | 26.8853 | 26.5217 |
| 370094 | 1.3850 | 0.8857 | 0.8857 | 22.0591 | 23.1191 | 23.7154 | 22.9859 |
| 370095 | 0.9994 | * | * | 16.5310 | * | * | 16.5310 |
| 370097 | 1.2947 | 0.8116 | 0.8116 | 21.7150 | 22.3267 | 24.1980 | 22.8129 |
| 370099 | 1.0477 | 0.8146 | 0.8146 | 20.5217 | 20.5075 | 23.8980 | 21.5269 |
| 370100 | 0.9904 | 0.7663 | 0.7663 | 14.1883 | 14.7712 | 15.5623 | 14.8564 |
| 370103 | 0.9691 | 0.8003 | 0.8003 | 16.1408 | 17.8018 | 17.5353 | 17.2277 |
| 370105 | 1.8529 | 0.8857 | 0.8857 | 22.1584 | 23.8978 | 25.8829 | 24.0992 |
| 370106 | 1.3478 | 0.8857 | 0.8857 | 24.2393 | 26.5867 | 28.0721 | 26.3986 |
| 370112 | 0.9375 | 0.7761 | 0.7761 | 15.4941 | 15.4471 | 16.0671 | 15.6827 |
| 370113 | 1.1592 | 0.8599 | 0.8599 | 23.3011 | 25.3565 | 27.2827 | 25.2470 |
| 370114 | 1.5625 | 0.8146 | 0.8146 | 21.0603 | 21.7880 | 22.5180 | 21.8058 |
| 370123 | *** | * | * | 22.8174 | 25.4733 | * | 24.1041 |
| 370125 | 0.8725 | * | * | 17.2013 | 17.1361 | * | 17.1678 |
| 370138 | 1.0856 | 0.7663 | 0.7663 | 19.8308 | 18.3113 | 19.9220 | 19.3246 |
| 370139 | 0.9531 | 0.7663 | 0.7663 | 17.8900 | 18.5225 | 18.3822 | 18.2581 |
| 370148 | 1.5590 | 0.8857 | 0.8857 | 24.6194 | 25.2348 | 27.4012 | 25.7936 |
| 370149 [h] | 1.2268 | 0.9213 | 0.9213 | 21.0608 | 22.3537 | 23.1753 | 22.3280 |
| 370153 | 1.0613 | 0.7663 | 0.7663 | 18.5417 | 19.8349 | 20.5204 | 19.6637 |
| 370156 | 0.9835 | 0.7663 | 0.7663 | 16.6572 | 19.4743 | 22.3167 | 19.3770 |
| 370158 | 1.0107 | 0.8857 | 0.8857 | 17.3161 | 18.5578 | 19.5733 | 18.4941 |
| 370166 | 0.9240 | 0.8146 | 0.8146 | 21.9070 | 23.1681 | 22.8021 | 22.6015 |
| 370169 | 0.9628 | 0.7663 | 0.7663 | 15.7686 | 15.8002 | 16.3268 | 15.9549 |
| 370170 | 0.9292 | 1.4448 | 1.4448 | * | * | * | * |
| 370171 | 0.8716 | 1.4448 | 1.4448 | * | * | * | * |
| 370172 | 0.8898 | 1.4448 | 1.4448 | * | * | * | * |
| 370173 | 0.8800 | 1.4448 | 1.4448 | * | * | * | * |
| 370174 | 0.8491 | 1.4448 | 1.4448 | * | * | * | * |
| 370176 | 1.1636 | 0.8146 | 0.8146 | 23.0324 | 25.0509 | 25.4392 | 24.5212 |
| 370177 | 0.9561 | * | * | 15.6723 | 14.7193 | * | 15.1880 |
| 370178 | 0.8982 | 0.7663 | 0.7663 | 14.9767 | 14.6070 | 14.9388 | 14.8411 |
| 370179 | 0.9100 | * | * | 22.8322 | 23.5794 | * | 23.1700 |
| 370180 | 1.1306 | 1.4448 | 1.4448 | * | * | * | * |
| 370183 | 0.9428 | 0.8146 | 0.8146 | 20.5025 | 21.8147 | 24.2286 | 22.1884 |
| 370190 | 1.3439 | 0.8146 | 0.8146 | 24.9455 | 33.1137 | 29.7322 | 29.3472 |
| 370192 | 1.9008 | 0.8857 | 0.8857 | 26.1338 | 31.4930 | 27.7061 | 28.3751 |
| 370196 | 0.8029 | 0.8857 | 0.8857 | 29.4383 | 22.6824 | 22.4776 | 24.9992 |
| 370199 | 0.8699 | 0.8857 | 0.8857 | 23.7340 | 26.0451 | 25.0077 | 24.9496 |
| 370200 | 1.2036 | 0.7663 | 0.7663 | 18.1008 | 17.6317 | 20.2539 | 18.6878 |
| 370201 | 1.5499 | 0.8857 | 0.8857 | 23.1240 | 23.3550 | 25.7424 | 24.0321 |
| 370202 | 1.5608 | 0.8146 | 0.8146 | 24.4920 | 25.1181 | 25.9091 | 25.2121 |
| 370203 | 1.9071 | 0.8857 | 0.8857 | 21.2426 | 23.5190 | 23.1328 | 22.6893 |
| 370206 | 1.6057 | 0.8857 | 0.8857 | 27.4495 | 26.0912 | 26.1889 | 26.4826 |
| 370209 | *** | * | * | 32.8278 | * | * | 32.8278 |
| 370210 | 2.0675 | 0.8146 | 0.8146 | 20.0360 | 21.2682 | 22.8799 | 21.4986 |
| 370211 | 1.0016 | 0.8857 | 0.8857 | * | 26.5344 | 27.6884 | 27.1417 |
| 370212 | 1.5926 | 0.8857 | 0.8857 | * | 21.0758 | 19.8743 | 20.4250 |
| 370213 | *** | * | * | * | 29.3777 | * | 29.3777 |
| 370214 | 1.0348 | 0.7663 | 0.7663 | * | * | 19.9843 | 19.9843 |
| 370215 | 2.4607 | 0.8857 | 0.8857 | * | 32.3589 | 32.1819 | 32.2582 |
| 370216 | 1.9400 | 0.8146 | 0.8146 | * | * | 26.6205 | 26.6205 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 370217 | *** | * | * | * | * | 26.0370 | 26.0370 |
| 370218 | 2.5671 | 0.8146 | 0.8146 | * | * | * | * |
| 370219 | 1.9097 | * | * | * | * | * | * |
| 370220 | 1.8202 | * | * | * | * | * | * |
| 370222 | 1.5520 | * | * | * | * | * | * |
| 370223 | 0.8668 | * | * | * | * | * | * |
| 380001 | 1.3171 | 1.1405 | 1.1405 | 27.8554 | 30.0103 | 30.4600 | 29.5050 |
| 380002 | 1.2551 | 0.9956 | 0.9956 | 26.3348 | 27.1861 | 30.2136 | 27.9532 |
| 380004 | 1.7168 | 1.1405 | 1.1405 | 28.2466 | 30.5172 | 33.6461 | 30.8486 |
| 380005 | 1.3327 | 1.0836 | 1.0836 | 28.0682 | 30.2211 | 31.3173 | 29.9539 |
| 380006 | *** | * | * | 26.0475 | * | * | 26.0475 |
| 380007 | 1.9152 | 1.1405 | 1.1405 | 31.5207 | 33.9969 | 34.7305 | 33.4267 |
| 380008 | 1.2553 | * | * | 25.4494 | 25.8356 | * | 25.6457 |
| 380009 | 1.9941 | 1.1405 | 1.1405 | 30.4198 | 31.7042 | 32.6878 | 31.6241 |
| 380010 | *** | * | * | 27.5291 | 30.2957 | 35.0551 | 30.7377 |
| 380014 | 1.9349 | 1.1536 | 1.1536 | 27.7255 | 29.9648 | 34.1502 | 30.6441 |
| 380017 | 1.8577 | 1.1405 | 1.1405 | 31.7440 | 32.2447 | 34.4728 | 32.7888 |
| 380018 | 1.9551 | 1.0836 | 1.0836 | 27.8952 | 28.0701 | 31.2271 | 29.1079 |
| 380020 | 1.3797 | 1.0877 | 1.0877 | 25.8320 | 28.3563 | 30.3555 | 28.2037 |
| 380021 | 1.4905 | 1.1405 | 1.1405 | 29.3001 | 29.3295 | 29.8854 | 29.5193 |
| 380022 | 1.2577 | 1.1175 | 1.1175 | 27.8683 | 29.2642 | 30.8763 | 29.3903 |
| 380023 | 1.2202 | * | * | 23.7073 | 26.5439 | * | 25.1052 |
| 380025 | 1.3250 | 1.1405 | 1.1405 | 30.2628 | 33.2105 | 35.9576 | 33.1887 |
| 380026 | 1.1244 | * | * | 26.5217 | * | * | 26.5217 |
| 380027 | 1.2795 | 1.0525 | 1.0525 | 23.8758 | 25.5161 | 26.1995 | 25.2490 |
| 380029 | 1.2944 | 1.0527 | 1.0527 | 26.2070 | 26.9966 | 29.4873 | 27.6967 |
| 380033 | 1.7377 | 1.0877 | 1.0877 | 29.7995 | 30.8767 | 32.8129 | 31.1892 |
| 380035 | *** | * | * | 26.4784 | * | * | 26.4784 |
| 380037 | 1.3326 | 1.1405 | 1.1405 | 27.1884 | 30.5818 | 33.5871 | 30.5447 |
| 380038 | 1.3226 | 1.1405 | 1.1405 | 30.5903 | 34.2303 | 36.0814 | 33.6061 |
| 380039 | *** | * | * | 30.1544 | 32.3959 | 38.8009 | 33.4979 |
| 380040 | 1.2511 | 0.9826 | 0.9826 | 28.4373 | 32.0103 | 32.4278 | 31.1380 |
| 380047 | 1.7738 | 1.0749 | 1.0749 | 27.8385 | 29.8627 | 31.7128 | 29.8785 |
| 380050 | 1.4281 | 1.0450 | 1.0450 | 24.2416 | 25.6190 | 26.9246 | 25.6371 |
| 380051 | 1.5533 | 1.0527 | 1.0527 | 28.1305 | 29.7219 | 31.3732 | 29.7992 |
| 380052 | 1.3106 | 0.9826 | 0.9826 | 22.6799 | 24.9476 | 26.0940 | 24.5630 |
| 380056 | 1.0282 | 1.0527 | 1.0527 | 25.0068 | 25.1475 | 27.0740 | 25.8845 |
| 380060 | 1.4189 | 1.1405 | 1.1405 | 30.2507 | 30.7041 | 32.3036 | 31.1160 |
| 380061 | 1.6466 | 1.1405 | 1.1405 | 29.5145 | 29.8217 | 32.7612 | 30.7533 |
| 380066 | *** | * | * | 27.5412 | * | * | 27.5412 |
| 380071 | 1.3347 | 1.1405 | 1.1405 | 29.5740 | 30.2304 | 32.7599 | 30.8825 |
| 380072 | *** | * | * | 22.5275 | * | * | 22.5275 |
| 380075 | 1.3200 | 1.0836 | 1.0836 | 27.4795 | 29.0368 | 33.8954 | 30.0591 |
| 380081 | 1.1954 | 0.9826 | 0.9826 | 21.0708 | 21.8850 | 26.7699 | 23.2864 |
| 380082 | 1.2101 | 1.1405 | 1.1405 | 30.2721 | 32.3002 | 36.3613 | 33.0576 |
| 380089 | 1.3636 | 1.1405 | 1.1405 | 30.8396 | 33.4214 | 35.0697 | 33.0748 |
| 380090 | 1.2605 | 1.0525 | 1.0525 | 33.6822 | 34.4536 | 33.0782 | 33.7148 |
| 380091 | 1.3973 | 1.1405 | 1.1405 | 35.7002 | 33.8950 | 40.6515 | 36.7344 |
| 380100 | 1.7000 | * | * | * | * | * | * |
| 390001 | 1.6581 | 0.9927 | 0.8503 | 22.4407 | 22.5309 | 24.2592 | 23.0730 |
| 390002 | 1.2561 | 0.8671 | 0.8671 | 23.0113 | 22.4388 | 24.6765 | 23.3793 |
| 390003 [h] | 1.1504 | 0.9927 | 0.8503 | 21.3182 | 21.6478 | 23.1149 | 22.0126 |
| 390004 | 1.6415 | 0.9413 | 0.9413 | 23.4063 | 24.3249 | 24.8914 | 24.2683 |
| 390005 | 0.9824 | * | * | 19.0318 | * | * | 19.0318 |
| 390006 | 1.8717 | 0.9263 | 0.9263 | 23.3960 | 25.1216 | 26.9964 | 25.2038 |
| 390008 [h] | 1.1526 | 0.8671 | 0.8671 | 21.0021 | 22.2680 | 23.1784 | 22.1394 |
| 390009 | 1.7280 | 0.8705 | 0.8705 | 24.2789 | 25.5482 | 26.4813 | 25.4517 |
| 390010 | 1.1892 | 0.8671 | 0.8671 | 21.6273 | 23.5390 | 24.0078 | 23.0255 |
| 390011 | 1.2880 | 0.8633 | 0.8633 | 19.8602 | 21.9279 | 21.5963 | 21.1099 |
| 390012 | 1.2958 | 1.1009 | 1.1009 | * | 28.5076 | 30.8519 | 29.6959 |
| 390013 | 1.2264 | 0.9263 | 0.9263 | 23.3180 | 24.0044 | 24.9820 | 24.0935 |
| 390016 [h] | 1.2685 | 0.8671 | 0.8671 | 19.9899 | 21.9549 | 23.1263 | 21.8591 |
| 390017 | *** | * | * | 20.6575 | * | * | 20.6575 |
| 390019 | 1.1329 | 0.9927 | 0.9927 | 21.5137 | 23.4636 | 24.4718 | 23.1613 |
| 390022 | *** | * | * | 31.0971 | 29.0710 | 31.6841 | 30.5765 |
| 390023 | 1.2172 | 1.1009 | 1.1009 | 27.1600 | 31.7149 | 34.4844 | 31.2591 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 390024 | 0.9546 | 1.1009 | 1.1009 | 37.4330 | 35.3959 | 31.7173 | 34.4317 |
| 390025 | 0.5440 | 1.1009 | 1.1009 | 15.0282 | 17.2977 | 18.1275 | 16.8452 |
| 390026 | 1.2123 | 1.1009 | 1.1009 | 27.0802 | 29.5157 | 31.6801 | 29.4675 |
| 390027 | 1.5991 | 1.1009 | 1.1009 | 28.9159 | 35.8381 | 35.9249 | 33.5685 |
| 390028 | 1.5682 | 0.8671 | 0.8671 | 23.6616 | 25.7246 | 27.8863 | 25.7953 |
| 390029 | *** | * | * | 24.4276 | * | * | 24.4276 |
| 390030 | 1.1912 | 0.9927 | 0.9927 | 20.9859 | 22.1581 | 23.3532 | 22.1863 |
| 390031 | 1.2239 | 0.9534 | 0.9534 | 21.2949 | 22.6828 | 25.7851 | 23.2238 |
| 390032 | 1.1807 | 0.8671 | 0.8671 | 20.9971 | 22.7205 | 24.1017 | 22.5468 |
| 390035 | 1.2551 | 1.1009 | 1.1009 | 24.7281 | 26.2647 | 28.4959 | 26.5693 |
| 390036 | 1.4696 | 0.8671 | 0.8671 | 23.3858 | 24.6032 | 22.6528 | 23.5100 |
| 390037 | 1.3125 | 0.8671 | 0.8671 | 22.9008 | 24.7820 | 26.1465 | 24.6214 |
| 390039 [h] | 1.1700 | 0.8621 | 0.8621 | 17.8461 | 20.3787 | 21.9402 | 20.0570 |
| 390040 | *** | * | * | 23.1807 | * | * | 23.1807 |
| 390041 | 1.3108 | 0.8671 | 0.8671 | 20.6789 | 21.5925 | 23.2044 | 21.7988 |
| 390042 | 1.3745 | 0.8671 | 0.8671 | 23.9632 | 25.6328 | 27.9366 | 25.8129 |
| 390043 | 1.2148 | 0.8330 | 0.8330 | 20.9835 | 22.2549 | 23.4652 | 22.2302 |
| 390044 | 1.6474 | 0.9842 | 0.9842 | 24.2586 | 27.1505 | 28.4484 | 26.6625 |
| 390045 | 1.6290 | 0.8330 | 0.8330 | 22.2582 | 23.0712 | 24.0257 | 23.1327 |
| 390046 | 1.6172 | 0.9768 | 0.9768 | 25.0825 | 27.2630 | 29.4366 | 27.2659 |
| 390048 | 1.1056 | 0.9263 | 0.9263 | 23.6622 | 24.9759 | 27.4528 | 25.4111 |
| 390049 | 1.6272 | 0.9927 | 0.9927 | 25.4056 | 27.1366 | 29.2676 | 27.3436 |
| 390050 | 1.9670 | 0.8671 | 0.8671 | 24.5424 | 26.6931 | 27.8306 | 26.3967 |
| 390052 | 1.1532 | 0.8330 | 0.8330 | 21.6736 | 23.3474 | 24.7791 | 23.2785 |
| 390054 | 1.2022 | 0.9768 | 0.8503 | 21.4983 | 22.8087 | 24.6768 | 22.9563 |
| 390055 | *** | * | * | 25.5675 | 25.6945 | * | 25.6356 |
| 390056 | 1.0719 | 0.8372 | 0.8372 | * | 19.5537 | 23.5619 | 21.4544 |
| 390057 | 1.3152 | 1.1009 | 1.1009 | 25.1901 | 27.9583 | 30.2759 | 27.8737 |
| 390058 | 1.3058 | 0.9413 | 0.9413 | 25.3415 | 27.4799 | 26.7884 | 26.4926 |
| 390061 | 1.4913 | 0.9768 | 0.9768 | 25.5012 | 28.4538 | 28.6399 | 27.5670 |
| 390062 | 1.1330 | 0.8717 | 0.8717 | 19.0692 | 21.4052 | 21.7605 | 20.7628 |
| 390063 | 1.7744 | 0.8705 | 0.8705 | 23.5469 | 24.7614 | 25.8275 | 24.7403 |
| 390065 | 1.3030 | 1.1076 | 1.1076 | 23.4021 | 25.2188 | 28.1081 | 25.5499 |
| 390066 | 1.2757 | 0.9263 | 0.9263 | 23.0891 | 24.2087 | 26.3047 | 24.5398 |
| 390067 | 1.8178 | 0.9413 | 0.9413 | 25.4576 | 26.3287 | 28.9773 | 26.8680 |
| 390068 | 1.3160 | 0.9768 | 0.9768 | 25.9890 | 25.8291 | 26.8043 | 26.1705 |
| 390070 | 1.4291 | 1.1009 | 1.1009 | 26.9235 | 30.9499 | 34.2332 | 30.7526 |
| 390071 | 0.9947 | 0.8330 | 0.8330 | 20.9443 | 21.8366 | 25.0434 | 22.4830 |
| 390072 [h] | 1.0662 | 0.9927 | 0.8503 | 22.0155 | 24.9388 | 24.8220 | 23.8819 |
| 390073 | 1.6664 | 0.8717 | 0.8717 | 24.8013 | 26.3698 | 26.1445 | 25.7871 |
| 390074 | 1.1018 | 0.8671 | 0.8671 | 21.0941 | 22.8545 | 23.9206 | 22.6224 |
| 390075 | *** | * | * | 22.6530 | 24.6359 | * | 23.6261 |
| 390076 | 1.3847 | 1.1009 | 1.1009 | 18.1276 | 27.9004 | 31.8947 | 25.1241 |
| 390079 | 1.8657 | 0.8499 | 0.8499 | 21.4323 | 23.3053 | 22.3152 | 22.3289 |
| 390080 | 1.2658 | 1.1009 | 1.1009 | 25.0921 | 27.2616 | 29.3486 | 27.3026 |
| 390081 | 1.2210 | 1.0878 | 1.0878 | 28.7974 | 30.3840 | 32.2244 | 30.4889 |
| 390084 | 1.1741 | 0.8330 | 0.8330 | 20.7799 | 19.8605 | 21.8951 | 20.8513 |
| 390086 | 1.7187 | 0.8361 | 0.8361 | 20.7383 | 22.5317 | 23.6719 | 22.3560 |
| 390090 | 1.8335 | 0.8671 | 0.8671 | 20.7474 | 25.2014 | 27.8713 | 24.6921 |
| 390091 | 1.1438 | 0.8671 | 0.8671 | 20.8243 | 21.5586 | 22.0398 | 21.4679 |
| 390093 | 1.2262 | 0.8330 | 0.8330 | 21.0427 | 21.4401 | 22.8098 | 21.7808 |
| 390095 | 1.1833 | 0.9927 | 0.8503 | 21.0754 | 23.6240 | 21.9985 | 22.1929 |
| 390096 | 1.5833 | 0.9842 | 0.9842 | 24.4145 | 27.0763 | 28.7966 | 26.8107 |
| 390097 | 1.2509 | 1.1009 | 1.1009 | 25.3012 | 25.6660 | 26.8698 | 25.9841 |
| 390100 | 1.7379 | 0.9768 | 0.9768 | 26.7267 | 27.7208 | 28.9921 | 27.8855 |
| 390101 | 1.2730 | 0.9514 | 0.9514 | 20.1694 | 21.9418 | 22.6003 | 21.6003 |
| 390102 | 1.4104 | 0.8671 | 0.8671 | 21.6629 | 24.8898 | 25.2152 | 24.0444 |
| 390103 | 0.9404 | 0.8671 | 0.8671 | 18.6703 | 20.6775 | 20.7796 | 20.0065 |
| 390104 | 1.0839 | 0.8330 | 0.8330 | 19.1803 | 19.6428 | 19.2769 | 19.3701 |
| 390107 | 1.3848 | 0.8671 | 0.8671 | 23.1023 | 24.1386 | 24.5076 | 23.9477 |
| 390108 | 1.2431 | 1.1009 | 1.1009 | 24.7486 | 27.2661 | 27.2284 | 26.4403 |
| 390109 | 1.0688 | * | * | 18.7558 | 19.9156 | * | 19.3329 |
| 390110 | 1.6421 | 0.8671 | 0.8671 | 23.3355 | 23.9808 | 27.8192 | 24.9894 |
| 390111 | 2.0459 | 1.1009 | 1.1009 | 30.6809 | 32.6510 | 34.1737 | 32.5475 |
| 390112 [h] | 1.1876 | 0.8621 | 0.8621 | 16.6113 | 19.2126 | 20.1316 | 18.6193 |
| 390113 | 1.3210 | 0.8673 | 0.8673 | 21.7729 | 22.2591 | 23.2491 | 22.4294 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 390114 | 1.3855 | 0.8671 | 0.8671 | 22.6630 | 24.0473 | 26.9445 | 24.5624 |
| 390115 | 1.4625 | 1.1009 | 1.1009 | 26.4751 | 27.7333 | 29.2480 | 27.8215 |
| 390116 | 1.2624 | 1.1009 | 1.1009 | 28.5563 | 30.2722 | 31.7572 | 30.2754 |
| 390117 | 1.1777 | 0.8330 | 0.8330 | 20.0040 | 20.3946 | 21.0086 | 20.4770 |
| 390118 | 1.1753 | 0.8330 | 0.8330 | 19.3332 | 21.5001 | 20.4058 | 20.3988 |
| 390119 | 1.2890 | 0.9927 | 0.8503 | 21.2761 | 22.2746 | 22.7221 | 22.1033 |
| 390121 | 1.7647 | 0.8717 | 0.8717 | 22.0556 | 23.1408 | 26.3071 | 23.7780 |
| 390122 | 1.1273 | 0.8330 | 0.8330 | 21.6981 | 22.5785 | 23.9861 | 22.7470 |
| 390123 | 1.1806 | 1.1009 | 1.1009 | 25.2209 | 28.6269 | 32.0389 | 28.5662 |
| 390125 | 1.2652 | 0.8330 | 0.8330 | 19.4406 | 20.9456 | 21.8553 | 20.7713 |
| 390127 | 1.2773 | 1.1009 | 1.1009 | 28.9238 | 30.9374 | 32.5496 | 30.8978 |
| 390128 | 1.1996 | 0.8671 | 0.8671 | 21.8837 | 23.1539 | 24.3440 | 23.1405 |
| 390130 | 1.2097 | 0.8633 | 0.8633 | 21.0694 | 24.0685 | 23.7197 | 22.9210 |
| 390131 | 1.3556 | 0.8671 | 0.8671 | 21.2164 | 22.6306 | 22.8611 | 22.2247 |
| 390132 | 1.4330 | 1.1009 | 1.1009 | 26.8153 | 27.7250 | 28.9482 | 27.8442 |
| 390133 | 1.6813 | 1.1009 | 1.1009 | 26.1458 | 28.7162 | 29.6905 | 28.2740 |
| 390135 | *** | * | * | * | 24.4738 | * | 24.4738 |
| 390136 | *** | * | * | 24.8042 | 22.1415 | 24.2200 | 23.7599 |
| 390137 | 1.4828 | 0.9927 | 0.8503 | 21.8830 | 23.4877 | 24.4118 | 23.2305 |
| 390138 | 1.2362 | 0.8330 | 0.8330 | 22.7210 | 24.2769 | 25.8021 | 24.2858 |
| 390139 | 1.3183 | 1.1009 | 1.1009 | 28.2089 | 30.4246 | 33.4122 | 30.7557 |
| 390142 | 1.4259 | 1.1009 | 1.1009 | 32.0827 | 32.5786 | 33.7285 | 32.8151 |
| 390145 | 1.4891 | 0.8671 | 0.8671 | 22.4255 | 23.8041 | 24.9495 | 23.7235 |
| 390146 | 1.2802 | 0.8330 | 0.8330 | 22.3260 | 25.2460 | 22.6594 | 23.4555 |
| 390147 | 1.3039 | 0.8671 | 0.8671 | 23.6380 | 25.0971 | 26.5534 | 25.0934 |
| 390150 | 1.1581 | 0.8330 | 0.8330 | 24.5256 | 24.1855 | 23.5572 | 24.0979 |
| 390151 | 1.3329 | 1.1028 | 1.1028 | 25.1422 | 27.1539 | 29.9832 | 27.4878 |
| 390152 | *** | * | * | 11.7774 | * | * | 11.7774 |
| 390153 | 1.4275 | 1.1009 | 1.1009 | 27.5167 | 30.0586 | 32.4096 | 30.1880 |
| 390154 | 1.2257 | 0.8330 | 0.8330 | 20.4408 | 20.6982 | 23.0482 | 21.3878 |
| 390156 | 1.3466 | 1.0878 | 1.0878 | 27.8096 | 31.2571 | 32.2600 | 30.3947 |
| 390157 | 1.3458 | 0.8671 | 0.8671 | 22.0222 | 22.7493 | 21.6936 | 22.1545 |
| 390160 | 1.1891 | 0.8671 | 0.8671 | 19.5942 | 21.4877 | 24.3824 | 21.8172 |
| 390162 | 1.4444 | 1.0127 | 1.0127 | * | 30.0900 | 35.4117 | 32.5988 |
| 390163 | 1.2443 | 0.8671 | 0.8671 | 19.8863 | 22.1741 | 23.0960 | 21.6744 |
| 390164 | 2.1047 | 0.8671 | 0.8671 | 25.1277 | 26.4971 | 26.4272 | 26.0933 |
| 390166 | 1.1405 | 0.8671 | 0.8671 | 20.9510 | 24.9810 | 21.2366 | 22.3853 |
| 390168 | 1.4614 | 0.8671 | 0.8671 | 21.9344 | 24.5820 | 26.1248 | 24.3161 |
| 390169 | 1.4501 | 0.9927 | 0.8503 | 24.1682 | 27.2242 | 32.0181 | 27.6964 |
| 390173 | 1.1370 | 0.8330 | 0.8330 | 21.6562 | 22.8220 | 24.2832 | 22.9513 |
| 390174 | 1.6414 | 1.1009 | 1.1009 | 30.3725 | 32.6265 | 34.7231 | 32.5879 |
| 390176 | 1.1087 | 0.8671 | 0.8671 | 17.1387 | * | 24.2733 | 19.5548 |
| 390178 | 1.3316 | 0.8815 | 0.8815 | 19.2731 | 20.7270 | 22.5141 | 20.8263 |
| 390179 | 1.4585 | 1.1009 | 1.1009 | 24.8350 | 27.2222 | 28.3835 | 26.8460 |
| 390180 | 1.4150 | 1.0878 | 1.0878 | 30.4264 | 32.4375 | 35.3578 | 32.7463 |
| 390181 | 1.0829 | 0.8330 | 0.8330 | 25.7357 | 24.4573 | 26.0384 | 25.3889 |
| 390183 | 1.1072 | 0.8330 | 0.8330 | 22.0117 | 25.6554 | 27.5253 | 24.9187 |
| 390184 | 1.2051 | 0.8671 | 0.8671 | 21.3407 | 22.5519 | 23.0254 | 22.3289 |
| 390185 | 1.2931 | 0.9768 | 0.8503 | 21.8871 | 23.0202 | 25.8770 | 23.6157 |
| 390189 | 1.1310 | 0.8330 | 0.8330 | 21.2711 | 22.3722 | 23.2078 | 22.3630 |
| 390191 | 1.1347 | * | * | 19.2308 | 20.8761 | * | 20.0637 |
| 390192 | 1.0319 | 0.9927 | 0.8503 | 20.0395 | 21.2620 | 21.2310 | 20.8428 |
| 390193 | *** | * | * | 18.5516 | 20.1024 | * | 19.3425 |
| 390194 | 1.1231 | 0.9927 | 0.9927 | 23.1814 | 25.4235 | 27.5277 | 25.4082 |
| 390195 | 1.5955 | 1.1009 | 1.1009 | 28.3480 | 31.0019 | 33.2707 | 30.9412 |
| 390197 | 1.3853 | 0.9927 | 0.9927 | 24.9234 | 25.7739 | 26.2868 | 25.6606 |
| 390198 | 1.1139 | 0.8705 | 0.8705 | 16.8529 | 18.7222 | 20.8448 | 18.7246 |
| 390199 | 1.1937 | 0.8330 | 0.8330 | 19.9653 | 21.3157 | 22.4727 | 21.2413 |
| 390200 | *** | * | * | 23.1486 | 23.7471 | * | 23.4231 |
| 390201 | 1.2935 | 0.8330 | 0.8330 | 24.8222 | 26.3658 | 27.5466 | 26.2970 |
| 390203 | 1.6839 | 1.1009 | 1.1009 | 28.2741 | 28.9054 | 30.2714 | 29.1517 |
| 390204 | 1.2831 | 1.1009 | 1.1009 | 25.6342 | 28.6829 | 29.6658 | 28.0375 |
| 390211 | 1.2440 | 0.8815 | 0.8815 | 22.4472 | 23.1450 | 24.3990 | 23.3310 |
| 390215 | *** | * | * | 26.4180 | 28.0402 | * | 27.0961 |
| 390217 | 1.2022 | 0.8671 | 0.8671 | 21.3281 | 24.3610 | 23.6716 | 23.0524 |
| 390219 | 1.3065 | 0.8671 | 0.8671 | 22.8559 | 25.1705 | 25.2892 | 24.4016 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 390220 | 1.0838 | 1.1009 | 1.1009 | 24.7553 | 41.6138 | 28.3573 | 30.6553 |
| 390222 | 1.2542 | 1.0878 | 1.0878 | 27.0954 | 28.7488 | 30.5995 | 28.8443 |
| 390223 | 1.9980 | 1.1009 | 1.1009 | 28.2538 | 27.6407 | 29.4647 | 28.4678 |
| 390224 | 0.8611 | * | * | 18.1226 | 18.7624 | * | 18.4428 |
| 390225 | 1.1891 | 0.9768 | 0.9768 | 23.4945 | 24.9391 | 27.2964 | 25.3940 |
| 390226 | 1.7575 | 1.1009 | 1.1009 | 27.0061 | 28.5890 | 32.2766 | 29.3055 |
| 390228 | 1.3685 | 0.8671 | 0.8671 | 22.5999 | 23.3078 | 24.5021 | 23.4828 |
| 390231 | 1.4447 | 1.1009 | 1.1009 | 27.0576 | 29.2653 | 30.8464 | 29.0891 |
| 390233 | 1.3526 | 0.9514 | 0.9514 | 22.8667 | 24.8690 | 25.3424 | 24.3814 |
| 390236 | 1.1748 | 0.8330 | 0.8330 | 21.9199 | 21.9169 | 22.6902 | 22.1761 |
| 390237 | 1.5683 | 0.9927 | 0.8503 | 24.6316 | 26.9533 | 27.0591 | 26.1468 |
| 390238 | *** | * | * | 26.4748 | * | * | 26.4748 |
| 390246 | 1.1657 | 0.8330 | 0.8330 | 23.3275 | 20.1581 | 25.5357 | 22.7908 |
| 390256 | 1.8697 | 0.9413 | 0.9413 | 24.2331 | 26.3619 | 28.6363 | 26.4469 |
| 390258 | 1.5418 | 1.1009 | 1.1009 | 27.2038 | 29.4626 | 30.3079 | 29.0897 |
| 390263 | 1.4554 | 0.9927 | 0.9927 | 23.4202 | 26.0170 | 27.8037 | 25.8192 |
| 390265 | 1.4944 | 0.8671 | 0.8671 | 21.6751 | 23.4836 | 24.6360 | 23.2649 |
| 390266 | 1.1801 | 0.8815 | 0.8815 | 19.2836 | 20.3918 | 21.2245 | 20.3113 |
| 390267 | 1.1852 | 0.8671 | 0.8671 | 22.5464 | 23.1051 | 24.4937 | 23.3733 |
| 390268 | 1.3621 | 0.8804 | 0.8804 | 24.2050 | 25.0021 | 26.0621 | 25.1256 |
| 390270 | 1.4700 | 0.9768 | 0.8503 | 24.0837 | 24.1496 | 25.6462 | 24.6744 |
| 390272 | 0.5282 | 1.1009 | 1.1009 | * | * | * | * |
| 390278 | 0.5405 | 1.1009 | 1.1009 | 21.6893 | 23.6843 | 24.1725 | 23.1303 |
| 390279 | 1.1033 | * | * | 15.3569 | 17.0012 | * | 16.1698 |
| 390285 | 1.4961 | 1.1009 | 1.1009 | 33.5347 | 35.0427 | 37.2793 | 35.2062 |
| 390286 | 1.1710 | 1.1009 | 1.1009 | 27.4090 | 28.1761 | 29.6638 | 28.3830 |
| 390287 | *** | * | * | 35.7147 | 37.6569 | 38.9525 | 37.4292 |
| 390288 | *** | * | * | 28.5267 | 29.7287 | 30.9493 | 29.7053 |
| 390289 | *** | * | * | 28.4577 | 28.8826 | 30.7464 | 29.2939 |
| 390290 | 1.9127 | 1.1009 | 1.1009 | 36.4991 | 37.9040 | 37.9834 | 37.4690 |
| 390291 | *** | * | * | 21.3015 | * | * | 21.3015 |
| 390298 | *** | * | * | 26.8290 | * | * | 26.8290 |
| 390299 | *** | * | * | 31.9423 | * | * | 31.9423 |
| 390300 | *** | * | * | 40.4697 | * | * | 40.4697 |
| 390301 | *** | * | * | * | 30.9838 | * | 30.9838 |
| 390302 | 2.1291 | * | * | * | * | * | * |
| 390303 | *** | * | * | * | * | 27.8974 | 27.8974 |
| 390304 | 1.2893 | 1.1009 | 1.1009 | * | * | 30.8572 | 30.8572 |
| 390307 | 2.0672 | 0.8815 | 0.8815 | * | * | * | * |
| 390308 | 0.8968 | 1.1009 | 1.1009 | * | * | * | * |
| 390309 | 1.1904 | 1.1009 | 1.1009 | * | * | * | * |
| 390310 | 2.5154 | 0.8330 | 0.8330 | * | * | * | * |
| 400001 | 1.3197 | 0.4396 | 0.4396 | 16.1114 | 13.1847 | 13.9703 | 14.2429 |
| 400002 | 1.7815 | 0.4852 | 0.4852 | 14.8607 | 16.7583 | 15.8300 | 15.7293 |
| 400003 | 1.2707 | 0.4852 | 0.4852 | 13.0776 | 12.8329 | 14.2278 | 13.3681 |
| 400004 | 1.2677 | 0.4396 | 0.4396 | 104716 | 14.3108 | 12.0952 | 12.1371 |
| 400005 | 1.1979 | 0.4396 | 0.4396 | 102878 | 107207 | 108193 | 106148 |
| 400006 | 1.1645 | 0.4396 | 0.4396 | 89919 | 92265 | 81860 | 87958 |
| 400007 | 1.2128 | 0.4396 | 0.4396 | 87152 | 92463 | 102084 | 93717 |
| 400009 | 1.0167 | 0.3242 | 0.3242 | 92007 | 93116 | 93834 | 93007 |
| 400010 | 0.8436 | 0.3917 | 0.3917 | 109354 | 100962 | 100781 | 103657 |
| 400011 | 1.0360 | 0.4396 | 0.4396 | 85868 | 85534 | 97022 | 89770 |
| 400012 | 1.4590 | 0.4396 | 0.4396 | 83580 | 83802 | 11.9435 | 93674 |
| 400013 | 1.2317 | 0.4396 | 0.4396 | 95584 | 103347 | 108428 | 102803 |
| 400014 | 1.3296 | 0.3856 | 0.3856 | 11.7023 | 12.2169 | 105871 | 11.4707 |
| 400015 | 1.3552 | 0.4396 | 0.4396 | 15.6066 | 15.6349 | 13.7075 | 14.9492 |
| 400016 | 1.4419 | 0.4396 | 0.4396 | 15.3497 | 14.7607 | 16.5449 | 15.5555 |
| 400017 | 1.1236 | 0.4396 | 0.4396 | 101238 | 102734 | 103148 | 102269 |
| 400018 | 1.1948 | 0.4396 | 0.4396 | 107948 | 11.6165 | 11.7496 | 11.4151 |
| 400019 | 1.4382 | 0.4396 | 0.4396 | 14.9892 | 12.8029 | 12.8992 | 13.4598 |
| 400021 | 1.3198 | 0.4884 | 0.4884 | 13.8643 | 14.1533 | 14.4649 | 14.1568 |
| 400022 | 1.3733 | 0.4852 | 0.4852 | 16.0539 | 15.9246 | 15.3806 | 15.7699 |
| 400024 | 0.8278 | 0.3856 | 0.3856 | 91316 | 12.4649 | 105851 | 104594 |
| 400026 | 1.0863 | 0.3242 | 0.3242 | 5.2085 | 5.8200 | 99034 | 6.4832 |
| 400028 | 1.2282 | 0.4852 | 0.4852 | 103354 | 109808 | 11.4583 | 109391 |
| 400032 | 1.1613 | 0.4396 | 0.4396 | 107195 | 102652 | 103523 | 104470 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 400044 | 1.2533 | 0.4852 | 0.4852 | 107890 | 13.7509 | 15.0643 | 13.2982 |
| 400048 | 1.1305 | 0.4396 | 0.4396 | 14.0887 | 104266 | 96590 | 11.4085 |
| 400061 | 1.8741 | 0.4396 | 0.4396 | 15.1639 | 18.9123 | 18.1083 | 17.4205 |
| 400079 | 1.1751 | 0.3917 | 0.3917 | 94218 | 12.7825 | 97136 | 104627 |
| 400087 | 1.2553 | 0.4396 | 0.4396 | 95860 | 106849 | 11.1382 | 104923 |
| 400094 | *** | * | * | 88646 | * | * | 88646 |
| 400098 | 1.3208 | 0.4396 | 0.4396 | 13.7938 | 12.8230 | 14.0632 | 13.4998 |
| 400102 | 1.2898 | 0.4396 | 0.4396 | 101795 | 102677 | 105904 | 103382 |
| 400103 | 1.6742 | 0.3856 | 0.3856 | 12.8288 | 93859 | 108059 | 106890 |
| 400104 | 1.1455 | 0.4396 | 0.4396 | 82758 | 93854 | 11.4349 | 97084 |
| 400105 | 1.1547 | 0.4396 | 0.4396 | 12.7725 | 14.0219 | 15.6682 | 14.1165 |
| 400106 | 1.1415 | 0.4396 | 0.4396 | 96902 | 11.4507 | 107533 | 106057 |
| 400109 | 1.4063 | 0.4396 | 0.4396 | 14.2169 | 14.2111 | 14.3015 | 14.2434 |
| 400110 | 1.1588 | 0.3861 | 0.3861 | 11.8458 | 12.3449 | 11.4297 | 11.8994 |
| 400111 | 1.0981 | 0.3917 | 0.3917 | 13.4777 | 14.5029 | 14.5980 | 14.1786 |
| 400112 | 1.1494 | 0.4396 | 0.4396 | 89469 | 19.3945 | 101536 | 11.4865 |
| 400113 | 1.2376 | 0.4852 | 0.4852 | 100830 | 96778 | 108360 | 101888 |
| 400114 | 1.1480 | 0.4396 | 0.4396 | 12.1920 | 11.5478 | 101147 | 11.2106 |
| 400115 | 1.1597 | 0.4396 | 0.4396 | 91132 | 13.7392 | 12.3253 | 11.4989 |
| 400117 | 1.1245 | 0.4396 | 0.4396 | 102911 | 12.7600 | 102910 | 11.0109 |
| 400118 | 1.2557 | 0.4396 | 0.4396 | 11.9324 | 12.5743 | 12.8655 | 12.4718 |
| 400120 | 1.3081 | 0.4396 | 0.4396 | 11.9714 | 12.7955 | 13.5787 | 12.8169 |
| 400121 | 1.0060 | 0.4396 | 0.4396 | 86665 | 82197 | 97450 | 88283 |
| 400122 | 1.9098 | 0.4396 | 0.4396 | 96463 | 11.2325 | 89500 | 101687 |
| 400123 | 1.2218 | 0.3856 | 0.3856 | 11.8135 | 12.3041 | 13.1036 | 12.4082 |
| 400124 | 2.9200 | 0.4396 | 0.4396 | 17.2258 | 16.1812 | 17.5453 | 16.9794 |
| 400125 | 1.1716 | 0.4047 | 0.4047 | 107425 | 11.6386 | 11.9805 | 11.4266 |
| 400126 | 1.2506 | 0.4884 | 0.4884 | 13.3932 | 98008 | 14.4278 | 11.9045 |
| 400127 | 1.6978 | 0.4396 | 0.4396 | * | * | * | * |
| 400128 | 1.0326 | * | * | * | * | * | * |
| 410001 | 1.2798 | 1.0791 | 1.0791 | 27.0309 | 28.0816 | 28.7232 | 27.9407 |
| 410004 | 1.2554 | 1.0791 | 1.0791 | 25.4578 | 27.4209 | 29.8160 | 27.5282 |
| 410005 | 1.2518 | 1.0791 | 1.0791 | 27.1171 | 30.1606 | 28.0170 | 28.4104 |
| 410006 | 1.3408 | 1.0791 | 1.0791 | 27.1842 | 29.4395 | 30.4938 | 29.0529 |
| 410007 | 1.6795 | 1.0791 | 1.0791 | 30.1360 | 31.8548 | 33.2082 | 31.8053 |
| 410008 | 1.2437 | 1.0791 | 1.0791 | 28.4245 | 29.6092 | 30.7042 | 29.5882 |
| 410009 | 1.2546 | 1.0791 | 1.0791 | 27.7337 | 29.4094 | 31.8827 | 29.7343 |
| 410010 | 1.2153 | 1.1318 | 1.1318 | 30.7826 | 32.8599 | 33.1837 | 32.3515 |
| 410011 | 1.3425 | 1.0791 | 1.0791 | 28.5875 | 30.3787 | 34.1277 | 30.9611 |
| 410012 | 1.7592 | 1.1318 | 1.1318 | 32.1679 | 32.6009 | 34.2578 | 33.0696 |
| 410013 | 1.2452 | 1.2020 | 1.2020 | 31.7482 | 35.4624 | 36.1627 | 34.4667 |
| 420002 | 1.5071 | 0.9520 | 0.9520 | 27.9312 | 28.2848 | 29.6120 | 28.6309 |
| 420004 | 1.9971 | 0.9168 | 0.9168 | 26.0279 | 27.2620 | 28.2541 | 27.2127 |
| 420005 | 1.0520 | 0.8604 | 0.8604 | 19.8167 | 23.1943 | 24.2198 | 22.4053 |
| 420006 | *** | * | * | 22.8920 | 24.0811 | 24.5609 | 23.8460 |
| 420007 | 1.6133 | 0.9286 | 0.9286 | 25.0395 | 25.2650 | 27.2262 | 25.8946 |
| 420009 | 1.4085 | 0.9286 | 0.9286 | 23.8668 | 25.5079 | 27.3791 | 25.6316 |
| 420010 | 1.1727 | 0.8604 | 0.8604 | 21.6478 | 23.4562 | 24.2841 | 23.1799 |
| 420011 | 1.2007 | 0.9708 | 0.9708 | 20.8895 | 21.4030 | 21.7568 | 21.3667 |
| 420014 | *** | * | * | 21.5658 | * | * | 21.5658 |
| 420015 | 1.3233 | 0.9708 | 0.9708 | 24.7383 | 26.2154 | 21.2872 | 23.9502 |
| 420016 | 0.9804 | 0.8604 | 0.8604 | 17.3837 | 17.1229 | 20.8597 | 18.3791 |
| 420018 | 1.7486 | 0.8604 | 0.8604 | 23.6356 | 24.8024 | 21.8989 | 23.4144 |
| 420019 | 1.0789 | 0.8604 | 0.8604 | 20.5472 | 22.5312 | 21.4165 | 21.4730 |
| 420020 | 1.2657 | 0.9168 | 0.9168 | 24.6592 | 25.8883 | 27.8386 | 26.1025 |
| 420023 | 1.7023 | 0.9708 | 0.9708 | 25.1035 | 26.7263 | 27.9657 | 26.5640 |
| 420026 | 1.9244 | 0.8604 | 0.8604 | 29.2961 | 27.4814 | 28.0609 | 28.2225 |
| 420027 | 1.6213 | 0.9286 | 0.9286 | 22.8322 | 25.1692 | 26.4925 | 24.8853 |
| 420030 | 1.2546 | 0.9168 | 0.9168 | 24.2847 | 26.0079 | 27.0672 | 25.7933 |
| 420033 | 1.1348 | 0.9708 | 0.9708 | 27.5740 | 31.8759 | 31.3764 | 30.3043 |
| 420036 | 1.2159 | 0.9520 | 0.9520 | 21.9641 | 22.8294 | 23.9791 | 22.9381 |
| 420037 | 1.3078 | 0.9708 | 0.9708 | 26.8750 | 29.4156 | 30.4783 | 28.9942 |
| 420038 | 1.2810 | 0.9708 | 0.9708 | 22.6741 | 24.2259 | 26.1603 | 24.3482 |
| 420039 | 1.0969 | 0.9192 | 0.9192 | 24.0637 | 25.1148 | 27.2085 | 25.4527 |
| 420043 [h] | 1.1624 | 0.9369 | 0.9369 | 22.9764 | 23.0555 | 23.3824 | 23.1477 |
| 420048 | 1.2633 | 0.8604 | 0.8604 | 23.1515 | 24.1923 | 26.0899 | 24.4888 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 420049 | 1.2698 | 0.8819 | 0.8819 | 23.2156 | 23.9722 | 25.5048 | 24.2429 |
| 420051 | 1.5632 | 0.8604 | 0.8604 | 23.9455 | 24.8026 | 24.8652 | 24.5591 |
| 420053 | 1.1371 | 0.8604 | 0.8604 | 21.1177 | 22.2825 | 22.7135 | 22.0833 |
| 420054 | 1.0765 | 0.8604 | 0.8604 | 24.0653 | 24.8931 | 24.8011 | 24.5877 |
| 420055 | 1.0631 | 0.8604 | 0.8604 | 20.3599 | 21.9764 | 23.3168 | 21.9025 |
| 420056 | 1.3401 | 0.8604 | 0.8604 | 21.1640 | 21.6963 | 23.9218 | 22.2405 |
| 420057 | 1.2668 | 0.8604 | 0.8604 | 19.7653 | 23.4311 | 22.2186 | 21.7975 |
| 420059 | 1.0763 | * | * | 21.4260 | * | * | 21.4260 |
| 420061 | *** | * | * | 20.8684 | * | * | 20.8684 |
| 420062 | 1.0673 | 0.8739 | 0.8739 | 25.6683 | 25.9526 | 26.9629 | 26.2354 |
| 420064 | 1.2144 | 0.8819 | 0.8819 | 22.1290 | 23.3610 | 24.2786 | 23.2388 |
| 420065 | 1.4215 | 0.9168 | 0.9168 | 22.8674 | 24.5715 | 25.3741 | 24.2923 |
| 420066 | 0.9904 | 0.8604 | 0.8604 | 20.5893 | 23.9048 | 24.4148 | 22.9867 |
| 420067 | 1.3417 | 0.8958 | 0.8958 | 24.6038 | 25.0345 | 25.3722 | 25.0243 |
| 420068 | 1.3345 | 0.9554 | 0.9554 | 22.2638 | 23.4248 | 25.2900 | 23.6594 |
| 420069 | 1.1105 | 0.8604 | 0.8604 | 19.6959 | 20.5546 | 21.6426 | 20.6460 |
| 420070 | 1.3141 | 0.8604 | 0.8604 | 22.4370 | 23.4355 | 23.9471 | 23.3117 |
| 420071 | 1.4059 | 0.9286 | 0.9286 | 23.1727 | 24.9418 | 25.6422 | 24.6317 |
| 420072 | 1.0863 | 0.8604 | 0.8604 | 17.5899 | 18.6742 | 17.2143 | 17.8091 |
| 420073 | 1.3790 | 0.8604 | 0.8604 | 24.0274 | 24.5813 | 25.8074 | 24.8472 |
| 420075 | 0.9046 | * | * | 16.4816 | * | * | 16.4816 |
| 420078 | 1.8782 | 0.9708 | 0.9708 | 25.3032 | 28.9112 | 30.1670 | 28.1072 |
| 420079 | 1.5771 | 0.9168 | 0.9168 | 25.2939 | 25.4935 | 26.9725 | 25.9340 |
| 420080 | 1.4619 | 0.8958 | 0.8958 | 28.4569 | 28.4734 | 29.0327 | 28.6601 |
| 420082 | 1.5148 | 0.9681 | 0.9681 | 26.1221 | 29.8528 | 30.7503 | 28.8866 |
| 420083 | 1.4829 | 0.9286 | 0.9286 | 25.3043 | 27.1322 | 26.9176 | 26.4627 |
| 420085 | 1.5804 | 0.9516 | 0.9516 | 25.3180 | 26.8692 | 27.7993 | 26.6577 |
| 420086 | 1.4224 | 0.8604 | 0.8604 | 25.1372 | 25.8869 | 21.7594 | 24.0808 |
| 420087 | 1.8048 | 0.9168 | 0.9168 | 23.2230 | 24.3609 | 25.4810 | 24.3588 |
| 420088 | *** | * | * | 23.1273 | * | * | 23.1273 |
| 420089 | 1.3305 | 0.9168 | 0.9168 | 25.2729 | 26.0074 | 28.9297 | 26.7899 |
| 420091 | 1.3534 | 0.8604 | 0.8604 | 23.4710 | 26.9214 | 26.0435 | 25.5227 |
| 420093 | *** | * | * | 25.1457 | 27.4766 | 28.6727 | 27.2207 |
| 420097 | *** | * | * | 24.7809 | * | * | 24.7809 |
| 420098 | 1.1589 | 0.8639 | 0.8639 | * | * | 31.3940 | 31.3940 |
| 420100 | 1.9085 | * | * | * | * | * | * |
| 420101 | 1.0458 | * | * | * | * | * | * |
| 430005 | 1.3298 | 1.0359 | 0.8485 | 19.9454 | 22.3272 | 23.0896 | 21.7517 |
| 430008 [2] | 1.0746 | 0.9456 | 0.9559 | 20.9442 | 23.3790 | 24.6127 | 22.8729 |
| 430011 | *** | * | * | 20.6597 | * | * | 20.6597 |
| 430012 | 1.2579 | 0.9456 | 0.9456 | 22.7530 | 24.0850 | 24.9285 | 23.9166 |
| 430013 [2] | 1.1791 | 0.9456 | 0.9559 | 22.9675 | 25.1378 | 26.5894 | 24.8973 |
| 430014 | 1.3196 | 0.8485 | 0.8485 | 25.5387 | 26.4964 | 27.4732 | 26.5372 |
| 430015 | 1.1709 | 0.9456 | 0.8485 | 23.2035 | 22.7947 | 23.8702 | 23.2928 |
| 430016 | 1.6875 | 0.9559 | 0.9559 | 26.1495 | 27.8453 | 30.2136 | 28.0429 |
| 430027 | 1.7911 | 0.9559 | 0.9559 | 23.8477 | 26.2139 | 26.9443 | 25.7330 |
| 430029 | 0.8746 | * | * | 20.2708 | * | * | 20.2708 |
| 430031 [2] | 0.9582 | * | * | 15.6112 | 16.0346 | * | 15.8232 |
| 430043 | *** | * | * | 17.2722 | * | * | 17.2722 |
| 430047 | 1.0053 | * | * | 21.9116 | 18.8982 | * | 20.4712 |
| 430048 | 1.3110 | 0.9456 | 0.8485 | 21.1718 | 23.0783 | 24.1611 | 22.8614 |
| 430060 | 0.9031 | 0.9456 | 0.8485 | 102704 | * | 11.7945 | 109543 |
| 430064 | 1.0621 | 0.9456 | 0.8485 | 16.4314 | 17.5376 | 17.2636 | 17.0895 |
| 430077 | 1.7585 | 0.9456 | 1.0359 | 23.4835 | 25.1763 | 31.1834 | 26.6659 |
| 430081 | 0.8530 | 1.4448 | 1.4448 | * | * | * | * |
| 430082 | 0.7949 | 1.4448 | 1.4448 | * | * | * | * |
| 430083 | 0.8473 | 1.4448 | 1.4448 | * | * | * | * |
| 430084 | 0.9005 | 1.4448 | 1.4448 | * | * | * | * |
| 430085 | 0.8408 | 1.4448 | 1.4448 | * | * | * | * |
| 430089 | 1.6831 | 0.9201 | 0.9201 | 21.1109 | 22.5625 | 23.6025 | 22.5500 |
| 430090 | 1.4802 | 0.9559 | 0.9559 | 26.0851 | 25.8460 | 28.9461 | 27.1155 |
| 430091 | 2.1668 | 0.9456 | 1.0359 | 23.8897 | 24.3021 | 25.8667 | 24.7276 |
| 430092 | 1.8623 | 0.8485 | 0.8485 | 20.2570 | 20.9486 | 23.4758 | 21.5566 |
| 430093 | 0.9304 | 1.0359 | 1.0359 | 23.1526 | 29.5244 | 30.0783 | 27.8638 |
| 430094 | 1.4722 | 0.9154 | 0.9154 | 18.5429 | 18.9099 | 22.5333 | 19.9282 |
| 430095 | 2.4917 | 0.9559 | 0.9559 | 24.7074 | 28.1749 | 29.8113 | 27.7110 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 430096 | 1.9427 | 0.8485 | 0.8485 | * | 21.6998 | 22.6901 | 22.1655 |
| 440001 | 1.1169 | 0.8070 | 0.8070 | 17.4802 | 19.3100 | 20.2649 | 19.0060 |
| 440002 | 1.7066 | 0.9032 | 0.9032 | 23.2177 | 24.6664 | 25.9742 | 24.6541 |
| 440003 | 1.2347 | 0.9853 | 0.9853 | 24.5168 | 25.9209 | 28.8489 | 26.4731 |
| 440006 | 1.4887 | 0.9853 | 0.9853 | 26.7983 | 28.5951 | 29.6894 | 28.3900 |
| 440007 | 0.9516 | 0.7957 | 0.7957 | 13.7042 | 25.8236 | 19.4053 | 18.8359 |
| 440008 | 1.0250 | 0.8640 | 0.8640 | 22.1405 | 23.4301 | 23.3316 | 22.9571 |
| 440009 | 1.1899 | 0.7957 | 0.7957 | 21.1274 | 21.5970 | 23.1758 | 22.0061 |
| 440010 | 0.9646 | 0.7957 | 0.7957 | 16.9060 | 17.1803 | 18.2555 | 17.4628 |
| 440011 | 1.3341 | 0.8278 | 0.8278 | 21.6861 | 22.5068 | 23.9451 | 22.7588 |
| 440012 | 1.5557 | 0.8078 | 0.8078 | 21.4769 | 22.3029 | 23.7400 | 22.4984 |
| 440015 | 1.8501 | 0.8278 | 0.8278 | 22.5583 | 23.7422 | 25.0126 | 23.7907 |
| 440016 | 1.0145 | 0.7957 | 0.7957 | 20.0982 | 22.1646 | 22.6177 | 21.6373 |
| 440017 | 1.8336 | 0.8078 | 0.8078 | 22.5313 | 22.9364 | 24.4189 | 23.3049 |
| 440018 | 1.1147 | 0.8070 | 0.8070 | 21.7239 | 23.3444 | 23.3049 | 22.8330 |
| 440019 | 1.7779 | 0.8278 | 0.8278 | 23.8802 | 25.2553 | 25.8265 | 24.9572 |
| 440020 | 1.0317 | 0.8829 | 0.8829 | 23.1718 | 23.9475 | 23.5480 | 23.5575 |
| 440023 | 0.9906 | * | * | 17.0335 | * | * | 17.0335 |
| 440024 | 1.3361 | 0.8841 | 0.8841 | 20.3658 | 23.2716 | 23.6564 | 22.4300 |
| 440025 | 1.1289 | 0.8607 | 0.8607 | 19.5995 | 20.6798 | 21.4831 | 20.6130 |
| 440026 | 0.6849 | * | * | 26.9149 | 26.8986 | 28.1548 | 27.3132 |
| 440029 | 1.3750 | 0.9853 | 0.9853 | 25.8538 | 28.0779 | 29.2583 | 27.8141 |
| 440030 | 1.3551 | 0.8013 | 0.8013 | 20.0586 | 22.1217 | 23.8651 | 22.0702 |
| 440031 | 1.1563 | 0.7957 | 0.7957 | 18.0944 | 19.6685 | 20.3131 | 19.3798 |
| 440032 | 1.1223 | 0.8062 | 0.8062 | 16.0734 | 18.5277 | 19.6994 | 18.1087 |
| 440033 | 1.0675 | 0.7957 | 0.7957 | 18.7749 | 20.7917 | 20.0504 | 19.8739 |
| 440034 | 1.6231 | 0.8278 | 0.8278 | 23.1121 | 23.5403 | 24.4772 | 23.7187 |
| 440035 | 1.3627 | 0.9571 | 0.9571 | 22.3230 | 24.3752 | 26.2379 | 24.3199 |
| 440039 | 2.1248 | 0.9853 | 0.9853 | 26.4647 | 28.4678 | 29.9015 | 28.3486 |
| 440040 | 0.9305 | 0.7957 | 0.7957 | 17.7647 | 17.8510 | 18.2335 | 17.9564 |
| 440041 | 0.9605 | * | * | 17.4074 | 17.9409 | * | 17.6972 |
| 440046 | 1.1823 | 0.9853 | 0.9853 | 25.5329 | 26.1341 | 27.6435 | 26.4633 |
| 440047 | 0.8929 | 0.8456 | 0.8456 | 20.4812 | 21.4280 | 22.3132 | 21.4112 |
| 440048 | 1.8553 | 0.9367 | 0.9367 | 24.3283 | 27.7560 | 29.3776 | 27.0718 |
| 440049 | 1.6271 | 0.9367 | 0.9367 | 22.9755 | 25.3043 | 26.9042 | 25.0712 |
| 440050 | 1.3256 | 0.9110 | 0.9110 | 21.8972 | 23.1362 | 24.6283 | 23.2518 |
| 440051 | 0.9873 | 0.8061 | 0.8061 | 20.7948 | 21.9108 | 23.7561 | 22.1363 |
| 440052 | 1.0493 | 0.7957 | 0.7957 | 20.1875 | 21.1133 | 21.8224 | 21.0640 |
| 440053 | 1.2859 | 0.9853 | 0.9853 | 23.9083 | 25.4345 | 27.2143 | 25.5366 |
| 440054 | 1.1108 | 0.7957 | 0.7957 | 20.5992 | 21.4400 | 22.9137 | 21.6206 |
| 440056 | 1.1517 | 0.8278 | 0.8278 | 20.4088 | 22.1068 | 22.6402 | 21.8021 |
| 440057 | 1.0894 | 0.7957 | 0.7957 | 14.6242 | 16.4451 | 16.2043 | 15.7807 |
| 440058 | 1.1733 | 0.8841 | 0.8841 | 22.6014 | 22.9263 | 24.5733 | 23.3536 |
| 440059 | 1.5230 | 0.9571 | 0.9571 | 23.9301 | 26.3551 | 27.0398 | 25.7416 |
| 440060 | 1.1113 | 0.8640 | 0.8640 | 22.7133 | 23.3014 | 24.2289 | 23.4440 |
| 440061 | 1.0612 | 0.7957 | 0.7957 | 21.2085 | 21.8274 | 23.7972 | 22.1762 |
| 440063 | 1.5519 | 0.8081 | 0.8081 | 21.8578 | 22.3256 | 24.2436 | 22.8424 |
| 440064 | 1.0269 | 0.8965 | 0.8965 | 20.9742 | 22.0955 | 23.2881 | 22.0874 |
| 440065 | 1.2273 | 0.9853 | 0.9853 | 21.4794 | 22.3247 | 24.5839 | 22.8185 |
| 440067 | 1.1704 | 0.8278 | 0.8278 | 22.1410 | 23.1089 | 23.6433 | 22.9820 |
| 440068 | 1.1108 | 0.8841 | 0.8841 | 23.1705 | 24.5971 | 25.5084 | 24.4008 |
| 440070 | 0.9767 | 0.7957 | 0.7957 | 19.0240 | 19.4372 | 19.0125 | 19.1532 |
| 440072 | 1.1510 | 0.9032 | 0.9032 | 20.9294 | 27.1443 | 24.1118 | 23.7250 |
| 440073 | 1.4478 | 0.9571 | 0.9571 | 22.2959 | 23.9198 | 26.0153 | 24.0664 |
| 440081 [h] | 1.1987 | 0.8278 | 0.8278 | 19.0328 | 19.7878 | 20.6628 | 19.8630 |
| 440082 | 2.1349 | 0.9853 | 0.9853 | 28.7828 | 27.9724 | 30.5997 | 29.1230 |
| 440083 | 0.9462 | 0.7957 | 0.7957 | 16.0956 | 17.3329 | 23.4452 | 18.9853 |
| 440084 | 1.2049 | 0.7957 | 0.7957 | 15.2825 | 16.3738 | 17.5206 | 16.4229 |
| 440091 | 1.6877 | 0.8965 | 0.8965 | 26.1122 | 25.6797 | 26.8144 | 26.2154 |
| 440102 | 1.1120 | 0.7957 | 0.7957 | 17.5140 | 17.5261 | 20.0410 | 18.3603 |
| 440104 | 1.8282 | 0.8965 | 0.8965 | 23.3731 | 25.3739 | 26.5346 | 25.1499 |
| 440105 | 1.0151 | 0.8081 | 0.8081 | 20.7821 | 22.3438 | 22.6923 | 21.9737 |
| 440109 | 0.9889 | 0.7957 | 0.7957 | 18.2508 | 18.6720 | 19.6599 | 18.8870 |
| 440110 | 1.1019 | 0.8278 | 0.8278 | 20.9039 | 21.3287 | 21.2955 | 21.1604 |
| 440111 | 1.2995 | 0.9853 | 0.9853 | 25.8821 | 28.5705 | 29.5053 | 27.9706 |
| 440114 | 1.0157 | * | * | 21.4271 | 24.0147 | * | 22.7665 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 440115 | 0.9925 | 0.8456 | 0.8456 | 20.0642 | 21.7830 | 22.4307 | 21.4405 |
| 440120 | 1.5709 | 0.8278 | 0.8278 | 23.9003 | 25.5961 | 26.0172 | 25.1825 |
| 440125 | 1.6399 | 0.8278 | 0.8278 | 21.9337 | 22.4196 | 22.9618 | 22.4439 |
| 440130 | 1.1653 | 0.7957 | 0.7957 | 21.6480 | 23.4517 | 24.3338 | 23.1392 |
| 440131 | 1.1555 | 0.9367 | 0.9367 | 22.4119 | 24.9598 | 26.2835 | 24.5883 |
| 440132 | 1.2915 | 0.7957 | 0.7957 | 20.5716 | 21.5085 | 23.0374 | 21.6966 |
| 440133 | 1.6608 | 0.9853 | 0.9853 | 27.5019 | 26.2422 | 28.9034 | 27.5284 |
| 440135 | 1.0517 | 0.7957 | 0.7957 | 25.3928 | 26.6615 | 28.4307 | 26.8611 |
| 440137 | 1.0820 | 0.7957 | 0.7957 | 18.2073 | 20.6663 | 21.9678 | 20.1924 |
| 440141 | 1.0091 | 0.7957 | 0.7957 | 19.4528 | 21.3313 | 22.2645 | 21.1533 |
| 440143 | 0.9346 | * | * | 21.0374 | * | * | 21.0374 |
| 440144 | 1.2554 | 0.7957 | 0.7957 | 22.3671 | 23.3828 | 23.6094 | 23.1261 |
| 440145 | 0.9924 | * | * | 20.9863 | 20.7875 | * | 20.8882 |
| 440147 | *** | * | * | 28.9038 | 31.4012 | 33.3608 | 31.2464 |
| 440148 | 1.1184 | 0.9571 | 0.9571 | 23.0697 | 24.6412 | 24.2554 | 23.9966 |
| 440149 | 1.0243 | * | * | 19.8020 | 20.4562 | * | 20.1312 |
| 440150 | 1.3664 | 0.9853 | 0.9853 | 25.4952 | 26.8308 | 28.3249 | 26.8782 |
| 440151 | 1.0878 | 0.9571 | 0.9571 | 23.3037 | 23.9808 | 26.7603 | 24.6946 |
| 440152 | 1.8573 | 0.9367 | 0.9367 | 25.9495 | 26.5513 | 27.0829 | 26.5411 |
| 440153 | 1.0530 | 0.7964 | 0.7964 | 22.7744 | 22.2846 | 22.7501 | 22.6002 |
| 440156 | 1.5372 | 0.8965 | 0.8965 | 25.6333 | 26.9689 | 27.8265 | 26.8113 |
| 440159 | 1.4567 | 0.9367 | 0.9367 | 21.1073 | 22.8645 | 24.4882 | 22.9041 |
| 440161 | 1.7891 | 0.9853 | 0.9853 | 28.6774 | * | 29.5526 | 29.1459 |
| 440162 | *** | * | * | 16.5305 | 21.1418 | 28.0859 | 21.5406 |
| 440166 | *** | * | * | 27.1355 | 31.0779 | 35.4275 | 30.5015 |
| 440168 | 0.9738 | 0.9367 | 0.9367 | 22.1764 | 22.8768 | 27.8781 | 24.3442 |
| 440173 | 1.6130 | 0.8278 | 0.8278 | 20.8723 | 22.8846 | 22.9918 | 22.2791 |
| 440174 | 0.8839 | 0.8329 | 0.8329 | 20.7960 | 22.0974 | 24.1697 | 22.3179 |
| 440175 | 1.0159 | 0.9571 | 0.9571 | 24.0005 | 22.7299 | 24.6413 | 23.7639 |
| 440176 | 1.2251 | 0.8078 | 0.8078 | 22.0079 | 23.6659 | 23.1222 | 22.9749 |
| 440180 | 1.2535 | 0.8278 | 0.8278 | 21.9781 | 23.3808 | 25.2167 | 23.6141 |
| 440181 | 0.9526 | 0.8364 | 0.8364 | 21.1406 | 22.7150 | 24.3293 | 22.7527 |
| 440182 | 0.9870 | 0.7957 | 0.7957 | 20.2630 | 22.3612 | 23.2013 | 21.9586 |
| 440183 | 1.6248 | 0.9367 | 0.9367 | 27.7769 | 27.1515 | 28.8310 | 27.9092 |
| 440184 | 1.0336 | 0.8081 | 0.8081 | 20.8219 | 22.3475 | 24.3699 | 22.4690 |
| 440185 | 1.1495 | 0.8841 | 0.8841 | 23.4172 | 23.9052 | 25.1022 | 24.2246 |
| 440186 | 1.0327 | 0.9853 | 0.9853 | 24.6773 | 25.7445 | 27.3448 | 25.9302 |
| 440187 | 1.1095 | 0.7957 | 0.7957 | 21.7637 | 21.3252 | 22.8652 | 21.9897 |
| 440189 | 1.3834 | 0.8860 | 0.8860 | 24.7851 | 27.5435 | 27.8595 | 26.7516 |
| 440192 | 1.0715 | 0.9571 | 0.9571 | 25.1119 | 25.7495 | 26.7266 | 25.8889 |
| 440193 | 1.2853 | 0.9853 | 0.9853 | 24.3911 | 24.4299 | 24.8439 | 24.5603 |
| 440194 | 1.3338 | 0.9853 | 0.9853 | 26.2498 | 26.6527 | 29.9809 | 27.7279 |
| 440197 | 1.3107 | 0.9853 | 0.9853 | 26.4999 | 27.1534 | 29.6975 | 27.7361 |
| 440200 | 0.9957 | 0.9853 | 0.9853 | 17.0633 | 17.7491 | 19.9962 | 18.2529 |
| 440203 | 0.9226 | 0.7957 | 0.7957 | 17.7639 | 19.3864 | 23.2355 | 19.8845 |
| 440217 | 1.3383 | 0.9367 | 0.9367 | 25.9667 | 28.5968 | 29.4892 | 28.0654 |
| 440218 | 1.7741 | 0.9853 | 0.9853 | 26.3741 | 24.6465 | 24.3645 | 25.3056 |
| 440222 | 0.9844 | 0.9367 | 0.9367 | 28.3879 | 29.7292 | 29.2515 | 29.1278 |
| 440225 | 0.8475 | 0.8278 | 0.8278 | * | * | 26.4444 | 26.4444 |
| 440226 | 1.5408 | 0.8278 | 0.8278 | * | * | 26.5721 | 26.5721 |
| 440227 | 1.2278 | 0.9853 | 0.9853 | * | * | * | * |
| 440228 | 1.3652 | 0.9367 | 0.9367 | * | * | * | * |
| 450002 | 1.4375 | 0.9101 | 0.9101 | 25.4975 | 25.7171 | 28.0968 | 26.4037 |
| 450005 | 1.0954 | 0.8612 | 0.8612 | 23.4049 | 23.5576 | 24.8874 | 23.9095 |
| 450007 | 1.3241 | 0.8859 | 0.8859 | 19.2875 | 20.7321 | 22.7681 | 20.9365 |
| 450008 | 1.2987 | 0.9131 | 0.9131 | 22.0934 | 22.9669 | 25.4507 | 23.5297 |
| 450010 | 1.6039 | 0.8790 | 0.8360 | 22.4133 | 23.7529 | 25.0592 | 23.7488 |
| 450011 | 1.7202 | 0.9064 | 0.9064 | 24.1576 | 24.8831 | 27.0743 | 25.3503 |
| 450014 | *** | * | * | 22.5001 | * | * | 22.5001 |
| 450015 | 1.5860 | 1.0087 | 1.0087 | 24.0730 | 27.4012 | 29.3737 | 26.9851 |
| 450016 | *** | * | * | 22.1368 | * | * | 22.1368 |
| 450018 | 1.5062 | 1.0030 | 1.0030 | 24.6443 | 26.7999 | 28.5226 | 26.6104 |
| 450020 | 0.9622 | * | * | 17.7148 | 18.3047 | * | 18.0203 |
| 450021 | 1.8322 | 1.0087 | 1.0087 | 28.5578 | 29.1350 | 30.1831 | 29.2883 |
| 450023 | 1.4320 | 0.8554 | 0.8554 | 20.9278 | 22.0558 | 25.5410 | 22.7444 |
| 450024 | 1.4841 | 0.9101 | 0.9101 | 22.4178 | 24.4195 | 25.4622 | 24.1268 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 450028 | 1.5344 | 0.9474 | 0.9474 | 25.6030 | 26.8250 | 27.7693 | 26.7175 |
| 450029 | 1.5535 | 0.8003 | 0.8003 | 23.9709 | 23.2995 | 23.7005 | 23.6494 |
| 450031 | 1.4013 | 1.0087 | 1.0087 | 27.0328 | 27.9626 | 29.4827 | 28.2223 |
| 450032 | 1.1925 | 0.8715 | 0.8715 | 20.8306 | 27.0748 | 21.2720 | 22.8525 |
| 450033 | 1.6629 | 0.9474 | 0.9474 | 29.0541 | 28.4781 | 28.5174 | 28.6719 |
| 450034 | 1.5793 | 0.8612 | 0.8612 | 23.4615 | 24.1589 | 26.2069 | 24.5798 |
| 450035 | 1.5477 | 1.0030 | 1.0030 | 25.4580 | 26.2838 | 28.3361 | 26.6364 |
| 450037 | 1.5982 | 0.8905 | 0.8905 | 23.1176 | 24.2684 | 26.3292 | 24.6149 |
| 450039 | 1.3819 | 0.9870 | 0.9870 | 23.3034 | 24.7347 | 26.2041 | 24.8293 |
| 450040 | 1.7828 | 0.8626 | 0.8626 | 23.8047 | 24.9590 | 25.9125 | 24.8722 |
| 450042 | 1.7951 | 0.8653 | 0.8653 | 22.6936 | 24.1181 | 26.6885 | 24.5021 |
| 450044 | 1.7267 | 1.0087 | 1.0087 | 25.8403 | 29.4308 | 32.4768 | 29.3230 |
| 450046 | 1.5874 | 0.8578 | 0.8578 | 22.0695 | 23.4907 | 25.3629 | 23.6516 |
| 450047 | 0.8361 | 0.9474 | 0.9474 | 22.7242 | 19.8221 | 21.2384 | 21.2173 |
| 450050 | 0.9114 | * | * | 21.6933 | 23.3044 | * | 22.5039 |
| 450051 | 1.8871 | 1.0087 | 1.0087 | 27.2523 | 28.0411 | 29.5795 | 28.3261 |
| 450052 | 0.9776 | 0.8003 | 0.8003 | 19.7185 | 19.7774 | 21.1995 | 20.1263 |
| 450053 | 0.9826 | 0.8003 | 0.8003 | 19.4978 | 21.9082 | 20.4980 | 20.6324 |
| 450054 | 1.7608 | 0.9131 | 0.9131 | 25.1229 | 24.2782 | 27.7869 | 25.6677 |
| 450055 | 1.1174 | 0.8003 | 0.8003 | 20.5235 | 22.1979 | 22.4127 | 21.7257 |
| 450056 | 1.8144 | 0.9360 | 0.9360 | 25.6685 | 27.0530 | 28.2252 | 26.8936 |
| 450058 | 1.5775 | 0.8859 | 0.8859 | 24.7442 | 25.9653 | 26.8533 | 25.8582 |
| 450059 | 1.3376 | 0.9360 | 0.9360 | 26.8209 | 26.6535 | 27.4391 | 26.9795 |
| 450064 | 1.4386 | 0.9870 | 0.9870 | 24.2920 | 23.8748 | 27.5350 | 25.2944 |
| 450068 | 2.0792 | 1.0030 | 1.0030 | 26.2864 | 27.9633 | 29.9491 | 28.0965 |
| 450072 | 1.1764 | 1.0030 | 1.0030 | 22.5010 | 24.0166 | 25.3658 | 23.9560 |
| 450073 | 0.9681 | 0.8051 | 0.8051 | 20.0464 | 21.7337 | 24.6840 | 22.0875 |
| 450078 | 0.9553 | 0.8003 | 0.8003 | 17.2196 | 15.8968 | 18.2067 | 17.0494 |
| 450079 | 1.6954 | 1.0087 | 1.0087 | 27.0443 | 28.1096 | 29.8969 | 28.2854 |
| 450080 | 1.2691 | 0.8905 | 0.8905 | 21.2482 | 22.9835 | 27.2213 | 23.6862 |
| 450082 | 1.0789 | 0.8003 | 0.8003 | 20.9113 | 22.0442 | 23.3125 | 22.0908 |
| 450083 | 1.7780 | 0.8854 | 0.8854 | 24.9182 | 25.8214 | 27.2160 | 26.0725 |
| 450085 | 1.0382 | 0.8003 | 0.8003 | 19.4524 | 22.0840 | 23.4732 | 21.7012 |
| 450087 | 1.4483 | 0.9870 | 0.9870 | 26.4203 | 29.1587 | 30.0371 | 28.5792 |
| 450090 | 1.2044 | 0.8003 | 0.8003 | 17.6506 | 19.4244 | 20.9803 | 19.3653 |
| 450092 | 1.2084 | 0.8003 | 0.8003 | 20.4921 | 23.2071 | 23.9641 | 22.5714 |
| 450094 | *** | * | * | 25.3618 | 25.2434 | * | 25.3030 |
| 450096 | 1.4283 | 0.8612 | 0.8612 | 22.8722 | 24.1619 | 26.1563 | 24.3175 |
| 450097 | 1.4526 | 1.0030 | 1.0030 | 24.9380 | 26.4965 | 28.2316 | 26.5557 |
| 450098 | 0.9594 | * | * | 22.9005 | 22.6626 | * | 22.7778 |
| 450099 | 1.2289 | 0.9177 | 0.9177 | 24.0293 | 26.6796 | 28.8288 | 26.4791 |
| 450101 | 1.5872 | 0.8653 | 0.8653 | 20.6575 | 23.6905 | 24.8496 | 23.0430 |
| 450102 | 1.8228 | 0.8854 | 0.8854 | 23.1773 | 24.5503 | 25.3756 | 24.3986 |
| 450104 | 1.2091 | 0.8859 | 0.8859 | 22.5165 | 23.8469 | 23.3944 | 23.2732 |
| 450107 | 1.4218 | 0.9101 | 0.9101 | 23.8770 | 25.9326 | 27.9184 | 25.8765 |
| 450108 | 1.1901 | 0.8859 | 0.8859 | 19.3561 | 19.4935 | 20.2479 | 19.7198 |
| 450112 | *** | * | * | 22.5552 | * | * | 22.5552 |
| 450113 | *** | * | * | * | 54.6681 | * | 54.6681 |
| 450119 | 1.2924 | 0.8790 | 0.8790 | 24.1392 | 25.7008 | 27.6154 | 25.8461 |
| 450121 | 1.4829 | 0.9870 | 0.9870 | 25.8826 | 25.7051 | 29.0897 | 26.9221 |
| 450123 | 1.0580 | 0.8612 | 0.8612 | 19.5872 | 21.2154 | 23.0469 | 21.1313 |
| 450124 | 1.8874 | 0.9360 | 0.9360 | 26.0280 | 27.4198 | 28.1018 | 27.2284 |
| 450126 | 1.3432 | 1.0030 | 1.0030 | 27.3021 | 28.3033 | 28.8116 | 28.2181 |
| 450128 | 1.2314 | 0.8790 | 0.8790 | 21.4190 | 23.3633 | 24.1195 | 22.9163 |
| 450130 | 1.2180 | 0.8859 | 0.8859 | 20.2777 | 21.5226 | 23.5398 | 21.8292 |
| 450131 | *** | * | * | 23.2317 | 23.7098 | 26.3279 | 24.2678 |
| 450132 | 1.5414 | 1.0119 | 1.0119 | 26.8476 | 28.6954 | 30.2134 | 28.5936 |
| 450133 | 1.6337 | 0.9802 | 0.9802 | 25.0972 | 26.8344 | 29.2478 | 27.1707 |
| 450135 | 1.6922 | 0.9870 | 0.9870 | 24.3858 | 26.0755 | 27.9663 | 26.2251 |
| 450137 | 1.6056 | 0.9870 | 0.9870 | 27.0081 | 30.4254 | 31.4048 | 29.7868 |
| 450140 | *** | * | * | 22.4695 | * | * | 22.4695 |
| 450143 | 1.0146 | 0.9360 | 0.9360 | 19.7487 | 21.8705 | 22.5280 | 21.4534 |
| 450144 | 1.0731 | 0.9737 | 0.9737 | 20.9599 | 21.3289 | 25.6368 | 22.5854 |
| 450147 | 1.4387 | 0.8554 | 0.8554 | 24.6203 | 23.9771 | 25.0247 | 24.5527 |
| 450148 | 1.1848 | 0.9870 | 0.9870 | 23.5037 | 25.3498 | 27.5125 | 25.5034 |
| 450151 | 1.2027 | 0.8003 | 0.8003 | 20.1356 | 22.2915 | 23.2545 | 21.9494 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 450152 | 1.2274 | 0.9131 | 0.9131 | 21.6351 | 22.7463 | 24.1970 | 22.8540 |
| 450154 | 1.3702 | 0.8003 | 0.8003 | 18.6058 | 21.2021 | 20.7952 | 20.1904 |
| 450155 | 1.0271 | 0.8003 | 0.8003 | 17.9306 | 18.0589 | 21.3482 | 19.0936 |
| 450157 | *** | * | * | 17.8812 | * | * | 17.8812 |
| 450160 | 0.8255 | * | * | 21.9118 | * | * | 21.9118 |
| 450162 | 1.3087 | 0.8626 | 0.8626 | 31.0645 | 30.9903 | 31.9964 | 31.3817 |
| 450163 | 1.0883 | 0.8137 | 0.8137 | 20.3280 | 23.1400 | 23.4148 | 22.2842 |
| 450165 | 1.0794 | 0.8859 | 0.8859 | 20.2414 | 24.3242 | 27.6487 | 24.0511 |
| 450176 | 1.3564 | 0.8790 | 0.8790 | 20.9392 | 20.9297 | 23.6030 | 21.8256 |
| 450177 | 1.1934 | 0.8003 | 0.8003 | 19.7657 | 21.3322 | 22.6615 | 21.2531 |
| 450178 | 0.9382 | 0.8003 | 0.8003 | 20.2992 | 24.7301 | 23.9597 | 22.8868 |
| 450184 | 1.5480 | 1.0030 | 1.0030 | 25.3935 | 26.7821 | 28.4921 | 26.9217 |
| 450185 | *** | * | * | 15.5838 | * | * | 15.5838 |
| 450187 | 1.1744 | 1.0030 | 1.0030 | 24.2400 | 25.6786 | 28.2045 | 26.0900 |
| 450188 | 0.9551 | 0.8003 | 0.8003 | 18.9586 | 20.4070 | 21.4250 | 20.3073 |
| 450191 | 1.1747 | 0.9360 | 0.9360 | 25.9078 | 26.0298 | 27.2533 | 26.4251 |
| 450192 | 1.1719 | 0.9870 | 0.9870 | 22.5118 | 22.5880 | 23.8534 | 22.9951 |
| 450193 | 2.0371 | 1.0030 | 1.0030 | 29.2751 | 32.2964 | 34.3517 | 32.0480 |
| 450194 | 1.3875 | 0.9870 | 0.9870 | 22.3348 | 24.8972 | 23.5660 | 23.5448 |
| 450196 | 1.4334 | 0.9870 | 0.9870 | 23.6170 | 24.7557 | 24.6006 | 24.3267 |
| 450200 | 1.4680 | 0.8133 | 0.8133 | 22.0923 | 23.5344 | 24.2489 | 23.3064 |
| 450201 | 0.9908 | 0.8003 | 0.8003 | 20.3350 | 20.9809 | 21.3642 | 20.8932 |
| 450203 | 1.1593 | 0.9591 | 0.9591 | 23.3953 | 24.1675 | 25.9236 | 24.5529 |
| 450209 | 1.9505 | 0.9177 | 0.9177 | 24.4977 | 26.0958 | 27.3634 | 25.9724 |
| 450210 | 0.9811 | 0.8003 | 0.8003 | 19.6340 | 19.9832 | 21.1245 | 20.2859 |
| 450211 | 1.3657 | 1.0030 | 1.0030 | 20.7982 | 23.8230 | 26.8071 | 23.6708 |
| 450213 | 1.7804 | 0.8859 | 0.8859 | 21.7930 | 23.9676 | 25.1261 | 23.6580 |
| 450214 | 1.1756 | 1.0030 | 1.0030 | 23.9112 | 25.9598 | 27.1030 | 25.6581 |
| 450219 | 0.9943 | 0.8003 | 0.8003 | 20.8255 | 21.7934 | 22.0150 | 21.5883 |
| 450221 | 1.1342 | 0.8003 | 0.8003 | 20.6887 | 20.3186 | 18.7121 | 19.9030 |
| 450222 | 1.6242 | 1.0030 | 1.0030 | 26.2975 | 27.4426 | 30.3939 | 28.0745 |
| 450224 | 1.3688 | 0.8854 | 0.8854 | 22.2250 | 24.1956 | 26.8950 | 24.3799 |
| 450229 | 1.6311 | 0.8051 | 0.8051 | 19.8279 | 21.4459 | 23.2333 | 21.5168 |
| 450231 | 1.6305 | 0.9177 | 0.9177 | 23.9532 | 25.2852 | 26.9729 | 25.4493 |
| 450234 | 1.0419 | 0.8003 | 0.8003 | 23.6695 | 18.4451 | 19.9093 | 20.4175 |
| 450235 | 1.0212 | 0.8003 | 0.8003 | 19.1453 | 21.5138 | 22.5969 | 21.1410 |
| 450236 | 1.1103 | 0.8003 | 0.8003 | 19.2987 | 22.0788 | 22.4149 | 21.2880 |
| 450237 | 1.6433 | 0.8859 | 0.8859 | 25.1504 | 24.8901 | 26.2898 | 25.4597 |
| 450239 | 0.9627 | 0.9131 | 0.9131 | 21.8595 | 21.1945 | 21.1113 | 21.3735 |
| 450241 | 1.0459 | 0.8003 | 0.8003 | 18.1155 | 18.7957 | 19.3886 | 18.7815 |
| 450243 | 0.9884 | 0.8003 | 0.8003 | 14.0589 | 15.4636 | 13.3360 | 14.2632 |
| 450249 | *** | * | * | 16.5616 | * | * | 16.5616 |
| 450253 | 0.9522 | 1.0030 | 1.0030 | 19.6379 | 20.6124 | 23.1000 | 21.1869 |
| 450264 | *** | * | * | 15.4111 | * | * | 15.4111 |
| 450269 | *** | * | * | 14.8204 | * | * | 14.8204 |
| 450270 | 1.2028 | 0.8003 | 0.8003 | 15.0879 | 14.4325 | 14.7319 | 14.7323 |
| 450271 | 1.1409 | 0.9591 | 0.9591 | 19.4299 | 21.7719 | 23.0668 | 21.5257 |
| 450272 | 1.2287 | 0.9360 | 0.9360 | 23.7933 | 25.7392 | 26.1100 | 25.2204 |
| 450276 | 0.9774 | * | * | 16.0264 | 16.6319 | * | 16.3591 |
| 450280 | 1.4735 | 1.0087 | 1.0087 | 27.4523 | 28.7233 | 29.7601 | 28.6474 |
| 450283 | 1.0773 | 0.9870 | 0.9870 | 20.0069 | 20.9680 | 22.1481 | 21.1023 |
| 450289 | 1.3615 | 1.0030 | 1.0030 | 27.3864 | 28.5665 | 31.2375 | 29.0702 |
| 450292 | 1.2387 | 1.0087 | 1.0087 | 23.5330 | 25.0411 | 26.9725 | 25.1945 |
| 450293 | 0.9057 | 0.8003 | 0.8003 | 20.0898 | 21.3136 | 21.3044 | 20.9173 |
| 450296 | 1.0558 | 1.0030 | 1.0030 | 29.2006 | 27.9690 | 29.3120 | 28.8474 |
| 450299 | 1.5796 | 0.9064 | 0.9064 | 25.8183 | 26.4933 | 28.2325 | 26.8807 |
| 450306 | 0.9244 | 0.8051 | 0.8051 | 14.6699 | 15.9854 | 18.7874 | 16.2370 |
| 450315 | 2.5813 | * | * | 27.9780 | * | 37.5788 | 29.8209 |
| 450324 | 1.5411 | 0.8677 | 0.8677 | 23.6362 | 24.9128 | 25.2508 | 24.6392 |
| 450330 | 1.1740 | 1.0030 | 1.0030 | 24.4310 | 25.5820 | 26.3863 | 25.4943 |
| 450340 | 1.4257 | 0.8385 | 0.8385 | 22.7826 | 24.0636 | 24.9329 | 23.9318 |
| 450346 | 1.4440 | 0.8612 | 0.8612 | 21.9717 | 22.2469 | 23.2733 | 22.5272 |
| 450347 | 1.1769 | 1.0030 | 1.0030 | 22.8133 | 27.2203 | 28.3157 | 26.0371 |
| 450348 | 1.0382 | 0.8003 | 0.8003 | 17.0198 | 18.7675 | 20.1752 | 18.7139 |
| 450351 | 1.3031 | 0.9591 | 0.9591 | 23.5895 | 25.6859 | 27.1819 | 25.5145 |
| 450352 | 1.1235 | 1.0087 | 1.0087 | 23.4297 | 24.8012 | 26.8535 | 24.9931 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 450353 | *** | * | * | 20.9271 | 24.4454 | 26.2804 | 23.7695 |
| 450358 | 1.9767 | 1.0030 | 1.0030 | 29.3408 | 30.4280 | 31.6216 | 30.5511 |
| 450362 | 1.0967 | * | * | 22.0223 | 25.4372 | * | 23.7705 |
| 450369 | 1.0336 | 0.8003 | 0.8003 | 17.5360 | 18.4848 | 18.6148 | 18.2736 |
| 450370 | 1.2149 | 0.8261 | 0.8261 | 22.6815 | 20.0832 | 23.1229 | 21.8052 |
| 450372 | 1.3337 | 1.0087 | 1.0087 | 26.8019 | 28.3359 | 31.1141 | 28.7696 |
| 450373 | 0.9464 | 0.8003 | 0.8003 | 20.5789 | 22.2213 | 24.4712 | 22.5214 |
| 450374 | 0.9179 | * | * | 17.4509 | 23.2285 | * | 19.8412 |
| 450378 | 1.4503 | 1.0030 | 1.0030 | 29.5108 | 30.7684 | 31.4184 | 30.5485 |
| 450379 | 1.3615 | 1.0087 | 1.0087 | 31.1573 | 30.6072 | 33.2816 | 31.6637 |
| 450381 | 0.8992 | * | * | 20.9200 | 22.0482 | * | 21.4845 |
| 450388 | 1.6213 | 0.8859 | 0.8859 | 24.1598 | 25.8674 | 26.9369 | 25.8147 |
| 450389 | 1.2133 | 0.9870 | 0.9870 | 22.3803 | 23.8764 | 25.8283 | 24.1448 |
| 450393 | 0.6586 | * | * | 24.6872 | 18.4551 | 21.5604 | 21.5244 |
| 450395 | 1.0000 | 1.0030 | 1.0030 | 23.9689 | 24.8656 | 25.9571 | 25.0000 |
| 450399 | 0.9374 | 0.8003 | 0.8003 | 19.5928 | 18.2074 | 19.0372 | 18.9411 |
| 450400 | 1.2473 | 0.8653 | 0.8653 | 22.0103 | 23.1739 | 23.2029 | 22.8044 |
| 450403 | 1.3393 | 1.0087 | 1.0087 | 27.8138 | 29.3063 | 29.0923 | 28.7792 |
| 450411 | 0.9521 | 0.8003 | 0.8003 | 17.6570 | 19.6086 | 19.9183 | 19.1051 |
| 450417 | 0.8854 | * | * | 17.8078 | 20.0350 | * | 18.9286 |
| 450418 | 1.1696 | 1.0030 | 1.0030 | 27.0283 | 26.8434 | 28.2373 | 27.2737 |
| 450419 | 1.2390 | 0.9870 | 0.9870 | 28.4122 | 31.0404 | 32.0315 | 30.5226 |
| 450422 | 0.8834 | 1.0087 | 1.0087 | 29.5592 | 30.6659 | 33.8259 | 31.3662 |
| 450424 | 1.3624 | 1.0030 | 1.0030 | 23.1253 | 28.3149 | 28.0195 | 26.6839 |
| 450431 | 1.5063 | 0.9360 | 0.9360 | 24.7346 | 25.2477 | 26.9028 | 25.6684 |
| 450438 | 1.1610 | 1.0030 | 1.0030 | 22.0476 | 21.9351 | 24.2571 | 22.6852 |
| 450446 | 0.6285 | 1.0030 | 1.0030 | 14.9983 | 14.3132 | 17.4158 | 15.4882 |
| 450447 | 1.2969 | 0.9870 | 0.9870 | 22.5602 | 23.5047 | 25.6376 | 23.9060 |
| 450451 | 1.0902 | 0.9591 | 0.9591 | 22.3834 | 23.3042 | 24.3091 | 23.3428 |
| 450460 | 0.9462 | 0.8003 | 0.8003 | 19.5709 | 20.5812 | 20.8068 | 20.3488 |
| 450462 | 1.6945 | 1.0087 | 1.0087 | 25.6952 | 27.8923 | 29.2836 | 27.6909 |
| 450465 | 1.1297 | 0.8438 | 0.8438 | 23.0130 | 22.4183 | 25.7148 | 23.7820 |
| 450469 | 1.5249 | 0.8677 | 0.8677 | 26.6781 | 28.7890 | 25.4635 | 27.0045 |
| 450475 | 1.0410 | 0.8905 | 0.8905 | 20.7983 | 23.5596 | 22.5480 | 22.3012 |
| 450484 | 1.3812 | 0.8905 | 0.8905 | 23.0604 | 25.3527 | 27.0061 | 25.1666 |
| 450488 | 1.0576 | 0.8905 | 0.8905 | 22.3949 | 23.9144 | 21.6331 | 22.6563 |
| 450489 | 1.0092 | 0.8003 | 0.8003 | 19.6884 | 21.4771 | 21.5002 | 20.9158 |
| 450497 | 1.0331 | 0.8003 | 0.8003 | 17.6614 | 18.8344 | 20.3909 | 18.9764 |
| 450498 | 0.8847 | 0.8003 | 0.8003 | 16.4358 | 17.7822 | 17.2624 | 17.1563 |
| 450508 | 1.4788 | 0.8854 | 0.8854 | 23.5066 | 23.9572 | 27.4558 | 25.0231 |
| 450514 | 1.1107 | 0.8612 | 0.8612 | 21.4034 | 22.6552 | 25.9817 | 23.3480 |
| 450517 | 0.9001 | * | * | 15.2707 | * | * | 15.2707 |
| 450518 | 1.5203 | 0.8612 | 0.8612 | 22.2587 | 24.1194 | 27.9953 | 24.8239 |
| 450523 | *** | * | * | 28.6387 | * | * | 28.6387 |
| 450530 | 1.2387 | 1.0030 | 1.0030 | 26.1998 | 28.7451 | 28.7154 | 27.9282 |
| 450534 | *** | * | * | 20.4715 | * | * | 20.4715 |
| 450535 | *** | * | * | 29.4427 | * | * | 29.4427 |
| 450537 | 1.4256 | 1.0087 | 1.0087 | 23.9256 | 27.5856 | 29.2821 | 26.9543 |
| 450539 | 1.1901 | 0.8003 | 0.8003 | 20.0343 | 21.0442 | 22.4081 | 21.1538 |
| 450545 | *** | * | * | 22.8130 | * | * | 22.8130 |
| 450547 | 0.9991 | 0.9870 | 0.9870 | 21.8106 | 21.6542 | 23.5794 | 22.4240 |
| 450558 | 1.8627 | 0.8051 | 0.8051 | 25.0837 | 26.1551 | 27.2223 | 26.1445 |
| 450563 | 1.4314 | 0.9870 | 0.9870 | 27.9427 | 28.7289 | 31.4753 | 29.4391 |
| 450565 | 1.3311 | 0.8489 | 0.8489 | 22.1971 | 23.8847 | 25.0379 | 23.7440 |
| 450571 | 1.5740 | 0.8385 | 0.8385 | 20.9651 | 22.7703 | 24.7674 | 22.8421 |
| 450573 | 1.1346 | 0.8003 | 0.8003 | 21.6974 | 20.1479 | 21.0286 | 20.9450 |
| 450578 | 0.9184 | 0.8003 | 0.8003 | 20.0454 | 20.2695 | 22.5427 | 20.9417 |
| 450580 | 1.0999 | 0.8003 | 0.8003 | 20.4293 | 21.1574 | 21.0151 | 20.8713 |
| 450584 | 1.0160 | 0.8003 | 0.8003 | 19.0373 | 21.0808 | 20.0078 | 20.0299 |
| 450586 | 0.9542 | 0.8003 | 0.8003 | 14.6574 | 16.1003 | 16.9880 | 15.9586 |
| 450587 | 1.2144 | 0.8003 | 0.8003 | 19.9712 | 20.4512 | 22.8245 | 21.1183 |
| 450591 | 1.1954 | 1.0030 | 1.0030 | 22.4991 | 23.9992 | 24.9309 | 23.8280 |
| 450596 [h] | 1.2159 | 1.0399 | 1.0399 | 24.7477 | 25.3317 | 27.4357 | 25.8078 |
| 450597 | 0.9663 | 0.8080 | 0.8080 | 22.9337 | 23.1711 | 24.0480 | 23.3921 |
| 450604 | 1.3085 | 0.8003 | 0.8003 | 20.5273 | 20.9514 | 23.5413 | 21.7183 |
| 450605 | 1.0415 | 0.8578 | 0.8578 | 23.8820 | 22.2205 | 21.2497 | 22.3978 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 450609 | *** | * | * | 18.3856 | * | * | 18.3856 |
| 450610 | 1.6427 | 1.0030 | 1.0030 | 22.5451 | 26.8710 | 28.0329 | 25.7712 |
| 450615 | 0.9957 | 0.8003 | 0.8003 | 18.2166 | 20.3028 | 20.8595 | 19.8661 |
| 450617 | 1.5118 | 1.0030 | 1.0030 | 25.2211 | 26.5026 | 28.0634 | 26.6443 |
| 450620 | 0.9569 | 0.8003 | 0.8003 | 18.1819 | 17.7138 | 18.2630 | 18.0543 |
| 450623 | 1.1273 | * | * | 28.3354 | 28.3552 | * | 28.3456 |
| 450626 | 0.8874 | * | * | 21.4445 | 26.8375 | * | 23.9299 |
| 450630 | 1.5750 | 1.0030 | 1.0030 | 27.8856 | 29.6796 | 29.5706 | 29.0278 |
| 450631 | *** | * | * | 24.5409 | * | * | 24.5409 |
| 450634 | 1.6821 | 1.0087 | 1.0087 | 27.0412 | 28.1705 | 28.8277 | 28.0452 |
| 450638 | 1.6272 | 1.0030 | 1.0030 | 29.5385 | 29.6184 | 31.5382 | 30.2289 |
| 450639 | 1.4555 | 0.9870 | 0.9870 | 27.3593 | 29.2669 | 30.5176 | 29.1141 |
| 450641 | 1.0274 | 0.8003 | 0.8003 | 17.0805 | 17.5845 | 18.0724 | 17.5796 |
| 450643 | 1.3388 | 0.8003 | 0.8003 | 20.9674 | 21.1205 | 22.0843 | 21.4069 |
| 450644 | 1.5418 | 1.0030 | 1.0030 | 27.2047 | 29.0186 | 30.0261 | 28.8421 |
| 450646 | 1.3775 | 0.9101 | 0.9101 | 22.6541 | 23.8908 | 25.2251 | 23.9445 |
| 450647 | 1.8824 | 1.0087 | 1.0087 | 28.8881 | 30.7334 | 31.6069 | 30.4271 |
| 450648 | *** | * | * | 18.2826 | * | * | 18.2826 |
| 450649 | *** | * | * | 18.1118 | * | * | 18.1118 |
| 450651 | 1.5268 | 1.0087 | 1.0087 | 28.9829 | 32.4822 | 31.4063 | 30.9883 |
| 450653 | 1.1680 | 0.9602 | 0.9602 | 21.8654 | 23.2603 | 24.9719 | 23.3175 |
| 450654 | 0.9380 | 0.8003 | 0.8003 | 19.6054 | 19.9992 | 20.3563 | 20.0116 |
| 450656 | 1.4785 | 0.8854 | 0.8854 | 22.7284 | 23.8280 | 24.8352 | 23.7707 |
| 450658 | 0.9159 | 0.8003 | 0.8003 | 19.9597 | 20.5398 | 22.5532 | 21.0378 |
| 450659 | 1.4296 | 1.0030 | 1.0030 | 28.8671 | 30.1727 | 30.9251 | 30.0073 |
| 450661 | 1.0957 | 1.0119 | 1.0119 | 21.5537 | 23.2989 | 30.1358 | 25.0485 |
| 450662 | 1.5098 | 0.9474 | 0.9474 | 24.5815 | 28.0913 | 28.8369 | 27.1837 |
| 450665 | 0.9162 | * | * | 17.2566 | 18.6054 | * | 17.9420 |
| 450668 | 1.5089 | 0.9101 | 0.9101 | 26.4508 | 26.2375 | 28.4134 | 27.0380 |
| 450669 | 1.2095 | 1.0087 | 1.0087 | 25.6411 | 27.4507 | 28.4801 | 27.2455 |
| 450670 | 1.3966 | 1.0030 | 1.0030 | 22.0495 | 25.1575 | 25.6979 | 24.2873 |
| 450672 | 1.7679 | 0.9870 | 0.9870 | 26.7785 | 27.6359 | 29.8113 | 28.0976 |
| 450673 | *** | * | * | 19.4030 | * | * | 19.4030 |
| 450674 | 0.9764 | 1.0030 | 1.0030 | 26.8081 | * | 29.9733 | 28.3959 |
| 450675 | 1.4004 | 0.9870 | 0.9870 | 26.1555 | 28.7765 | 29.1940 | 28.1661 |
| 450677 | 1.3370 | 0.9870 | 0.9870 | 24.0218 | 27.3728 | 26.2333 | 25.8722 |
| 450678 | 1.4692 | 1.0087 | 1.0087 | 30.1134 | 30.1500 | 31.5997 | 30.6214 |
| 450683 | 1.1779 | 1.0087 | 1.0087 | 24.0080 | 24.6609 | 27.8588 | 25.4486 |
| 450684 | 1.2365 | 1.0030 | 1.0030 | 26.2906 | 27.6789 | 29.5071 | 27.8823 |
| 450686 | 1.6848 | 0.8626 | 0.8626 | 21.0565 | 23.2367 | 24.1869 | 22.8496 |
| 450688 | 1.1915 | 1.0087 | 1.0087 | 23.7796 | 27.9057 | 27.1644 | 26.2965 |
| 450690 | 1.4400 | 0.8854 | 0.8854 | 28.7529 | 28.2531 | 26.2559 | 27.8629 |
| 450694 | 1.0611 | 1.0030 | 1.0030 | 22.3081 | 23.5790 | 23.7874 | 23.2343 |
| 450697 | 1.4245 | 0.8859 | 0.8859 | 21.2662 | 23.7155 | 25.2110 | 23.5525 |
| 450698 | 0.8804 | 0.8003 | 0.8003 | 18.5436 | 18.6494 | 18.9770 | 18.7269 |
| 450700 | 0.9190 | * | * | 18.6373 | * | * | 18.6373 |
| 450702 | 1.5435 | 0.8905 | 0.8905 | 24.8628 | 25.6147 | 27.5215 | 26.0104 |
| 450709 | 1.2686 | 1.0030 | 1.0030 | 25.0932 | 25.4855 | 27.0908 | 25.8993 |
| 450711 | 1.5506 | 0.8790 | 0.8790 | 24.8277 | 28.0104 | 26.9466 | 26.5934 |
| 450713 | 1.5698 | 0.9360 | 0.9360 | 26.7190 | 27.2801 | 28.2291 | 27.4332 |
| 450715 | 1.2907 | 1.0087 | 1.0087 | 16.1897 | 28.0365 | 16.2866 | 18.8856 |
| 450716 | 1.2709 | 1.0030 | 1.0030 | 28.8043 | 30.8440 | 32.5978 | 30.7792 |
| 450718 | 1.2315 | 0.9360 | 0.9360 | 27.6672 | 27.3408 | 28.2838 | 27.7793 |
| 450723 | 1.4898 | 1.0087 | 1.0087 | 27.0055 | 28.0812 | 29.0905 | 28.0969 |
| 450730 | 1.1844 | 1.0087 | 1.0087 | 30.7567 | 29.9430 | 31.7101 | 30.8172 |
| 450733 | *** | * | * | 25.5624 | 26.4976 | * | 26.0340 |
| 450742 | 1.2041 | 1.0087 | 1.0087 | 26.3414 | 26.1190 | 26.9752 | 26.5000 |
| 450743 | 1.5163 | 1.0087 | 1.0087 | 24.7397 | 27.3213 | 28.8273 | 27.0434 |
| 450746 | 0.9459 | 0.8003 | 0.8003 | 16.9209 | 12.4748 | 18.6717 | 15.8396 |
| 450747 | 1.2804 | 0.9870 | 0.9870 | 24.2674 | 22.2870 | 24.3035 | 23.6023 |
| 450749 | 1.0008 | 0.8003 | 0.8003 | 18.4095 | 17.8227 | 19.0712 | 18.4140 |
| 450751 | *** | * | * | 22.9070 | 19.3265 | 18.5972 | 20.2183 |
| 450754 | 0.9187 | 0.8003 | 0.8003 | 21.3043 | 20.8968 | 21.5435 | 21.2570 |
| 450755 | 0.9654 | 0.8626 | 0.8626 | 19.5168 | 18.0092 | 18.3374 | 18.5256 |
| 450758 | 1.9150 | 1.0087 | 1.0087 | 24.0226 | 25.6548 | 29.3846 | 26.3194 |
| 450760 | 1.0178 | 0.9101 | 0.9101 | 25.7453 | 24.6349 | 24.2669 | 24.8052 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 450761 | 0.8560 | * | * | 16.2605 | 15.7483 | * | 16.0004 |
| 450763 | 1.0996 | * | * | 21.4171 | 22.4905 | * | 21.9641 |
| 450766 | 1.9890 | 1.0087 | 1.0087 | 28.8576 | 30.0441 | 31.9184 | 30.2287 |
| 450770 | 1.1856 | 0.9360 | 0.9360 | 20.1763 | 20.3656 | 23.9370 | 21.5080 |
| 450771 | 1.7688 | 1.0087 | 1.0087 | 26.0618 | 31.3924 | 31.8002 | 29.9828 |
| 450774 | 1.8338 | 1.0030 | 1.0030 | 24.8562 | 24.9683 | 28.2450 | 26.1216 |
| 450775 | 1.2578 | 1.0030 | 1.0030 | 25.3924 | 24.4006 | 28.4183 | 25.9897 |
| 450779 | 1.2479 | 0.9870 | 0.9870 | 22.5857 | 26.9908 | 29.7868 | 26.4311 |
| 450780 | 1.8456 | 0.8859 | 0.8859 | 22.8688 | 23.9516 | 25.9821 | 24.3116 |
| 450788 | 1.5907 | 0.8578 | 0.8578 | 24.2643 | 25.4172 | 26.4470 | 25.3993 |
| 450795 | 1.4008 | 1.0030 | 1.0030 | 28.1448 | 23.7510 | 24.1271 | 24.947 |
| 450796 | 1.8052 | 0.9177 | 0.9177 | 24.7564 | 27.9734 | 33.1303 | 28.4434 |
| 450797 | *** | * | * | 23.8708 | 20.5379 | 25.4943 | 23.0765 |
| 450801 | 1.4998 | 0.8133 | 0.8133 | 22.2426 | 23.0373 | 24.0387 | 23.1400 |
| 450803 | 1.1764 | 1.0030 | 1.0030 | 26.3054 | 30.6093 | 28.7427 | 28.4813 |
| 450804 | 1.8999 | 1.0030 | 1.0030 | 26.0003 | 26.0980 | 27.6508 | 26.5919 |
| 450808 | 1.5092 | 0.9360 | 0.9360 | 22.8247 | 23.8067 | 23.2037 | 23.2780 |
| 450809 | 1.5817 | 0.9360 | 0.9360 | 24.7763 | 26.3659 | 26.8214 | 26.0351 |
| 450811 | 1.7444 | 0.8790 | 0.8790 | 23.1022 | 25.8491 | 27.3501 | 25.5331 |
| 450813 | 1.1556 | 0.8859 | 0.8859 | 22.1326 | 25.5949 | 19.7649 | 22.3615 |
| 450820 | 1.2973 | 1.0030 | 1.0030 | 27.9187 | 30.5288 | 31.7443 | 30.4578 |
| 450822 | 1.2957 | 1.0087 | 1.0087 | 29.7067 | 31.1431 | 32.3722 | 31.1755 |
| 450824 | 2.5318 | 0.9360 | 0.9360 | * | 26.7803 | 29.4735 | 28.1465 |
| 450825 | 1.4848 | 0.8790 | 0.8790 | 18.7069 | 20.2959 | 20.8107 | 19.9847 |
| 450827 | 1.3902 | 0.8360 | 0.8360 | 21.1788 | 20.9704 | 21.6247 | 21.2706 |
| 450828 | 1.2653 | 0.8003 | 0.8003 | 21.4128 | 22.3667 | 23.8184 | 22.5374 |
| 450829 | *** | * | * | 18.2860 | 19.5014 | 20.2816 | 19.3397 |
| 450830 | 0.9567 | 0.9737 | 0.9737 | 26.9917 | 28.1617 | 27.4306 | 27.5236 |
| 450831 | 1.5156 | 1.0030 | 1.0030 | 20.0581 | 22.7885 | 23.2295 | 22.2337 |
| 450832 | 1.1631 | 1.0030 | 1.0030 | 26.4725 | 26.6628 | 27.5752 | 26.9176 |
| 450833 | 1.1639 | 1.0087 | 1.0087 | 26.1256 | 26.0044 | 26.7732 | 26.3344 |
| 450834 | 1.5529 | 0.9064 | 0.9064 | 22.7691 | 21.2204 | 21.6657 | 21.8609 |
| 450838 | 1.1295 | 0.8003 | 0.8003 | 15.0454 | 15.8026 | 18.9487 | 16.8622 |
| 450839 | 0.9411 | 0.8715 | 0.8715 | 21.1905 | 22.9711 | 24.5796 | 22.8436 |
| 450840 | 1.0994 | 1.0087 | 1.0087 | 29.5215 | 31.1914 | 31.7263 | 30.9017 |
| 450841 | 1.6187 | 0.9474 | 0.9474 | 17.6635 | 18.9468 | 21.5306 | 19.5628 |
| 450842 | *** | * | * | 23.0945 | * | * | 23.0945 |
| 450844 | 1.3022 | 1.0030 | 1.0030 | 34.4235 | 28.7296 | 30.9678 | 30.6606 |
| 450845 | 1.9081 | 0.9101 | 0.9101 | 26.5040 | 27.7461 | 29.4977 | 28.0285 |
| 450846 | *** | * | * | 24.0791 | * | * | 24.0791 |
| 450847 | 1.2480 | 1.0030 | 1.0030 | 26.8892 | 27.6854 | 29.1327 | 27.9406 |
| 450848 | 1.2400 | 1.0030 | 1.0030 | 26.5609 | 27.8100 | 29.8391 | 28.0986 |
| 450849 | 2.1291 | * | * | * | * | * | * |
| 450850 | 1.2694 | 0.9802 | 0.9802 | * | 22.1334 | 21.4794 | 21.7993 |
| 450851 | 2.5587 | 1.0087 | 1.0087 | * | 30.1213 | 32.3361 | 31.2575 |
| 450852 | *** | * | * | * | 30.0191 | * | 30.0191 |
| 450853 | 1.9067 | 1.0087 | 1.0087 | * | * | 36.5119 | 36.5119 |
| 450854 | *** | * | * | * | * | 26.3165 | 26.3165 |
| 450855 | 1.5514 | 0.9474 | 0.9474 | * | * | 29.0580 | 29.0580 |
| 450856 | 1.7966 | 0.8859 | 0.8859 | * | * | 35.3051 | 35.3051 |
| 450857 | *** | * | * | * | * | 31.2379 | 31.2379 |
| 450860 | 2.0577 | 1.0030 | 1.0030 | * | * | 23.8491 | 23.8491 |
| 450861 | *** | * | * | * | * | 34.7198 | 34.7198 |
| 450862 | 1.2197 | 1.0030 | 1.0030 | * | * | 31.8895 | 31.8895 |
| 450863 | *** | * | * | * | * | 24.9637 | 24.9637 |
| 450864 | 2.0286 | 0.8854 | 0.8854 | * | * | 23.3931 | 23.3931 |
| 450865 | 1.1195 | 0.9360 | 0.9360 | * | * | 30.1339 | 30.1339 |
| 450866 | *** | * | * | * | * | 15.5314 | 15.5314 |
| 450867 | 1.3274 | 0.9360 | 0.9360 | * | * | 28.5160 | 28.5160 |
| 450868 | 1.8150 | 1.0119 | 1.0119 | * | * | 28.5693 | 28.5693 |
| 450869 | 1.9116 | 0.8790 | 0.8790 | * | * | 22.5945 | 22.5945 |
| 450870 | *** | * | * | * | * | 37.1748 | 37.1748 |
| 450871 | 1.8656 | 0.9360 | 0.9360 | * | * | * | * |
| 450872 | 1.4150 | 0.9870 | 0.9870 | * | * | * | * |
| 450874 | 1.4412 | 1.0087 | 1.0087 | * | * | * | * |
| 450875 | 1.6727 | 0.9177 | 0.9177 | * | * | * | * |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 450876 | 2.2693 | 0.8626 | 0.8626 | * | * | * | * |
| 450877 | 1.4111 | 0.9101 | 0.9101 | * | * | * | * |
| 450878 | 2.7773 | 0.8859 | 0.8859 | * | * | * | * |
| 450879 | 1.2140 | 0.8003 | 0.8003 | * | * | * | * |
| 450880 | 1.6144 | 0.9870 | 0.9870 | * | * | * | * |
| 450881 | 1.1914 | 0.8578 | 0.8578 | * | * | * | * |
| 450882 | 1.7221 | 0.8854 | 0.8854 | * | * | * | * |
| 450883 | 1.7263 | 1.0087 | 1.0087 | * | * | * | * |
| 450884 | 1.0379 | 0.8905 | 0.8905 | * | * | * | * |
| 450885 | 1.4615 | 1.0087 | 1.0087 | * | * | * | * |
| 450886 | 1.5918 | * | * | * | * | * | * |
| 450887 | 1.4961 | * | * | * | * | * | * |
| 450888 | 1.3795 | * | * | * | * | * | * |
| 450889 | 1.0565 | * | * | * | * | * | * |
| 450890 | 2.0428 | * | * | * | * | * | * |
| 450891 | 1.3902 | * | * | * | * | * | * |
| 450892 | 1.5347 | * | * | * | * | * | * |
| 450893 | 1.4462 | * | * | * | * | * | * |
| 450895 | 1.4125 | * | * | * | * | * | * |
| 460001 | 1.8808 | 0.9537 | 0.9537 | 25.6932 | 27.0757 | 28.7686 | 27.1707 |
| 460003 | 1.5603 | 0.9421 | 0.9421 | 24.3527 | 26.1372 | 31.2768 | 27.1512 |
| 460004 | 1.7146 | 0.9421 | 0.9421 | 25.2191 | 26.4498 | 27.8490 | 26.5381 |
| 460005 | 1.3478 | 0.9421 | 0.9421 | 22.6809 | 23.5633 | 24.6804 | 23.6496 |
| 460006 | 1.3807 | 0.9421 | 0.9421 | 24.4350 | 25.4787 | 26.8666 | 25.6213 |
| 460007 | 1.3872 | 0.9295 | 0.9295 | 24.2875 | 25.6686 | 26.9107 | 25.6767 |
| 460008 | 1.3859 | 0.9421 | 0.9421 | 24.4453 | 26.5672 | 29.9748 | 26.8870 |
| 460009 | 1.8418 | 0.9421 | 0.9421 | 25.0984 | 26.2833 | 26.7990 | 26.0960 |
| 460010 | 2.0585 | 0.9421 | 0.9421 | 26.2331 | 27.4648 | 28.9206 | 27.5686 |
| 460011 | 1.2849 | 0.9537 | 0.9537 | 22.3601 | 23.4023 | 25.0983 | 23.5591 |
| 460013 | 1.4239 | 0.9537 | 0.9537 | 23.4765 | 25.2448 | 27.5186 | 25.4104 |
| 460014 | 1.0606 | 0.9421 | 0.9421 | 23.9400 | 24.1412 | 27.2777 | 25.1819 |
| 460015 | 1.3717 | 0.9049 | 0.9049 | 24.0939 | 25.6576 | 27.1745 | 25.6692 |
| 460017 | 1.3339 | 0.8555 | 0.8555 | 21.7082 | 23.0388 | 24.4174 | 22.9891 |
| 460018 [h] | 0.9103 | 1.1611 | 1.1611 | 18.8942 | 20.3755 | 20.3940 | 19.9191 |
| 460019 | 1.3095 | 0.8163 | 0.8163 | 20.3625 | 19.9900 | 23.5051 | 21.2559 |
| 460020 | 1.0267 | 0.8163 | 0.8163 | 19.4960 | 19.5669 | 19.3185 | 19.4673 |
| 460021 | 1.7313 | 1.1240 | 1.1240 | 24.9725 | 26.3420 | 27.5173 | 26.3816 |
| 460023 | 1.2110 | 0.9537 | 0.9537 | 25.0376 | 25.3094 | 26.8796 | 25.7898 |
| 460025 | *** | * | * | 18.7978 | * | * | 18.7978 |
| 460026 | 1.0018 | 0.8163 | 0.8163 | 22.7589 | 24.1547 | 26.3509 | 24.3848 |
| 460030 | 1.2733 | 0.8163 | 0.8163 | 22.6129 | 23.4679 | 23.7148 | 23.2667 |
| 460032 | *** | * | * | 22.8987 | * | * | 22.8987 |
| 460033 | 0.8966 | 0.8163 | 0.8163 | 22.7816 | 22.0248 | 23.5580 | 22.7910 |
| 460035 | 0.9428 | 0.8163 | 0.8163 | 16.9019 | 17.5723 | 19.3857 | 18.0032 |
| 460036 | 1.2276 | * | * | 25.2647 | 27.2865 | * | 26.2960 |
| 460037 | 0.9296 | * | * | 19.8478 | 21.1035 | * | 20.4672 |
| 460039 | 1.0985 | 0.9021 | 0.9021 | 27.5912 | 28.5656 | 29.9657 | 28.7173 |
| 460041 | 1.3476 | 0.9421 | 0.9421 | 24.0431 | 25.2744 | 26.7893 | 25.3668 |
| 460042 | 1.3789 | 0.9421 | 0.9421 | 23.5819 | 22.9949 | 24.7532 | 23.7828 |
| 460043 | 1.2960 | 0.9537 | 0.9537 | 26.6870 | 28.2089 | 29.4175 | 28.1330 |
| 460044 | 1.3067 | 0.9421 | 0.9421 | 25.7342 | 26.6795 | 27.5967 | 26.7083 |
| 460047 | 1.6867 | 0.9421 | 0.9421 | 25.1721 | 25.7920 | 28.0524 | 26.3519 |
| 460049 | 1.9512 | 0.9421 | 0.9421 | 23.0683 | 24.5164 | 26.6558 | 24.8008 |
| 460051 | 1.1320 | 0.9421 | 0.9421 | 23.4970 | 25.5881 | 27.8380 | 25.7324 |
| 460052 | 1.4773 | 0.9537 | 0.9537 | 24.0797 | 25.3163 | 26.8923 | 25.5154 |
| 460054 | 1.7394 | 0.9049 | 0.9049 | 23.5227 | 25.8668 | 25.1386 | 24.8669 |
| 470001 | 1.2603 | 1.1381 | 1.1381 | 24.5499 | 27.7329 | 29.1057 | 27.1069 |
| 470003 | 1.9722 | 1.1318 | 1.0986 | 24.6660 | 26.4919 | 28.1869 | 26.4264 |
| 470005 | 1.3563 | 1.0986 | 1.0986 | 25.7288 | 29.8255 | 32.5203 | 29.3642 |
| 470006 | 1.1527 | * | * | 26.0884 | 26.9651 | * | 26.5397 |
| 470008 | 1.2850 | * | * | 21.8951 | * | * | 21.8951 |
| 470010 | 1.2545 | * | * | 22.9777 | 26.1273 | * | 24.5339 |
| 470011 | 1.1897 | 1.0986 | 1.0986 | 25.9246 | 28.3911 | 29.2637 | 27.8893 |
| 470012 | 1.2567 | 1.0986 | 1.0986 | 22.9159 | 24.3425 | 25.6468 | 24.3436 |
| 470018 | 1.1212 | * | * | 25.9300 | 28.3419 | * | 27.1737 |
| 470023 | *** | * | * | 26.7486 | * | * | 26.7486 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 470024 | 1.2067 | 1.0986 | 1.0986 | 23.7745 | 25.2427 | 27.3942 | 25.5325 |
| 470302 | 0.9778 | * | * | * | * | * | * |
| 490001 | 1.0802 | 0.8716 | 0.7966 | 21.7111 | 21.9953 | 22.9269 | 22.2279 |
| 490002 | 1.0693 | 0.7966 | 0.7966 | 18.5220 | 19.5613 | 20.6251 | 19.6010 |
| 490003 | *** | * | * | 23.8112 | 27.3456 | * | 25.4279 |
| 490004 | 1.3075 | 0.9732 | 0.9732 | 24.4580 | 25.4597 | 26.9175 | 25.6513 |
| 490005 | 1.6397 | 1.1076 | 1.1076 | 27.6425 | 28.5744 | 29.8963 | 28.7056 |
| 490006 | *** | * | * | 16.7679 | * | * | 16.7679 |
| 490007 | 2.2239 | 0.8840 | 0.8840 | 24.9533 | 26.2481 | 27.6665 | 26.3324 |
| 490009 | 2.0155 | 1.0140 | 1.0140 | 27.5905 | 29.0740 | 30.6705 | 29.0947 |
| 490011 | 1.4501 | 0.8840 | 0.8840 | 22.4410 | 24.5687 | 26.3250 | 24.4894 |
| 490012 | 1.0263 | 0.7966 | 0.7966 | 18.3697 | 19.2275 | 20.4238 | 19.3376 |
| 490013 | 1.3599 | 0.8716 | 0.8716 | 21.4838 | 22.4772 | 23.9524 | 22.6144 |
| 490015 | *** | * | * | 22.5641 | * | * | 22.5641 |
| 490017 | 1.4225 | 0.8840 | 0.8840 | 22.9632 | 24.6845 | 25.5899 | 24.4194 |
| 490018 | 1.2773 | 0.9732 | 0.9732 | 23.2215 | 24.5196 | 25.5210 | 24.4582 |
| 490019 [h] | 1.1723 | 1.2316 | 1.2316 | 24.4524 | 25.9761 | 26.7428 | 25.7803 |
| 490020 | 1.2380 | 0.9174 | 0.9174 | 23.6611 | 24.8001 | 26.6396 | 25.0712 |
| 490021 | 1.4653 | 0.8716 | 0.8716 | 23.5930 | 24.6440 | 26.1509 | 24.8426 |
| 490022 | 1.4931 | 1.1076 | 1.1076 | 25.0277 | 28.0749 | 32.2985 | 28.4160 |
| 490023 | 1.2456 | 1.1076 | 1.1076 | 28.8354 | 29.7774 | 31.1609 | 29.9671 |
| 490024 | 1.7466 | 0.8483 | 0.8677 | 21.7268 | 23.0982 | 25.7005 | 23.5054 |
| 490027 | 1.1045 | 0.7966 | 0.7966 | 19.8345 | 18.9409 | 23.7402 | 20.7964 |
| 490031 | *** | * | * | 22.4300 | 22.0579 | * | 22.2427 |
| 490032 | 1.9877 | 0.9174 | 0.9174 | 22.8942 | 25.1381 | 25.6281 | 24.5660 |
| 490033 | 1.0717 | 1.1076 | 1.1076 | 27.6355 | 30.0909 | 31.5482 | 29.8331 |
| 490037 | 1.1924 | 0.7966 | 0.7966 | 19.0583 | 21.3035 | 23.3679 | 21.2221 |
| 490038 | 1.2207 | 0.7988 | 0.7988 | 19.6427 | 22.3976 | 22.3842 | 21.4601 |
| 490040 | 1.5159 | 1.1076 | 1.1076 | 30.1820 | 32.8738 | 33.5638 | 32.1968 |
| 490041 | 1.3928 | 0.8840 | 0.8840 | 22.2955 | 24.5738 | 26.1445 | 24.3175 |
| 490042 | 1.3030 | 0.8677 | 0.8677 | 20.5845 | 21.8749 | 24.4229 | 22.3975 |
| 490043 | 1.1470 | 1.1076 | 1.1076 | 28.2969 | 30.8871 | 31.2740 | 30.3070 |
| 490044 | 1.4671 | 0.8840 | 0.8840 | 22.1324 | 20.8351 | 23.3012 | 22.0713 |
| 490045 | 1.2905 | 1.1076 | 1.1076 | 27.2132 | 28.8279 | 32.4604 | 29.4320 |
| 490046 | 1.5680 | 0.8840 | 0.8840 | 24.6391 | 25.6328 | 26.6811 | 25.6856 |
| 490047 | 1.0319 | * | * | 21.9156 | 22.5424 | * | 22.2282 |
| 490048 | 1.4274 | 0.8716 | 0.8716 | 24.1639 | 25.0097 | 25.8371 | 25.0464 |
| 490050 | 1.4890 | 1.1076 | 1.1076 | 29.4660 | 30.5037 | 31.8461 | 30.6123 |
| 490052 | 1.6157 | 0.8840 | 0.8840 | 21.4035 | 22.8889 | 23.7544 | 22.6886 |
| 490053 | 1.2486 | 0.8062 | 0.8062 | 20.9367 | 21.8432 | 22.7902 | 21.8500 |
| 490057 | 1.6003 | 0.8840 | 0.8840 | 25.1898 | 26.1128 | 26.9303 | 26.0974 |
| 490059 | 1.6024 | 0.9174 | 0.9174 | 26.1518 | 28.7276 | 28.7481 | 27.9332 |
| 490060 | 1.0394 | 0.7966 | 0.7966 | 21.0828 | 22.4200 | 23.6087 | 22.3825 |
| 490063 | 1.8203 | 1.1076 | 1.1076 | 29.4216 | 30.3632 | 32.4155 | 30.7714 |
| 490066 | 1.3509 | 0.8840 | 0.8840 | 23.3835 | 24.7146 | 28.4793 | 25.5572 |
| 490067 | 1.1965 | 0.9174 | 0.9174 | 21.8730 | 22.9188 | 24.5806 | 23.1010 |
| 490069 | 1.5765 | 0.9174 | 0.9174 | 24.4542 | 26.8791 | 27.7682 | 26.4176 |
| 490071 | 1.3096 | 0.9174 | 0.9174 | 27.0374 | 28.4381 | 29.7235 | 28.4129 |
| 490073 | 1.7271 | 1.1076 | 1.1076 | 25.2859 | 31.7743 | 34.4692 | 29.6891 |
| 490075 | 1.4710 | 0.8483 | 0.8483 | 22.8303 | 23.8191 | 25.1134 | 23.9198 |
| 490077 | 1.4157 | 1.0140 | 1.0140 | 24.8309 | 26.0800 | 27.1434 | 26.0560 |
| 490079 | 1.2785 | 0.8992 | 0.8992 | 19.8100 | 23.4728 | 23.3244 | 22.0780 |
| 490084 | 1.1836 | 0.8133 | 0.8133 | 22.7945 | 24.5965 | 25.5067 | 24.2420 |
| 490088 | 1.0918 | 0.8716 | 0.8716 | 21.4818 | 22.4186 | 24.1339 | 22.6632 |
| 490089 | 1.0530 | 0.8677 | 0.8677 | 21.2123 | 22.6461 | 24.5879 | 22.9250 |
| 490090 | 1.1113 | 0.7966 | 0.7966 | 21.3410 | 22.2907 | 24.3011 | 22.5541 |
| 490092 | 1.0744 | 0.9174 | 0.9174 | 21.6466 | 23.8656 | 23.2472 | 22.8995 |
| 490093 | 1.4535 | 0.8840 | 0.8840 | 23.6779 | 25.0751 | 26.1524 | 25.0724 |
| 490094 | 0.9768 | 0.9174 | 0.9174 | 26.0755 | 26.5726 | 28.7249 | 27.1409 |
| 490097 | 1.0622 | 0.7966 | 0.7966 | 23.5366 | 23.8005 | 25.7117 | 24.3445 |
| 490098 | 1.1704 | 0.7966 | 0.7966 | 20.9805 | 21.7231 | 23.3102 | 22.0052 |
| 490101 | 1.3361 | 1.1076 | 1.1076 | 30.1800 | 30.4285 | 31.9879 | 30.8879 |
| 490104 | 0.8061 | 0.9174 | 0.9174 | 33.1215 | 17.3295 | * | 22.8307 |
| 490105 | 0.9463 | 0.8062 | 0.8062 | 38.2813 | 24.7923 | 25.7327 | 29.8754 |
| 490106 | 0.9937 | 0.9732 | 0.9732 | 30.1492 | 23.0199 | 23.7549 | 26.2572 |
| 490107 | 1.3553 | 1.1076 | 1.1076 | 28.7296 | 29.7000 | 31.8461 | 30.1409 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 490108 | 0.9836 | 0.8716 | 0.8716 | 27.9090 | 22.4345 | 22.7419 | 24.3793 |
| 490109 | 0.9090 | 0.9174 | 0.9174 | 28.0548 | 21.9878 | 22.9347 | 24.2712 |
| 490110 | 1.2759 | 0.8324 | 0.8324 | 21.3126 | 22.5974 | 24.4586 | 22.8433 |
| 490111 | 1.2769 | 0.7966 | 0.7966 | 20.6373 | 22.0199 | 22.2094 | 21.6419 |
| 490112 | 1.6505 | 0.9174 | 0.9174 | 25.8312 | 26.6453 | 27.5555 | 26.7023 |
| 490113 | 1.2628 | 1.1076 | 1.1076 | 29.1786 | 29.5698 | 32.8354 | 30.5878 |
| 490114 | 1.0602 | 0.7966 | 0.7966 | 20.0555 | 20.9116 | 21.8633 | 20.9404 |
| 490115 | 1.1886 | 0.7966 | 0.7966 | 20.3615 | 21.4666 | 22.0483 | 21.3080 |
| 490116 | 1.1906 | 0.8242 | 0.8242 | 21.3083 | 22.9017 | 24.2616 | 22.8382 |
| 490117 | 1.1508 | 0.7966 | 0.7966 | 17.4111 | 18.0277 | 19.2372 | 18.2401 |
| 490118 | 1.6833 | 0.9174 | 0.9174 | 26.8810 | 27.4050 | 28.6297 | 27.7063 |
| 490119 | 1.2525 | 0.8840 | 0.8840 | 23.7813 | 25.2549 | 27.1954 | 25.4840 |
| 490120 | 1.3625 | 0.8840 | 0.8840 | 23.1535 | 24.4434 | 26.2560 | 24.6055 |
| 490122 | 1.4721 | 1.1076 | 1.1076 | 28.7020 | 31.0449 | 32.5825 | 30.7435 |
| 490123 | 1.0815 | 0.7966 | 0.7966 | 22.9511 | 23.9233 | 25.0086 | 23.9568 |
| 490124 | *** | * | * | 29.7939 | * | * | 29.7939 |
| 490126 | 1.2231 | 0.7966 | 0.7966 | 23.1423 | 22.2859 | 22.9757 | 22.7925 |
| 490127 | 1.1735 | 0.7966 | 0.7966 | 19.4005 | 20.4289 | 21.4512 | 20.3942 |
| 490130 | 1.2008 | 0.8840 | 0.8840 | 22.0769 | 22.8512 | 24.2270 | 23.0561 |
| 490133 | *** | * | * | * | 26.5683 | * | 26.5683 |
| 490134 | 0.8128 | 0.7966 | 0.7966 | * | * | * | * |
| 490135 | 0.6911 | 0.8677 | 0.8677 | * | * | * | * |
| 490136 | 1.0827 | * | * | * | * | * | * |
| 500001 | 1.6186 | 1.1438 | 1.1438 | 26.7502 | 29.3707 | 31.2869 | 29.1920 |
| 500002 | 1.4423 | 1.0440 | 1.0440 | 25.0665 | 25.3347 | 27.7842 | 26.0658 |
| 500003 | 1.3380 | 1.1255 | 1.1255 | 28.4174 | 29.6341 | 31.5127 | 29.8891 |
| 500005 | 1.7822 | 1.1438 | 1.1438 | 31.4415 | 32.0972 | 33.3329 | 32.2891 |
| 500007 | 1.3787 | 1.0722 | 1.0722 | 26.1318 | 28.0476 | 30.0980 | 28.1844 |
| 500008 | 1.9554 | 1.1438 | 1.1438 | 31.0128 | 31.8837 | 33.3228 | 32.1022 |
| 500011 | 1.3253 | 1.1438 | 1.1438 | 28.3391 | 30.6508 | 32.0074 | 30.3834 |
| 500012 | 1.6684 | 1.0440 | 1.0440 | 29.2045 | 30.6856 | 30.4076 | 30.0653 |
| 500014 | 1.6420 | 1.1438 | 1.1438 | 30.1061 | 33.7536 | 36.3225 | 33.4938 |
| 500015 | 1.4667 | 1.1438 | 1.1438 | 30.1596 | 32.0592 | 34.5308 | 32.3201 |
| 500016 | 1.7023 | 1.1255 | 1.1255 | 29.3634 | 31.4221 | 31.8609 | 30.9249 |
| 500019 | 1.2686 | 1.0653 | 1.0653 | 26.9702 | 28.6669 | 30.4632 | 28.6734 |
| 500021 | 1.3488 | 1.1255 | 1.1255 | 28.5926 | 30.1690 | 30.0500 | 29.6659 |
| 500023 | 1.2010 | * | * | 27.3823 | * | * | 27.3823 |
| 500024 | 1.7921 | 1.0907 | 1.0907 | 29.3946 | 30.7917 | 32.9554 | 31.0696 |
| 500025 | 1.7858 | 1.1438 | 1.1438 | 31.7335 | 34.7252 | 38.5672 | 34.8346 |
| 500026 | 1.4412 | 1.1438 | 1.1438 | 31.4152 | 33.2937 | 34.0225 | 32.9380 |
| 500027 | 1.5753 | 1.1438 | 1.1438 | 29.5939 | 34.2175 | 35.7683 | 33.2591 |
| 500030 | 1.7399 | 1.1088 | 1.1088 | 30.5926 | 32.7446 | 32.8247 | 32.0831 |
| 500031 | 1.2764 | 1.0440 | 1.0440 | 28.5398 | 31.2186 | 33.2070 | 31.0095 |
| 500033 | 1.3088 | 1.0440 | 1.0440 | 26.6704 | 29.4627 | 30.0929 | 28.7252 |
| 500036 | 1.3769 | 1.0440 | 1.0440 | 26.0223 | 27.0072 | 28.5158 | 27.2093 |
| 500037 | 1.0398 | 1.0440 | 1.0440 | 24.6548 | 26.9969 | 28.6509 | 26.6844 |
| 500039 | 1.4810 | 1.1255 | 1.1255 | 27.9651 | 29.8809 | 32.3485 | 30.1316 |
| 500041 | 1.3811 | 1.1405 | 1.1405 | 26.9101 | 26.7829 | 29.6411 | 27.7279 |
| 500044 | 1.9738 | 1.0448 | 1.0448 | 26.9323 | 30.3164 | 28.5880 | 28.6194 |
| 500049 | 1.3205 | 1.0440 | 1.0440 | 25.6104 | 27.1819 | 28.3014 | 27.1121 |
| 500050 | 1.4378 | 1.1405 | 1.1405 | 26.8971 | 29.9791 | 32.5722 | 29.8732 |
| 500051 | 1.7550 | 1.1438 | 1.1438 | 29.0100 | 31.9406 | 33.4078 | 31.5494 |
| 500052 | 1.4362 | 1.1438 | 1.1438 | * | * | * | * |
| 500053 | 1.2978 | 1.0440 | 1.0440 | 26.8074 | 28.4130 | 29.2529 | 28.1462 |
| 500054 | 1.9895 | 1.0448 | 1.0448 | 28.8062 | 30.8067 | 32.1392 | 30.6203 |
| 500057 | *** | * | * | 21.4393 | * | * | 21.4393 |
| 500058 | 1.6738 | 1.0440 | 1.0440 | 28.4247 | 30.4699 | 31.3325 | 30.1884 |
| 500060 | 1.3057 | 1.0440 | 1.0440 | 33.5169 | 34.1523 | 37.1307 | 34.9415 |
| 500064 | 1.7930 | 1.1438 | 1.1438 | 31.1459 | 31.5371 | 32.0554 | 31.6041 |
| 500065 | *** | * | * | 26.0960 | * | * | 26.0960 |
| 500072 | 1.2016 | 1.1255 | 1.1255 | 29.3087 | 33.4863 | 31.8127 | 31.5390 |
| 500077 | 1.4749 | 1.0448 | 1.0448 | 27.8819 | 29.4199 | 30.9414 | 29.4486 |
| 500079 | 1.3526 | 1.1255 | 1.1255 | 28.4934 | 29.6623 | 31.8986 | 30.0378 |
| 500084 | 1.3269 | 1.1438 | 1.1438 | 27.6306 | 29.3484 | 31.1336 | 29.4235 |
| 500088 | 1.4147 | 1.1438 | 1.1438 | 31.2757 | 33.4302 | 34.7384 | 33.2062 |
| 500092 | *** | * | * | 23.2466 | * | * | 23.2466 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 500104 | 1.1367 | * | * | 27.0034 | * | * | 27.0034 |
| 500108 | 1.6392 | 1.1255 | 1.1255 | 28.7206 | 29.4244 | 31.8504 | 30.0479 |
| 500110 | *** | * | * | 25.4785 | * | * | 25.4785 |
| 500118 | 1.0815 | * | * | 28.1074 | * | * | 28.1074 |
| 500119 | 1.3571 | 1.0448 | 1.0448 | 27.2335 | 30.9999 | 29.2153 | 29.1384 |
| 500122 | 1.2515 | * | * | 27.4405 | 30.1396 | * | 28.8217 |
| 500124 | 1.3893 | 1.1438 | 1.1438 | 28.6598 | 31.5438 | 32.2351 | 30.8456 |
| 500129 | 1.5958 | 1.1255 | 1.1255 | 30.0223 | 30.7536 | 32.5779 | 31.1547 |
| 500134 | 0.5017 | 1.1438 | 1.1438 | 24.2990 | 26.8608 | 25.0035 | 25.4134 |
| 500139 | 1.5171 | 1.0907 | 1.0907 | 29.2357 | 31.6591 | 34.6120 | 31.8023 |
| 500141 | 1.3234 | 1.1438 | 1.1438 | 30.7478 | 30.5456 | 32.1853 | 31.2034 |
| 500143 | 0.4565 | 1.1119 | 1.1119 | 20.7093 | 22.1419 | 22.6867 | 21.8786 |
| 500147 | 0.9626 | * | * | 16.3669 | 24.5807 | * | 16.9814 |
| 500148 | 1.1035 | 1.0440 | 1.0440 | 18.2168 | 22.2161 | 27.0350 | 21.6967 |
| 500150 | 1.1543 | * | * | * | * | * | * |
| 500329 | 0.7676 | * | * | * | * | * | * |
| 500334 | 0.6580 | * | * | * | * | * | * |
| 500337 | 0.8865 | * | * | * | * | * | * |
| 510001 | 1.8662 | 0.8671 | 0.8671 | 22.9351 | 23.4477 | 24.9395 | 23.8162 |
| 510002 | 1.2073 | 0.8677 | 0.8677 | 22.4751 | 25.9597 | 24.0032 | 24.1436 |
| 510006 | 1.3300 | 0.8671 | 0.8671 | 22.2947 | 23.5727 | 24.5450 | 23.4754 |
| 510007 | 1.6577 | 0.9009 | 0.9009 | 24.3499 | 25.2835 | 25.2802 | 24.9834 |
| 510008 | 1.2502 | 0.9082 | 0.9082 | 24.5293 | 24.6959 | 25.5366 | 24.9190 |
| 510012 | 0.9616 | 0.7637 | 0.7637 | 18.5816 | 18.2845 | 18.8211 | 18.5638 |
| 510013 | 1.1563 | 0.7637 | 0.7637 | 19.9710 | 20.8782 | 22.7404 | 21.1637 |
| 510018 | 1.0576 | 0.8294 | 0.8294 | 21.8475 | 20.5556 | 22.8201 | 21.7432 |
| 510022 | 1.8746 | 0.8559 | 0.8559 | 24.1481 | 24.2125 | 26.2125 | 24.8409 |
| 510023 | 1.3100 | 0.8072 | 0.8072 | 19.4321 | 20.4908 | 20.7734 | 20.2347 |
| 510024 | 1.8007 | 0.8671 | 0.8671 | 23.3115 | 24.0444 | 25.2181 | 24.1883 |
| 510026 | 0.9938 | 0.7637 | 0.7637 | 18.0855 | 16.6192 | 17.3777 | 17.2853 |
| 510028 | 0.9801 | * | * | 23.0518 | 21.7134 | * | 22.3847 |
| 510029 | 1.2865 | 0.8559 | 0.8559 | 21.7527 | 22.4556 | 23.3861 | 22.5557 |
| 510030 | 1.1233 | 0.8449 | 0.8449 | 22.3658 | 21.5583 | 23.3535 | 22.4378 |
| 510031 | 1.4609 | 0.8559 | 0.8559 | 21.6294 | 21.7637 | 23.0714 | 22.1614 |
| 510033 | 1.5615 | 0.7964 | 0.7964 | 21.0707 | 23.0305 | 22.5839 | 22.2245 |
| 510038 | 1.0077 | 0.7637 | 0.7637 | 16.8744 | 17.2832 | 19.0992 | 17.7660 |
| 510039 | 1.2424 | 0.7749 | 0.7749 | 19.1280 | 19.5468 | 19.9164 | 19.5208 |
| 510043 | *** | * | * | 16.0586 | * | * | 16.0586 |
| 510046 | 1.3517 | 0.8294 | 0.8294 | 21.2792 | 21.2540 | 21.5642 | 21.3655 |
| 510047 | 1.1634 | 0.8671 | 0.8671 | 23.2093 | 24.0954 | 26.2033 | 24.4801 |
| 510048 | 1.1421 | 0.7637 | 0.7637 | 17.6785 | 17.5096 | 19.0606 | 18.0744 |
| 510050 | 1.5568 | 0.7749 | 0.7749 | 20.1943 | 19.9766 | 20.8188 | 20.3257 |
| 510053 | 1.1301 | 0.7637 | 0.7637 | 20.7538 | 20.8609 | 22.6334 | 21.4364 |
| 510055 | 1.5283 | 0.9009 | 0.9009 | 29.3962 | 30.7868 | 29.1387 | 29.7610 |
| 510058 | 1.3632 | 0.7964 | 0.7964 | 21.9352 | 22.6976 | 23.0760 | 22.5822 |
| 510059 | 1.2304 | 0.8559 | 0.8559 | 18.8712 | 21.9550 | 21.8993 | 20.7922 |
| 510061 | *** | * | * | 15.3355 | * | * | 15.3355 |
| 510062 | 1.1472 | 0.8294 | 0.8294 | 21.1568 | 23.3216 | 24.8582 | 23.0758 |
| 510067 | 1.1583 | 0.7637 | 0.7637 | 22.1582 | 21.2099 | 24.1938 | 22.5714 |
| 510068 | 1.1019 | * | * | 20.0007 | 23.1011 | * | 21.5379 |
| 510070 | 1.2161 | 0.8294 | 0.8294 | 21.1895 | 23.2382 | 23.1691 | 22.5946 |
| 510071 | 1.2876 | 0.8294 | 0.8294 | 21.5439 | 23.1685 | 23.8043 | 22.8368 |
| 510072 | 1.0728 | 0.7637 | 0.7637 | 19.7990 | 20.1997 | 20.8822 | 20.3279 |
| 510077 | 1.1020 | 0.8759 | 0.8759 | 22.8104 | 23.6585 | 24.6316 | 23.7056 |
| 510082 | 1.0846 | 0.7637 | 0.7637 | 16.4742 | 19.1878 | 19.8764 | 18.3863 |
| 510085 | 1.3124 | 0.8559 | 0.8559 | 22.6563 | 23.7173 | 25.8288 | 24.1309 |
| 510086 | 1.1062 | 0.7637 | 0.7637 | 17.8234 | 17.5933 | 19.0144 | 18.1416 |
| 510088 | *** | * | * | 18.3401 | * | * | 18.3401 |
| 510089 | *** | * | * | * | 27.7062 | * | 27.7062 |
| 510090 | 2.2681 | * | * | * | * | * | * |
| 520002 | 1.3605 | 0.9625 | 0.9625 | 23.7316 | 24.9950 | 26.5869 | 25.1359 |
| 520003 | *** | * | * | 21.8662 | * | * | 21.8662 |
| 520004 | 1.4679 | 0.9466 | 0.9466 | 24.4711 | 25.4639 | 27.0690 | 25.6990 |
| 520008 | 1.5872 | 1.0241 | 1.0241 | 27.8127 | 29.8354 | 31.0949 | 29.6152 |
| 520009 | 1.7236 | 0.9466 | 0.9466 | 23.4265 | 26.1503 | 27.7845 | 25.7871 |
| 520010 | 1.1151 | * | * | 28.5569 | * | * | 28.5569 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 520011 | 1.3314 | 0.9466 | 0.9466 | 23.7785 | 25.2747 | 27.1311 | 25.4700 |
| 520013 | 1.4452 | 0.9644 | 0.9644 | 24.4766 | 26.6225 | 29.2111 | 26.8019 |
| 520014 | *** | * | * | 22.1064 | * | * | 22.1064 |
| 520015 | *** | * | * | 23.0403 | * | * | 23.0403 |
| 520017 | 1.1783 | 0.9644 | 0.9644 | 23.4044 | 24.6676 | 28.0839 | 25.3651 |
| 520019 | 1.3160 | 0.9466 | 0.9466 | 24.9871 | 26.7433 | 29.3066 | 27.0110 |
| 520021 | 1.3354 | 1.0596 | 1.0596 | 25.4872 | 26.6935 | 28.1218 | 26.8573 |
| 520024 | 1.0407 | * | * | 18.5072 | * | * | 18.5072 |
| 520026 | *** | * | * | 26.1056 | * | * | 26.1056 |
| 520027 | 1.2653 | 1.0241 | 1.0241 | 26.2516 | 27.6771 | 30.8126 | 28.3796 |
| 520028 | 1.2954 | 1.0502 | 1.0502 | 25.7778 | 25.4164 | 26.5754 | 25.9267 |
| 520030 | 1.7625 | 0.9799 | 0.9799 | 25.3807 | 27.0185 | 29.0074 | 27.1779 |
| 520032 | 1.1081 | * | * | 25.3059 | * | * | 25.3059 |
| 520033 | 1.2354 | 0.9466 | 0.9466 | 23.9791 | 25.0854 | 27.3306 | 25.5391 |
| 520034 | 1.2062 | 0.9466 | 0.9466 | 23.6563 | 23.9850 | 25.9625 | 24.5645 |
| 520035 | 1.3268 | 0.9543 | 0.9543 | 23.2625 | 24.7767 | 26.8252 | 24.9975 |
| 520037 | 1.8330 | 0.9625 | 0.9625 | 28.6984 | 29.7234 | 28.7221 | 29.0476 |
| 520038 | 1.2465 | 1.0241 | 1.0241 | 24.6650 | 26.6470 | 29.7288 | 27.0582 |
| 520040 | 1.4799 | 1.0241 | 1.0241 | 23.8501 | 27.2325 | 28.7706 | 26.5424 |
| 520041 | 1.0916 | 1.0731 | 1.0731 | 22.8236 | 22.7596 | 23.3086 | 22.9766 |
| 520042 | 1.0028 | * | * | 24.0788 | * | * | 24.0788 |
| 520044 | 1.3404 | 0.9543 | 0.9543 | 24.9387 | 26.0191 | 27.4740 | 26.1760 |
| 520045 | 1.5980 | 0.9466 | 0.9466 | 24.5844 | 26.0030 | 27.9444 | 26.1871 |
| 520047 | *** | * | * | 25.5346 | * | * | 25.5346 |
| 520048 | 1.6307 | 0.9466 | 0.9466 | 23.1653 | 25.1724 | 27.0266 | 25.0694 |
| 520049 | 2.1099 | 0.9791 | 0.9791 | 24.1083 | 25.9256 | 27.4599 | 25.7460 |
| 520051 | 1.6916 | 1.0241 | 1.0241 | 28.8249 | 28.4880 | 31.5274 | 29.7523 |
| 520057 | 1.2115 | 0.9584 | 0.9584 | 23.3205 | 25.3745 | 27.6395 | 25.5004 |
| 520059 | 1.2603 | 1.0408 | 1.0408 | 26.5596 | 28.0906 | 29.8632 | 28.1945 |
| 520060 | 1.2808 | 0.9489 | 0.9489 | 22.0132 | 23.8817 | 24.7482 | 23.5443 |
| 520062 | 1.2708 | 1.0241 | 1.0241 | 24.9988 | 28.2215 | 29.4194 | 27.5670 |
| 520063 | 1.1386 | 1.0241 | 1.0241 | 25.3674 | 27.4101 | 28.9251 | 27.2413 |
| 520064 | 1.5155 | 1.0241 | 1.0241 | 27.1120 | 28.6101 | 30.2879 | 28.6292 |
| 520066 | 1.4918 | 1.0502 | 1.0502 | 25.8812 | 27.1657 | 28.3573 | 27.1367 |
| 520068 | 0.9097 | * | * | 23.4746 | 24.8184 | * | 24.1554 |
| 520070 | 1.7287 | 0.9644 | 0.9644 | 23.9908 | 24.8935 | 27.5457 | 25.5329 |
| 520071 | 1.2004 | 1.0098 | 1.0098 | 26.3154 | 27.6202 | 29.3878 | 27.7380 |
| 520075 | 1.4697 | 0.9791 | 0.9791 | 26.0600 | 27.1699 | 29.8136 | 27.6374 |
| 520076 | 1.2383 | 1.0502 | 1.0502 | 24.0879 | 26.1698 | 28.1355 | 26.1183 |
| 520078 | 1.5311 | 1.0241 | 1.0241 | 25.7662 | 27.5989 | 29.6321 | 27.7034 |
| 520083 | 1.7261 | 1.0731 | 1.0731 | 27.0012 | 28.8407 | 31.3634 | 29.1629 |
| 520084 | *** | * | * | 25.5777 | * | * | 25.5777 |
| 520087 | 1.7272 | 0.9466 | 0.9466 | 24.5280 | 27.3374 | 28.2823 | 26.6696 |
| 520088 | 1.2906 | 1.0098 | 1.0098 | 26.0882 | 26.9936 | 29.8417 | 27.7181 |
| 520089 | 1.5216 | 1.0731 | 1.0731 | 26.6013 | 30.0448 | 33.3398 | 30.0450 |
| 520091 | 1.2880 | 0.9466 | 0.9466 | 24.8269 | 24.6320 | 25.9623 | 25.1681 |
| 520092 | *** | * | * | 23.4043 | * | * | 23.4043 |
| 520094 | *** | * | * | 25.3166 | 25.7567 | * | 25.5399 |
| 520095 | 1.2375 | 1.0502 | 1.0502 | 28.6376 | 26.7863 | 28.5877 | 27.9986 |
| 520096 | 1.3505 | 1.0098 | 1.0098 | 22.9929 | 24.5758 | 26.8566 | 25.0076 |
| 520097 | 1.3955 | 0.9791 | 0.9791 | 25.1135 | 26.3321 | 29.8400 | 27.1169 |
| 520098 | 1.9798 | 1.0731 | 1.0731 | 28.0730 | 30.6150 | 31.9008 | 30.2555 |
| 520100 | 1.2806 | 0.9685 | 0.9685 | 24.5914 | 26.2161 | 29.0461 | 26.6330 |
| 520102 | 1.1190 | 1.0098 | 1.0098 | 25.6146 | 26.8234 | 28.8280 | 27.1398 |
| 520103 | 1.5698 | 1.0241 | 1.0241 | 25.5361 | 27.9147 | 29.8746 | 27.9295 |
| 520107 | 1.2555 | 0.9620 | 0.9620 | 27.7413 | 28.3431 | 29.2809 | 28.4726 |
| 520109 | 1.0588 | 0.9466 | 0.9466 | 22.4048 | 23.3271 | 24.2510 | 23.3292 |
| 520111 | *** | * | * | 26.3095 | * | * | 26.3095 |
| 520112 | *** | * | * | 20.4034 | * | * | 20.4034 |
| 520113 | 1.2862 | 0.9620 | 0.9620 | 26.7926 | 27.4135 | 30.6517 | 28.3197 |
| 520114 | *** | * | * | 22.0536 | * | * | 22.0536 |
| 520116 | 1.2845 | 1.0098 | 1.0098 | 26.3057 | 26.9902 | 28.3092 | 27.2488 |
| 520117 | *** | * | * | 22.0023 | * | * | 22.0023 |
| 520123 | *** | * | * | 22.2430 | * | * | 22.2430 |
| 520132 | 0.9607 | 0.9543 | 0.9543 | 21.6025 | 23.1941 | 24.6842 | 23.1837 |
| 520135 | *** | * | * | 18.5618 | * | * | 18.5618 |

TABLE 2.—HOSPITAL CASE-MIX INDEXES FOR DISCHARGES OCCURRING IN FEDERAL FISCAL YEAR 2005; HOSPITAL WAGE INDEXES FOR FEDERAL FISCAL YEAR 2007; HOSPITAL AVERAGE HOURLY WAGES FOR FEDERAL FISCAL YEARS 2005 (2001 WAGE DATA), 2006 (2002 WAGE DATA), AND 2007 (2003 WAGE DATA); WAGE INDEXES AND 3-YEAR AVERAGE OF HOSPITAL AVERAGE HOURLY WAGES—Continued

| Provider No. | Case-mix index [3] | FY 2007 wage index (10/1/2006–3/31/2007) | FY 2007 wage index (4/1/2007–9/30/2007) | Average hourly wage FY 2005 [1] | Average hourly wage FY 2006 [1] | Average hourly wage FY 2007 [1] | Average hourly wage** (3 years) |
|---|---|---|---|---|---|---|---|
| 520136 | 1.6741 | 1.0241 | 1.0241 | 25.5145 | 27.7703 | 30.5973 | 27.9356 |
| 520138 | 1.8704 | 1.0241 | 1.0241 | 26.9047 | 28.4394 | 30.1937 | 28.5333 |
| 520139 | 1.2833 | 1.0241 | 1.0241 | 25.4424 | 26.5110 | 28.5712 | 26.9062 |
| 520140 | 1.6566 | 1.0241 | 1.0241 | 26.1616 | 28.4433 | 30.7141 | 28.4902 |
| 520148 | 1.3242 | * | * | 26.2258 | * | * | 26.2258 |
| 520151 | *** | * | * | 22.9592 | * | * | 22.9592 |
| 520152 | 1.0783 | 0.9466 | 0.9466 | 23.2493 | 24.9392 | 28.9787 | 25.8522 |
| 520154 | *** | * | * | 23.7160 | * | * | 23.7160 |
| 520156 | *** | * | * | 24.9258 | * | * | 24.9258 |
| 520160 | 1.8305 | 0.9466 | 0.9466 | 24.3528 | 25.7588 | 28.0219 | 26.0815 |
| 520161 | *** | * | * | 24.0673 | * | * | 24.0673 |
| 520170 | 1.4056 | 1.0241 | 1.0241 | 25.6124 | 27.2221 | 29.9758 | 27.6579 |
| 520173 | 1.1252 | 1.0157 | 1.0157 | 26.2224 | 28.0995 | 29.7080 | 28.0206 |
| 520177 | 1.6429 | 1.0241 | 1.0241 | 28.4663 | 30.7317 | 31.0104 | 30.1346 |
| 520178 | 0.9970 | * | * | 23.0419 | 20.2666 | * | 21.6760 |
| 520189 | 1.1658 | 1.0596 | 1.0596 | 26.3172 | 28.4720 | 28.1690 | 27.7706 |
| 520193 | 1.6544 | 0.9791 | 0.9791 | * | 26.0885 | 28.6187 | 27.4400 |
| 520194 | 1.3272 | 1.0241 | 1.0241 | * | 24.9408 | 31.0546 | 27.9475 |
| 520195 | *** | * | * | * | 36.6973 | 36.6166 | 36.6568 |
| 520196 | 1.6814 | 0.9644 | 0.9644 | * | 35.1043 | 40.4421 | 37.6718 |
| 520197 | 2.6191 | 1.0241 | 1.0241 | * | * | * | * |
| 520198 | 1.3597 | 0.9466 | 0.9466 | * | * | * | * |
| 520199 | 2.3566 | 1.0241 | 1.0241 | * | * | * | * |
| 520200 | 1.5982 | * | * | * | * | * | * |
| 520343 | 0.8070 | * | * | * | * | * | * |
| 520344 | 0.6245 | * | * | * | * | * | * |
| 520353 | 0.6538 | * | * | * | * | * | * |
| 530002 | 1.0826 | 0.9303 | 0.9303 | 25.2983 | 26.8356 | 28.6510 | 26.9256 |
| 530006 | 1.1645 | 0.9303 | 0.9303 | 22.8344 | 24.9318 | 27.3112 | 24.9372 |
| 530007 | *** | * | * | 19.3476 | 20.4391 | * | 19.9218 |
| 530008 [2] | 1.1146 | 0.9303 | 0.9303 | 23.8271 | 23.8589 | 23.8665 | 23.8511 |
| 530009 | 0.9305 | 0.9303 | 0.9303 | 24.2426 | 26.8316 | 25.4972 | 25.5320 |
| 530010 [2] | 1.2318 | 0.9303 | 0.9303 | 23.9255 | 25.8482 | 26.3785 | 25.3803 |
| 530011 | 1.1121 | 0.9303 | 0.9303 | 24.1396 | 24.8245 | 27.8493 | 25.6567 |
| 530012 | 1.6973 | 0.9303 | 0.9303 | 24.3454 | 25.2526 | 27.0939 | 25.5544 |
| 530014 | 1.5419 | 0.9303 | 0.9303 | 23.6907 | 24.5947 | 26.8898 | 25.0653 |
| 530015 | 1.2091 | 0.9303 | 0.9303 | 26.3107 | 27.6876 | 30.4674 | 28.1564 |
| 530016 | *** | * | * | 21.6575 | * | * | 21.6575 |
| 530017 | 0.9926 | 0.9303 | 0.9303 | 23.5415 | 25.3362 | 27.8927 | 25.7008 |
| 530023 | *** | * | * | 24.1493 | 21.3813 | * | 22.6795 |
| 530025 | 1.2442 | 0.9594 | 0.9594 | 27.7988 | 28.6938 | 28.0007 | 28.1645 |
| 530031 | *** | * | * | 16.3472 | * | * | 16.3472 |
| 530032 | *** | 0.9303 | 0.9303 | 22.6584 | 25.7728 | 23.6562 | 23.9700 |

[1] Based on salaries adjusted for occupational mix, according to the calculation in section III.G. of the preamble to this proposed rule.
[2] These hospitals are assigned a wage index value under a special exceptions policy (FY 2005 IPPS final rule, 69 FR 49105).
[3] The case-mix index is based on the billed DRGs in the FY 2005 MedPAR. It is not transfer adjusted.
[h] These hospitals are assigned a wage index value under the rural hold harmless transition discussed in section III.H.3. of the preamble of the FY 2006 IPPS final rule (70 FR 47378).
* Denotes wage data not available for the provider for that year.
** Based on the sum of the salaries and hours computed for Federal FYs 2005, 2006, and 2007.
*** Denotes MedPAR data not available for the provider for FY 2005.

## TABLE 3A.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA

[*Based on the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 10180 | Abilene, TX | 23.7864 | 22.2341 |
| 10380 | Aguadilla-Isabela-San Sebastián, PR | 11.5958 | 11.9816 |
| 10420 | Akron, OH | 25.5401 | 24.8498 |
| 10500 | Albany, GA | 26.5516 | 26.5372 |
| 10580 | Albany-Schenectady-Troy, NY | 25.9108 | 24.3176 |
| 10740 | Albuquerque, NM | 28.0546 | 27.6389 |

TABLE 3A.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA—Continued

[*Based on the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 10780 | Alexandria, LA | 23.7639 | 22.6218 |
| 10900 | Allentown-Bethlehem-Easton, PA–NJ | 29.3872 | 27.4903 |
| 11020 | Altoona, PA | 25.8056 | 24.3129 |
| 11100 | Amarillo, TX | 27.1670 | 25.6933 |
| 11180 | Ames, IA | 28.9474 | 26.8746 |
| 11260 | Anchorage, AK | 35.6559 | 33.7320 |
| 11300 | Anderson, IN | 26.1417 | 24.4749 |
| 11340 | Anderson, SC | 26.4925 | 24.8853 |
| 11460 | Ann Arbor, MI | 32.1288 | 30.6219 |
| 11500 | Anniston-Oxford, AL | 23.3427 | 21.9251 |
| 11540 | Appleton, WI | 27.9303 | 25.9663 |
| 11700 | Asheville, NC | 26.9690 | 25.7974 |
| 12020 | Athens-Clarke County, GA | 29.0907 | 27.8508 |
| 12060 | Atlanta-Sandy Springs-Marietta, GA | 28.8960 | 27.5475 |
| 12100 | Atlantic City, NJ | 34.7415 | 32.0814 |
| 12220 | Auburn-Opelika, AL | 24.0249 | 22.8346 |
| 12260 | Augusta-Richmond County, GA–SC | 28.6584 | 26.7093 |
| 12420 | Austin-Round Rock, TX | 27.7087 | 26.5210 |
| 12540 | Bakersfield, CA | 31.4405 | 29.2570 |
| 12580 | Baltimore-Towson, MD | 29.8705 | 27.9108 |
| 12620 | Bangor, ME | 28.7200 | 27.6266 |
| 12700 | Barnstable Town, MA | 37.1619 | 35.0590 |
| 12940 | Baton Rouge, LA | 23.9840 | 23.3500 |
| 12980 | Battle Creek, MI | 28.7918 | 26.6912 |
| 13020 | Bay City, MI | 27.4599 | 26.3249 |
| 13140 | Beaumont-Port Arthur, TX | 25.4926 | 23.9070 |
| 13380 | Bellingham, WA | 32.8247 | 32.0831 |
| 13460 | Bend, OR | 31.8191 | 30.0560 |
| 13644 | Bethesda-Gaithersburg-Frederick, MD | 32.2704 | 31.0786 |
| 13740 | Billings, MT | 25.8722 | 24.7779 |
| 13780 | Binghamton, NY | 26.0978 | 24.1488 |
| 13820 | Birmingham-Hoover, AL | 26.4036 | 25.2200 |
| 13900 | Bismarck, ND | 21.4773 | 20.8617 |
| 13980 | Blacksburg-Christiansburg-Radford, VA | 24.3978 | 22.6378 |
| 14020 | Bloomington, IN | 25.3577 | 23.9071 |
| 14060 | Bloomington-Normal, IL | 26.5223 | 25.3191 |
| 14260 | Boise City-Nampa, ID | 27.8382 | 25.9580 |
| 14484 | Boston-Quincy, MA | 34.5981 | 32.6876 |
| 14500 | Boulder, CO | 30.6928 | 28.2498 |
| 14540 | Bowling Green, KY | 24.1674 | 22.8806 |
| 14740 | Bremerton-Silverdale, WA | 32.3485 | 30.1316 |
| 14860 | Bridgeport-Stamford-Norwalk, CT | 37.5692 | 35.6119 |
| 15180 | Brownsville-Harlingen, TX | 28.0460 | 27.4783 |
| 15260 | Brunswick, GA | 29.9555 | 28.9712 |
| 15380 | Buffalo-Niagara Falls, NY | 28.0487 | 26.4035 |
| 15500 | Burlington, NC | 25.6875 | 24.7454 |
| 15540 | Burlington-South Burlington, VT | 28.0878 | 26.3208 |
| 15764 | Cambridge-Newton-Framingham, MA | 32.3023 | 31.0383 |
| 15804 | Camden, NJ | 30.7780 | 29.4794 |
| 15940 | Canton-Massillon, OH | 26.8199 | 25.1102 |
| 15980 | Cape Coral-Fort Myers, FL | 27.6466 | 26.1863 |
| 16180 | Carson City, NV | 29.6855 | 28.5533 |
| 16220 | Casper, WY | 27.0939 | 25.5544 |
| 16300 | Cedar Rapids, IA | 26.3211 | 24.9097 |
| 16580 | Champaign-Urbana, IL | 28.5638 | 26.8316 |
| 16620 | Charleston, WV | 25.3369 | 24.1265 |
| 16700 | Charleston-North Charleston, SC | 27.0907 | 25.9477 |
| 16740 | Charlotte-Gastonia-Concord, NC–SC | 28.1830 | 27.0104 |
| 16820 | Charlottesville, VA | 30.0162 | 28.5508 |
| 16860 | Chattanooga, TN–GA | 26.5381 | 25.4499 |
| 16940 | Cheyenne, WY | 26.8898 | 25.0653 |
| 16974 | Chicago-Naperville-Joliet, IL | 31.7996 | 30.2340 |
| 17020 | Chico, CA | 32.7893 | 29.9719 |
| 17140 | Cincinnati-Middletown, OH–KY–IN | 28.4143 | 26.7824 |
| 17300 | Clarksville, TN–KY | 24.9567 | 23.0900 |
| 17420 | Cleveland, TN | 24.0739 | 22.5520 |
| 17460 | Cleveland-Elyria-Mentor, OH | 27.7626 | 26.3460 |
| 17660 | Coeur d'Alene, ID | 27.6683 | 26.4480 |
| 17780 | College Station-Bryan, TX | 26.8320 | 25.3789 |

TABLE 3A.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA—Continued

[*Based on the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 17820 | Colorado Springs, CO | 28.7059 | 26.9783 |
| 17860 | Columbia, MO | 25.3105 | 23.5598 |
| 17900 | Columbia, SC | 23.7907 | 24.6287 |
| 17980 | Columbus, GA–AL | 24.4401 | 23.7713 |
| 18020 | Columbus, IN | 27.6269 | 26.4443 |
| 18140 | Columbus, OH | 29.9564 | 27.7794 |
| 18580 | Corpus Christi, TX | 25.3934 | 24.0550 |
| 18700 | Corvallis, OR | 34.1502 | 30.6441 |
| 19060 | Cumberland, MD–WV | 26.1797 | 24.9454 |
| 19124 | Dallas-Plano-Irving, TX | 29.8607 | 28.3711 |
| 19140 | Dalton, GA | 26.7899 | 25.7890 |
| 19180 | Danville, IL | 27.5152 | 24.7343 |
| 19260 | Danville, VA | 25.1134 | 23.9198 |
| 19340 | Davenport-Moline-Rock Island, IA–IL | 25.2896 | 24.2728 |
| 19380 | Dayton, OH | 26.7881 | 25.5826 |
| 19460 | Decatur, AL | 24.3313 | 23.8254 |
| 19500 | Decatur, IL | 24.2290 | 22.7819 |
| 19660 | Deltona-Daytona Beach-Ormond Beach, FL | 27.4687 | 25.7159 |
| 19740 | Denver-Aurora, CO | 32.3384 | 30.3491 |
| 19780 | Des Moines-West Des Moines,IA | 27.0441 | 26.1907 |
| 19804 | Detroit-Livonia-Dearborn, MI | 30.2990 | 28.9283 |
| 20020 | Dothan, AL | 22.1225 | 21.2814 |
| 20100 | Dover, DE | 29.3258 | 27.6577 |
| 20220 | Dubuque, IA | 27.0318 | 25.1096 |
| 20260 | Duluth, MN–WI | 29.7746 | 28.5452 |
| 20500 | Durham, NC | 29.0174 | 28.2855 |
| 20740 | Eau Claire, WI | 28.5480 | 26.1872 |
| 20764 | Edison, NJ | 33.1853 | 31.3795 |
| 20940 | El Centro, CA | 27.0989 | 25.2992 |
| 21060 | Elizabethtown, KY | 25.8098 | 24.4828 |
| 21140 | Elkhart-Goshen, IN | 27.8902 | 26.4406 |
| 21300 | Elmira, NY | 24.3652 | 23.2597 |
| 21340 | El Paso, TX | 26.9405 | 25.4867 |
| 21500 | Erie, PA | 25.7679 | 24.3509 |
| 21604 | Essex County, MA | 30.8807 | 29.5199 |
| 21660 | Eugene-Springfield, OR | 32.2004 | 30.4380 |
| 21780 | Evansville, IN–KY | 26.1797 | 24.1900 |
| 21820 | Fairbanks, AK | 32.7496 | 31.3425 |
| 21940 | Fajardo, PR | 11.9805 | 11.2321 |
| 22020 | Fargo, ND–MN | 24.4385 | 24.0588 |
| 22140 | Farmington, NM | 25.4686 | 23.5378 |
| 22180 | Fayetteville, NC | 26.5301 | 25.8728 |
| 22220 | Fayetteville-Springdale-Rogers, AR–MO | 25.9870 | 24.3862 |
| 22380 | Flagstaff, AZ | 34.3731 | 32.2119 |
| 22420 | Flint, MI | 32.4969 | 30.5849 |
| 22500 | Florence, SC | 24.9953 | 24.5176 |
| 22520 | Florence-Muscle Shoals, AL | 23.6570 | 22.5629 |
| 22540 | Fond du Lac, WI | 29.8417 | 27.7181 |
| 22660 | Fort Collins-Loveland, CO | 28.2139 | 27.8290 |
| 22744 | Ft Lauderdale-Pompano Beach-Deerfield | 30.0138 | 28.6681 |
| 22900 | Fort Smith, AR–OK | 22.9758 | 22.6470 |
| 23020 | Fort Walton Beach-Crestview-Destin, FL | 25.6192 | 24.5301 |
| 23060 | Fort Wayne, IN | 28.1177 | 27.1394 |
| 23104 | Fort Worth-Arlington, TX | 28.3931 | 26.7339 |
| 23420 | Fresno, CA | 32.5994 | 30.1075 |
| 23460 | Gadsden, AL | 23.9989 | 22.5094 |
| 23540 | Gainesville, FL | 27.5283 | 26.2765 |
| 23580 | Gainesville, GA | 26.6096 | 25.6552 |
| 23844 | Gary, IN | 27.4642 | 26.1115 |
| 24020 | Glens Falls, NY | 24.7436 | 23.7211 |
| 24140 | Goldsboro, NC | 27.1894 | 24.9795 |
| 24220 | Grand Forks, ND–MN | 23.6479 | 23.2868 |
| 24300 | Grand Junction, CO | 28.7625 | 27.2627 |
| 24340 | Grand Rapids-Wyoming, MI | 28.0304 | 26.4158 |
| 24500 | Great Falls, MT | 25.4356 | 24.6351 |
| 24540 | Greeley, CO | 28.5246 | 26.7856 |
| 24580 | Green Bay, WI | 28.9831 | 27.0003 |
| 24660 | Greensboro-High Point, NC | 25.9172 | 25.2493 |
| 24780 | Greenville, NC | 27.9072 | 26.1644 |

TABLE 3A.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA—Continued

[*Based on the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 24860 | Greenville, SC | 28.7379 | 27.2856 |
| 25020 | Guayama, PR | 09.5985 | 09.6952 |
| 25060 | Gulfport-Biloxi, MS | 26.3877 | 24.9138 |
| 25180 | Hagerstown-Martinsburg, MD–WV | 26.8867 | 26.4121 |
| 25260 | Hanford-Corcoran, CA | 30.1059 | 27.7628 |
| 25420 | Harrisburg-Carlisle, PA | 27.8666 | 26.2093 |
| 25500 | Harrisonburg, VA | 26.9175 | 25.6513 |
| 25540 | Hartford-West Hartford-East Hartford, C | 32.3195 | 30.8426 |
| 25620 | Hattiesburg, MS | 22.0583 | 20.9235 |
| 25860 | Hickory-Lenoir-Morganton, NC | 26.7289 | 25.6097 |
| 25980 | [1] Hinesville-Fort Stewart, GA | ..... | ..... |
| 26100 | Holland-Grand Haven, MI | 27.3564 | 25.9294 |
| 26180 | Honolulu, HI | 32.7585 | 31.0670 |
| 26300 | Hot Springs, AR | 26.0849 | 25.2942 |
| 26380 | Houma-Bayou Cane-Thibodaux, LA | 23.6912 | 22.0451 |
| 26420 | Houston-Sugar Land-Baytown, TX | 29.6912 | 28.0218 |
| 26580 | Huntington-Ashland, WV–KY–OH | 26.6703 | 26.1438 |
| 26620 | Huntsville, AL | 26.7216 | 25.2160 |
| 26820 | Idaho Falls, ID | 26.8982 | 25.7696 |
| 26900 | Indianapolis-Carmel, IN | 28.8843 | 27.7580 |
| 26980 | Iowa City, IA | 28.7929 | 27.2014 |
| 27060 | Ithaca, NY | 29.2568 | 27.4840 |
| 27100 | Jackson, MI | 28.3070 | 26.0872 |
| 27140 | Jackson, MS | 24.5054 | 23.2406 |
| 27180 | Jackson, TN | 26.2283 | 24.9470 |
| 27260 | Jacksonville, FL | 26.7802 | 26.0119 |
| 27340 | Jacksonville, NC | 24.3666 | 23.1693 |
| 27500 | Janesville, WI | 28.6711 | 26.9103 |
| 27620 | Jefferson City, MO | 24.6931 | 23.4008 |
| 27740 | Johnson City, TN | 23.8898 | 22.5898 |
| 27780 | Johnstown, PA | 25.5195 | 23.6154 |
| 27860 | Jonesboro, AR | 22.6678 | 22.1975 |
| 27900 | Joplin, MO | 25.5168 | 24.1603 |
| 28020 | Kalamazoo-Portage, MI | 31.7833 | 29.6496 |
| 28100 | Kankakee-Bradley, IL | 29.6189 | 29.2729 |
| 28140 | Kansas City, MO–KS | 28.1260 | 26.6597 |
| 28420 | Kennewick-Richland-Pasco, WA | 30.6359 | 29.2912 |
| 28660 | Killeen-Temple-Fort Hood, TX | 27.0302 | 25.1082 |
| 28700 | Kingsport-Bristol-Bristol, TN–VA | 23.5950 | 22.6623 |
| 28740 | Kingston, NY | 27.7882 | 25.8209 |
| 28940 | Knoxville, TN | 24.5065 | 23.6085 |
| 29020 | Kokomo, IN | 28.1040 | 26.2399 |
| 29100 | La Crosse, WI–MN | 27.9055 | 26.3466 |
| 29140 | Lafayette, IN | 26.5151 | 24.9248 |
| 29180 | Lafayette, LA | 24.5278 | 23.3229 |
| 29340 | Lake Charles, LA | 23.4856 | 22.1071 |
| 29404 | Lake County-Kenosha County, IL–WI | 30.8117 | 29.1933 |
| 29460 | Lakeland, FL | 26.3688 | 25.0264 |
| 29540 | Lancaster, PA | 28.5843 | 27.3304 |
| 29620 | Lansing-East Lansing, MI | 29.8859 | 27.5256 |
| 29700 | Laredo, TX | 23.2381 | 23.0084 |
| 29740 | Las Cruces, NM | 27.4404 | 24.7091 |
| 29820 | Las Vegas-Paradise, NV | 33.7979 | 31.9159 |
| 29940 | Lawrence, KS | 24.7063 | 23.8048 |
| 30020 | Lawton, OK | 24.0253 | 22.6783 |
| 30140 | Lebanon, PA | 26.3047 | 24.5398 |
| 30300 | Lewiston, ID–WA | 29.1686 | 26.9241 |
| 30340 | Lewiston-Auburn, ME | 27.0588 | 26.1610 |
| 30460 | Lexington-Fayette, KY | 27.1389 | 25.7178 |
| 30620 | Lima, OH | 26.7593 | 25.7193 |
| 30700 | Lincoln, NE | 29.8510 | 28.4796 |
| 30780 | Little Rock-North Little Rock, AR | 26.3993 | 24.7894 |
| 30860 | Logan, UT–ID | 26.7880 | 25.5328 |
| 30980 | Longview, TX | 26.0655 | 24.6081 |
| 31020 | Longview, WA | 29.6411 | 27.7279 |
| 31084 | Los Angeles-Long Beach-Santa Ana, CA | 34.8198 | 32.9747 |
| 31140 | Louisville-Jefferson County, KY–IN | 27.0486 | 25.7096 |
| 31180 | Lubbock, TX | 25.5361 | 24.4128 |
| 31340 | Lynchburg, VA | 25.8004 | 24.6790 |

TABLE 3A.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA—Continued

[*Based on the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 31420 | Macon, GA | 28.2812 | 27.0212 |
| 31460 | Madera, CA | 24.1895 | 23.7007 |
| 31540 | Madison, WI | 31.7670 | 29.6038 |
| 31700 | Manchester-Nashua, NH | 30.3488 | 29.1140 |
| 31900 | Mansfield, OH | 27.5254 | 26.5502 |
| 32420 | Mayagüez, PR | 11.4161 | 11.4868 |
| 32580 | McAllen-Edinburg-Mission, TX | 26.0218 | 24.4402 |
| 32780 | Medford, OR | 32.0766 | 29.5178 |
| 32820 | Memphis, TN–MS–AR | 27.7288 | 26.1237 |
| 32900 | Merced, CA | 33.8080 | 30.8250 |
| 33124 | Miami-Miami Beach-Kendall, FL | 29.0857 | 27.5003 |
| 33140 | Michigan City-La Porte, IN | 26.9182 | 25.9742 |
| 33260 | Midland, TX | 29.0179 | 26.8535 |
| 33340 | Milwaukee-Waukesha-West Allis, WI | 30.3159 | 28.4862 |
| 33460 | Minneapolis-St. Paul-Bloomington, MN–WI | 32.3959 | 30.8366 |
| 33540 | Missoula, MT | 26.3724 | 26.0288 |
| 33660 | Mobile, AL | 23.5488 | 22.1987 |
| 33700 | Modesto, CA | 34.3892 | 33.1922 |
| 33740 | Monroe, LA | 23.7257 | 22.3272 |
| 33780 | Monroe, MI | 28.7593 | 26.7894 |
| 33860 | Montgomery, AL | 23.7850 | 23.2495 |
| 34060 | Morgantown, WV | 25.0126 | 23.9182 |
| 34100 | Morristown, TN | 23.5331 | 22.1874 |
| 34580 | Mount Vernon-Anacortes, WA | 31.1247 | 29.4347 |
| 34620 | Muncie, IN | 24.6068 | 24.0532 |
| 34740 | Muskegon-Norton Shores, MI | 29.4886 | 27.5164 |
| 34820 | Myrtle Beach-Conway-North Myrtle Beach, | 26.1078 | 24.9580 |
| 34900 | Napa, CA | 39.9176 | 36.1438 |
| 34940 | Naples-Marco Island, FL | 29.4100 | 28.5222 |
| 34980 | Nashville-Davidson—Murfreesboro, TN | 29.1670 | 27.6979 |
| 35004 | Nassau-Suffolk, NY | 37.5989 | 35.8100 |
| 35084 | Newark-Union, NJ–PA | 35.1861 | 33.0916 |
| 35300 | New Haven-Milford, CT | 35.5112 | 33.3802 |
| 35380 | New Orleans-Metairie-Kenner, LA | 26.2137 | 25.1311 |
| 35644 | New York-White Plains-Wayne, NY–NJ | 39.1188 | 37.0666 |
| 35660 | Niles-Benton Harbor, MI | 26.4279 | 24.9042 |
| 35980 | Norwich-New London, CT | 35.4758 | 32.7007 |
| 36084 | Oakland-Fremont-Hayward, CA | 45.5784 | 42.9783 |
| 36100 | Ocala, FL | 26.3570 | 25.2302 |
| 36140 | Ocean City, NJ | 31.0823 | 30.1687 |
| 36220 | Odessa, TX | 29.9544 | 27.9474 |
| 36260 | Ogden-Clearfield, UT | 26.6673 | 25.4290 |
| 36420 | Oklahoma City, OK | 26.2178 | 25.1040 |
| 36500 | Olympia, WA | 32.8460 | 30.8309 |
| 36540 | Omaha-Council Bluffs, NE–IA | 27.9830 | 26.8115 |
| 36740 | Orlando-Kissimmee, FL | 27.8531 | 26.6896 |
| 36780 | Oshkosh-Neenah, WI | 27.5278 | 25.6702 |
| 36980 | Owensboro, KY | 25.9911 | 24.2496 |
| 37100 | Oxnard-Thousand Oaks-Ventura, CA | 34.2883 | 32.1061 |
| 37340 | Palm Bay-Melbourne-Titusville, FL | 27.9443 | 27.0172 |
| 37460 | Panama City-Lynn Haven, FL | 23.9351 | 22.6108 |
| 37620 | Parkersburg-Marietta-Vienna, WV–OH | 23.5762 | 22.9231 |
| 37700 | Pascagoula, MS | 24.3614 | 22.7858 |
| 37860 | Pensacola-Ferry Pass-Brent, FL | 23.6805 | 22.7437 |
| 37900 | Peoria, IL | 26.5635 | 24.9170 |
| 37964 | Philadelphia, PA | 32.5912 | 30.7325 |
| 38060 | Phoenix-Mesa-Scottsdale, AZ | 30.5119 | 28.4597 |
| 38220 | Pine Bluff, AR | 24.9343 | 24.0918 |
| 38300 | Pittsburgh, PA | 25.6688 | 24.4659 |
| 38340 | Pittsfield, MA | 30.4192 | 28.8465 |
| 38540 | Pocatello, ID | 27.8274 | 26.4330 |
| 38660 | Ponce, PR | 14.3623 | 13.8007 |
| 38860 | Portland-South Portland-Biddeford, ME | 29.3543 | 28.3363 |
| 38900 | Portland-Vancouver-Beaverton, OR–WA | 33.7621 | 31.7618 |
| 38940 | Port St. Lucie-Fort Pierce, FL | 29.1805 | 28.0566 |
| 39100 | Poughkeepsie-Newburgh-Middletown, NY | 32.3052 | 30.9565 |
| 39140 | Prescott, AZ | 29.1830 | 27.7138 |
| 39300 | Providence-New Bedford-Fall River, RI–M | 31.9448 | 30.5097 |
| 39340 | Provo-Orem, UT | 28.2332 | 26.6782 |

TABLE 3A.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA—Continued

[*Based on the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 39380 | Pueblo, CO | 25.3116 | 24.2019 |
| 39460 | Punta Gorda, FL | 27.9209 | 26.2796 |
| 39540 | Racine, WI | 27.2461 | 25.4815 |
| 39580 | Raleigh-Cary, NC | 29.1738 | 27.5962 |
| 39660 | Rapid City, SD | 30.6665 | 26.5155 |
| 39740 | Reading, PA | 28.5418 | 26.7025 |
| 39820 | Redding, CA | 39.0919 | 34.6214 |
| 39900 | Reno-Sparks, NV | 35.4486 | 31.1844 |
| 40060 | Richmond, VA | 27.1570 | 25.9892 |
| 40140 | Riverside-San Bernardino-Ontario, CA | 32.3625 | 30.7856 |
| 40220 | Roanoke, VA | 25.6872 | 23.8222 |
| 40340 | Rochester, MN | 33.2903 | 31.5856 |
| 40380 | Rochester, NY | 26.6628 | 25.5814 |
| 40420 | Rockford, IL | 29.5658 | 27.6241 |
| 40484 | Rockingham County, NH | 30.0790 | 28.7345 |
| 40580 | Rocky Mount, NC | 26.2562 | 25.0051 |
| 40660 | Rome, GA | 27.5523 | 25.7704 |
| 40900 | Sacramento—Arden-Arcade—Roseville, CA | 39.5208 | 35.6723 |
| 40980 | Saginaw-Saginaw Township North, MI | 26.4685 | 26.0187 |
| 41060 | St. Cloud, MN | 30.9000 | 28.6361 |
| 41100 | St. George, UT | 27.5173 | 26.3816 |
| 41140 | St. Joseph, MO–KS | 30.1186 | 27.9482 |
| 41180 | St. Louis, MO–IL | 26.6920 | 25.2435 |
| 41420 | Salem, OR | 30.9397 | 29.3934 |
| 41500 | Salinas, CA | 42.7963 | 39.6031 |
| 41540 | Salisbury, MD | 26.5170 | 25.2945 |
| 41620 | Salt Lake City, UT | 27.8903 | 26.5336 |
| 41660 | San Angelo, TX | 24.8207 | 23.1919 |
| 41700 | San Antonio, TX | 26.2255 | 25.0650 |
| 41740 | San Diego-Carlsbad-San Marcos, CA | 33.6627 | 31.8471 |
| 41780 | Sandusky, OH | 27.6127 | 25.5029 |
| 41884 | San Francisco-San Mateo-Redwood City, CA | 44.5507 | 41.8255 |
| 41900 | San Germán-Cabo Rojo, PR | 14.4590 | 13.7105 |
| 41940 | San Jose-Sunnyvale-Santa Clara, CA | 45.2357 | 42.1510 |
| 41980 | San Juan-Caguas-Guaynabo, PR | 13.0139 | 12.7401 |
| 42020 | San Luis Obispo-Paso Robles, CA | 34.3866 | 31.7461 |
| 42044 | Santa Ana-Anaheim-Irvine, CA | 33.3993 | 32.1497 |
| 42060 | Santa Barbara-Santa Maria, CA | 32.7438 | 31.2878 |
| 42100 | Santa Cruz-Watsonville, CA | 45.9115 | 42.4999 |
| 42140 | Santa Fe, NM | 32.0322 | 30.4616 |
| 42220 | Santa Rosa-Petaluma, CA | 42.8035 | 38.1447 |
| 42260 | Sarasota-Bradenton-Venice, FL | 29.2047 | 27.1715 |
| 42340 | Savannah, GA | 26.9048 | 26.1364 |
| 42540 | Scranton—Wilkes-Barre, PA | 25.1702 | 23.8157 |
| 42644 | Seattle-Bellevue-Everett, WA | 33.8592 | 32.2085 |
| 42680 | Sebastian-Vero Beach,FL | 28.4305 | 26.6512 |
| 43100 | Sheboygan, WI | 26.8090 | 25.1793 |
| 43300 | Sherman-Denison, TX | 25.2237 | 25.7451 |
| 43340 | Shreveport-Bossier City, LA | 26.2834 | 24.9546 |
| 43580 | Sioux City, IA–NE–SD | 27.2365 | 25.7643 |
| 43620 | Sioux Falls, SD | 28.2963 | 26.7140 |
| 43780 | South Bend-Mishawaka, IN–MI | 28.6471 | 26.9212 |
| 43900 | Spartanburg, SC | 27.2103 | 26.0456 |
| 44060 | Spokane, WA | 30.9283 | 29.8346 |
| 44100 | Springfield, IL | 26.3463 | 24.5714 |
| 44140 | Springfield, MA | 29.8434 | 28.5001 |
| 44180 | Springfield, MO | 25.1318 | 23.6337 |
| 44220 | Springfield, OH | 25.0325 | 23.8848 |
| 44300 | State College, PA | 26.0621 | 23.8363 |
| 44700 | Stockton, CA | 33.9933 | 31.2290 |
| 44940 | Sumter, SC | 23.9471 | 23.3117 |
| 45060 | Syracuse, NY | 28.7825 | 26.8883 |
| 45104 | Tacoma, WA | 31.9839 | 30.4570 |
| 45220 | Tallahassee, FL | 27.5786 | 24.8630 |
| 45300 | Tampa-St. Petersburg-Clearwater, FL | 27.2651 | 25.7804 |
| 45460 | Terre Haute, IN | 25.6447 | 23.6038 |
| 45500 | Texarkana, TX-Texarkana, AR | 24.0388 | 23.1664 |
| 45780 | Toledo, OH | 28.3827 | 26.7423 |
| 45820 | Topeka, KS | 25.8676 | 24.7876 |

TABLE 3A.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA—Continued

[*Based on the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 45940 | Trenton-Ewing, NJ | 32.1787 | 29.9319 |
| 46060 | Tucson, AZ | 27.3501 | 25.4760 |
| 46140 | Tulsa, OK | 24.0631 | 23.6948 |
| 46220 | Tuscaloosa, AL | 25.5886 | 23.9087 |
| 46340 | Tyler, TX | 26.1668 | 25.6693 |
| 46540 | U a-Rome, NY | 24.9320 | 23.4183 |
| 46660 | Valdosta, GA | 24.6888 | 23.8783 |
| 46700 | Vallejo-Fairfield, CA | 44.8596 | 41.7866 |
| 47020 | Victoria, TX | 25.3226 | 23.4143 |
| 47220 | Vineland-Millville-Bridgeton, NJ | 29.1612 | 28.2024 |
| 47260 | Virginia Beach-Norfolk-Newport News, VA | 26.1678 | 24.8408 |
| 47300 | Visalia-Porterville, CA | 29.6516 | 28.2016 |
| 47380 | Waco, TX | 25.6153 | 23.6453 |
| 47580 | Warner Robins, GA | 24.8717 | 23.8719 |
| 47644 | Warren-Troy-Farmington-Hills, MI | 29.9684 | 28.0982 |
| 47894 | Washington-Arlington-Alexandria DC-VA | 32.7894 | 30.8030 |
| 47940 | Waterloo-Cedar Falls, IA | 24.9273 | 23.9407 |
| 48140 | Wausau, WI | 29.0074 | 27.1779 |
| 48260 | Weirton-Steubenville, WV–OH | 23.8952 | 22.5028 |
| 48300 | Wenatchee, WA | 30.6283 | 27.7041 |
| 48424 | West Palm Beach-Boca Raton-Boynton FL | 28.5424 | 27.9681 |
| 48540 | Wheeling, WV–OH | 20.7847 | 20.1450 |
| 48620 | Wichita, KS | 26.9190 | 25.8412 |
| 48660 | Wichita Falls, TX | 24.7483 | 23.3505 |
| 48700 | Williamsport, PA | 24.0257 | 23.2070 |
| 48864 | Wilmington, DE–MD–NJ | 31.8188 | 30.2275 |
| 48900 | Wilmington, NC | 29.1306 | 26.7990 |
| 49020 | Winchester, VA-WV | 29.8963 | 28.7056 |
| 49180 | Winston-Salem, NC | 27.5311 | 25.8316 |
| 49340 | Worcester, MA | 31.8136 | 30.5516 |
| 49420 | Yakima, WA | 29.1929 | 28.2566 |
| 49500 | Yauco, PR | 11.4297 | 11.8994 |
| 49620 | York-Hanover, PA | 27.8747 | 26.0746 |
| 49660 | Youngstown-Warren-Boardman, OH–PA | 26.0937 | 24.8356 |
| 49700 | Yuba City, CA | 31.8777 | 29.9596 |
| 49740 | Yuma, AZ | 27.1721 | 25.5234 |

[1] This area has no average hourly wage because there are no short-term, acute care hospitals in the area.

TABLE 3B.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA

[*Based on the sum of the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 01 | Alabama | 22.7063 | 21.2325 |
| 02 | Alaska | 31.5838 | 32.0136 |
| 03 | Arizona | 26.4457 | 24.8708 |
| 04 | Arkansas | 21.7888 | 20.7414 |
| 05 | California | 33.4249 | 30.5217 |
| 06 | Colorado | 27.6222 | 26.1254 |
| 07 | Connecticut | 34.7826 | 33.0280 |
| 08 | Delaware | 28.7837 | 26.9334 |
| 10 | Florida | 25.4848 | 24.0976 |
| 11 | Georgia | 22.4296 | 21.4509 |
| 12 | Hawaii | 31.0888 | 29.5623 |
| 13 | Idaho | 24.1337 | 22.6410 |
| 14 | Illinois | 24.6699 | 23.2118 |
| 15 | Indiana | 25.0993 | 23.9775 |
| 16 | Iowa | 25.7422 | 23.7781 |
| 17 | Kansas | 23.6947 | 22.4420 |
| 18 | Kentucky | 23.0690 | 21.7676 |
| 19 | Louisiana | 22.1373 | 20.7518 |
| 20 | Maine | 24.8632 | 24.4350 |
| 21 | Maryland | 26.4816 | 25.6822 |
| 22 | Massachusetts [1] | ..... | ..... |
| 23 | Michigan | 26.8050 | 24.9080 |
| 24 | Minnesota | 27.1347 | 25.6682 |

TABLE 3B.—FY 2007 AND 3-YEAR AVERAGE HOURLY WAGE FOR URBAN AREAS BY CBSA—Continued

[*Based on the sum of the salaries and hours computed for Federal Fiscal Years 2005, 2006, and 2007]

| CBSA code | Urban area | FY 2007 average hourly wage | 3-year average hourly wage |
|---|---|---|---|
| 25 | Mississippi | 22.4345 | 21.3758 |
| 26 | Missouri | 23.5321 | 22.0469 |
| 27 | Montana | 25.4332 | 24.2378 |
| 28 | Nebraska | 25.7283 | 24.5703 |
| 29 | Nevada | 26.5440 | 25.4110 |
| 30 | New Hampshire | 31.9560 | 29.2334 |
| 31 | New Jersey [1] | ..... | ..... |
| 32 | New Mexico | 24.7274 | 23.9765 |
| 33 | New York | 24.4634 | 22.9464 |
| 34 | North Carolina | 25.4805 | 24.0022 |
| 35 | North Dakota | 21.4222 | 20.7057 |
| 36 | Ohio | 25.6736 | 24.4091 |
| 37 | Oklahoma | 22.6848 | 21.4287 |
| 38 | Oregon | 28.8984 | 27.3817 |
| 39 | Pennsylvania | 24.6593 | 23.2635 |
| 40 | Puerto Rico [1] | ..... | ..... |
| 41 | Rhode Island [1] | ..... | ..... |
| 42 | South Carolina | 25.4710 | 24.2433 |
| 43 | South Dakota | 25.1178 | 23.6533 |
| 44 | Tennessee | 23.2955 | 22.0862 |
| 45 | Texas | 23.6920 | 22.3956 |
| 46 | Utah | 24.1638 | 22.8805 |
| 47 | Vermont | 29.3826 | 26.8610 |
| 49 | Virginia | 23.5825 | 22.4069 |
| 50 | Washington | 30.4489 | 28.8509 |
| 51 | West Virginia | 22.6063 | 21.6759 |
| 52 | Wisconsin | 28.0229 | 26.4234 |
| 53 | Wyoming | 27.5393 | 25.7950 |

[1] All counties in the State or Territory are classified as urban, with the exception of Massachusetts. Massachusetts has area(s) designated as rural. However, no short-term, acute care hospitals were located in Rural Massachusetts during FY 2003, the base year for the FY 2007 wage index.

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| 10180 | Abilene, TX | 0.8051 | 0.8620 |
| | Callahan County, TX. | | |
| | Jones County, TX. | | |
| | Taylor County, TX. | | |
| 10380 | Aguadilla-Isabela-San Sebastián, PR | 0.3917 | 0.5263 |
| | Aguada Municipio, PR. | | |
| | Aguadilla Municipio, PR. | | |
| | Añasco Municipio, PR. | | |
| | Isabela Municipio, PR. | | |
| | Lares Municipio, PR. | | |
| | Moca Municipio, PR. | | |
| | Rincón Municipio, PR. | | |
| | San Sebastián Municipio, PR. | | |
| 10420 | Akron, OH | 0.8737 | 0.9117 |
| | Portage County, OH. | | |
| | Summit County, OH. | | |
| 10500 | Albany, GA | 0.8969 | 0.9282 |
| | Baker County, GA. | | |
| | Dougherty County, GA. | | |
| | Lee County, GA. | | |
| | Terrell County, GA. | | |
| | Worth County, GA. | | |
| 10580 | Albany-Schenectady-Troy, NY | 0.8753 | 0.9128 |
| | Albany County, NY. | | |
| | Rensselaer County, NY. | | |
| | Saratoga County, NY. | | |
| | Schenectady County, NY. | | |
| | Schoharie County, NY. | | |
| 10740 | Albuquerque, NM | 0.9477 | 0.9639 |
| | Bernalillo County, NM. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Sandoval County, NM. | | |
| | Torrance County, NM. | | |
| | Valencia County, NM. | | |
| 10780 ..... | Alexandria, LA | 0.8028 | 0.8603 |
| | Grant Parish, LA. | | |
| | Rapides Parish, LA. | | |
| 10900 ..... | Allentown-Bethlehem-Easton, PA–NJ (PA Hospitals) | 0.9927 | 0.9950 |
| | Warren County, NJ. | | |
| | Carbon County, PA. | | |
| | Lehigh County, PA. | | |
| | Northampton County, PA. | | |
| 10900 ..... | [2] Allentown-Bethlehem-Easton, PA–NJ (NJ Hospitals) | 1.1226 | 1.0824 |
| | Warren County, NJ. | | |
| | Carbon County, PA. | | |
| | Lehigh County, PA. | | |
| | Northampton County, PA. | | |
| 11020 ..... | Altoona, PA | 0.8717 | 0.9103 |
| | Blair County, PA. | | |
| 11100 ..... | Amarillo, TX | 0.9177 | 0.9429 |
| | Armstrong County, TX. | | |
| | Carson County, TX. | | |
| | Potter County, TX. | | |
| | Randall County, TX. | | |
| 11180 ..... | Ames, IA | 0.9779 | 0.9848 |
| | Story County, IA. | | |
| 11260 ..... | Anchorage, AK | 1.2062 | 1.1370 |
| | Anchorage Municipality, AK. | | |
| | Matanuska-Susitna Borough, AK. | | |
| 11300 ..... | Anderson, IN | 0.8831 | 0.9184 |
| | Madison County, IN. | | |
| 11340 ..... | Anderson, SC | 0.8949 | 0.9268 |
| | Anderson County, SC. | | |
| 11460 ..... | [3] Ann Arbor, MI | 1.0853 | 1.0577 |
| | Washtenaw County, MI. | | |
| 11500 ..... | Anniston-Oxford, AL | 0.7978 | 0.8567 |
| | Calhoun County, AL. | | |
| 11540 ..... | [2] Appleton, WI | 0.9466 | 0.9631 |
| | Calumet County, WI. | | |
| | Outagamie County, WI. | | |
| 11700 ..... | Asheville, NC | 0.9110 | 0.9382 |
| | Buncombe County, NC. | | |
| | Haywood County, NC. | | |
| | Henderson County, NC. | | |
| | Madison County, NC. | | |
| 12020 ..... | Athens-Clarke County, GA | 0.9827 | 0.9881 |
| | Clarke County, GA. | | |
| | Madison County, GA. | | |
| | Oconee County, GA. | | |
| | Oglethorpe County, GA. | | |
| 12060 ..... | [1] Atlanta-Sandy Springs-Marietta, GA | 0.9761 | 0.9836 |
| | Barrow County, GA. | | |
| | Bartow County, GA. | | |
| | Butts County, GA. | | |
| | Carroll County, GA. | | |
| | Cherokee County, GA. | | |
| | Clayton County, GA. | | |
| | Cobb County, GA. | | |
| | Coweta County, GA. | | |
| | Dawson County, GA. | | |
| | DeKalb County, GA. | | |
| | Douglas County, GA. | | |
| | Fayette County, GA. | | |
| | Forsyth County, GA. | | |
| | Fulton County, GA. | | |
| | Gwinnett County, GA. | | |
| | Haralson County, GA. | | |
| | Heard County, GA. | | |
| | Henry County, GA. | | |
| | Jasper County, GA. | | |
| | Lamar County, GA. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Meriwether County, GA.<br>Newton County, GA.<br>Paulding County, GA.<br>Pickens County, GA.<br>Pike County, GA.<br>Rockdale County, GA.<br>Spalding County, GA.<br>Walton County, GA. | | |
| 12100 ..... | Atlantic City, NJ<br>Atlantic County, NJ. | 1.1736 | 1.1159 |
| 12220 ..... | Auburn-Opelika, AL<br>Lee County, AL. | 0.8116 | 0.8668 |
| 12260 ..... | Augusta-Richmond County, GA–SC<br>Burke County, GA.<br>Columbia County, GA.<br>McDuffie County, GA.<br>Richmond County, GA.<br>Aiken County, SC.<br>Edgefield County, SC. | 0.9681 | 0.9780 |
| 12420 ..... | [1] Austin-Round Rock, TX<br>Bastrop County, TX.<br>Caldwell County, TX.<br>Hays County, TX.<br>Travis County, TX.<br>Williamson County, TX. | 0.9360 | 0.9557 |
| 12540 ..... | [2] Bakersfield, CA<br>Kern County, CA. | 1.1291 | 1.0867 |
| 12580 ..... | [1] Baltimore-Towson, MD<br>Anne Arundel County, MD.<br>Baltimore County, MD.<br>Carroll County, MD.<br>Harford County, MD.<br>Howard County, MD.<br>Queen Anne's County, MD.<br>Baltimore City, MD. | 1.0090 | 1.0062 |
| 12620 ..... | Bangor, ME<br>Penobscot County, ME. | 0.9702 | 0.9795 |
| 12700 ..... | Barnstable Town, MA<br>Barnstable County, MA. | 1.2553 | 1.1685 |
| 12940 ..... | Baton Rouge, LA<br>Ascension Parish, LA.<br>East Baton Rouge Parish, LA.<br>East Feliciana Parish, LA.<br>Iberville Parish, LA.<br>Livingston Parish, LA.<br>Pointe Coupee Parish, LA.<br>St. Helena Parish, LA.<br>West Baton Rouge Parish, LA.<br>West Feliciana Parish, LA. | 0.8102 | 0.8658 |
| 12980 ..... | Battle Creek, MI<br>Calhoun County, MI. | 0.9726 | 0.9812 |
| 13020 ..... | Bay City, MI<br>Bay County, MI. | 1.0040 | 1.0027 |
| 13140 ..... | Beaumont-Port Arthur, TX<br>Hardin County, TX.<br>Jefferson County, TX.<br>Orange County, TX. | 0.8612 | 0.9027 |
| 13380 ..... | Bellingham, WA<br>Whatcom County, WA. | 1.1088 | 1.0733 |
| 13460 ..... | Bend, OR<br>Deschutes County, OR. | 1.0749 | 1.0507 |
| 13644 ..... | [1] Bethesda-Gaithersburg-Frederick, MD<br>Frederick County, MD.<br>Montgomery County, MD. | 1.1028 | 1.0693 |
| 13740 ..... | Billings, MT<br>Carbon County, MT.<br>Yellowstone County, MT. | 0.8740 | 0.9119 |
| 13780 ..... | Binghamton, NY<br>Broome County, NY.<br>Tioga County, NY. | 0.8816 | 0.9173 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| 13820 | [1] Birmingham-Hoover, AL<br>Bibb County, AL.<br>Blount County, AL.<br>Chilton County, AL.<br>Jefferson County, AL.<br>St. Clair County, AL.<br>Shelby County, AL.<br>Walker County, AL. | 0.8919 | 0.9246 |
| 13900 | Bismarck, ND<br>Burleigh County, ND.<br>Morton County, ND. | 0.7255 | 0.8027 |
| 13980 | Blacksburg-Christiansburg-Radford, VA<br>Giles County, VA.<br>Montgomery County, VA.<br>Pulaski County, VA.<br>Radford City, VA. | 0.8242 | 0.8760 |
| 14020 | Bloomington, IN<br>Greene County, IN.<br>Monroe County, IN.<br>Owen County, IN. | 0.8566 | 0.8994 |
| 14060 | Bloomington-Normal, IL<br>McLean County, IL. | 0.8959 | 0.9275 |
| 14260 | Boise City-Nampa, ID<br>Ada County, ID.<br>Boise County, ID.<br>Canyon County, ID.<br>Gem County, ID.<br>Owyhee County, ID. | 0.9404 | 0.9588 |
| 14484 | [1] Boston-Quincy, MA<br>Norfolk County, MA.<br>Plymouth County, MA.<br>Suffolk County, MA. | 1.1687 | 1.1127 |
| 14500 | Boulder, CO<br>Boulder County, CO. | 1.0368 | 1.0251 |
| 14540 | Bowling Green, KY<br>Edmonson County, KY.<br>Warren County, KY. | 0.8164 | 0.8703 |
| 14740 | Bremerton-Silverdale, WA<br>Kitsap County, WA. | 1.0927 | 1.0626 |
| 14860 | Bridgeport-Stamford-Norwalk, CT<br>Fairfield County, CT. | 1.2691 | 1.1773 |
| 15180 | Brownsville-Harlingen, TX<br>Cameron County, TX. | 0.9474 | 0.9637 |
| 15260 | Brunswick, GA<br>Brantley County, GA.<br>Glynn County, GA.<br>McIntosh County, GA. | 1.0119 | 1.0081 |
| 15380 | [1] Buffalo-Niagara Falls, NY<br>Erie County, NY.<br>Niagara County, NY. | 0.9475 | 0.9637 |
| 15500 | Burlington, NC<br>Alamance County, NC. | 0.8677 | 0.9074 |
| 15540 | [2] Burlington-South Burlington, VT<br>Chittenden County, VT.<br>Franklin County, VT.<br>Grand Isle County, VT. | 1.0986 | 1.0665 |
| 15764 | [1] Cambridge-Newton-Framingham, MA<br>Middlesex County, MA. | 1.0912 | 1.0616 |
| 15804 | [1] Camden, NJ<br>Burlington County, NJ.<br>Camden County, NJ.<br>Gloucester County, NJ. | 1.1226 | 1.0824 |
| 15940 | Canton-Massillon, OH<br>Carroll County, OH.<br>Stark County, OH. | 0.9060 | 0.9346 |
| 15980 | Cape Coral-Fort Myers, FL<br>Lee County, FL. | 0.9339 | 0.9542 |
| 16180 | Carson City, NV<br>Carson City, NV. | 1.0028 | 1.0019 |
| 16220 | [2] Casper, WY | 0.9303 | 0.9517 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Natrona County, WY. | | |
| 16300 | Cedar Rapids, IA | 0.8891 | 0.9227 |
| | Benton County, IA. | | |
| | Jones County, IA. | | |
| | Linn County, IA. | | |
| 16580 | Champaign-Urbana, IL | 0.9649 | 0.9758 |
| | Champaign County, IL. | | |
| | Ford County, IL. | | |
| | Piatt County, IL. | | |
| 16620 | Charleston, WV | 0.8559 | 0.8989 |
| | Boone County, WV. | | |
| | Clay County, WV. | | |
| | Kanawha County, WV. | | |
| | Lincoln County, WV. | | |
| | Putnam County, WV. | | |
| 16700 | Charleston-North Charleston, SC | 0.9168 | 0.9422 |
| | Berkeley County, SC. | | |
| | Charleston County, SC. | | |
| | Dorchester County, SC. | | |
| 16740 | [1] Charlotte-Gastonia-Concord, NC–SC | 0.9520 | 0.9669 |
| | Anson County, NC. | | |
| | Cabarrus County, NC. | | |
| | Gaston County, NC. | | |
| | Mecklenburg County, NC. | | |
| | Stanly County, NC. | | |
| | Union County, NC. | | |
| | York County, SC. | | |
| 16820 | Charlottesville, VA | 1.0140 | 1.0096 |
| | Albemarle County, VA. | | |
| | Fluvanna County, VA. | | |
| | Greene County, VA. | | |
| | Nelson County, VA. | | |
| | Charlottesville City, VA. | | |
| 16860 | Chattanooga, TN–GA | 0.8965 | 0.9279 |
| | Catoosa County, GA. | | |
| | Dade County, GA. | | |
| | Walker County, GA. | | |
| | Hamilton County, TN. | | |
| | Marion County, TN. | | |
| | Sequatchie County, TN. | | |
| 16940 | [2] Cheyenne, WY | 0.9303 | 0.9517 |
| | Laramie County, WY. | | |
| 16974 | [1] Chicago-Naperville-Joliet, IL | 1.0742 | 1.0502 |
| | Cook County, IL. | | |
| | DeKalb County, IL. | | |
| | DuPage County, IL. | | |
| | Grundy County, IL. | | |
| | Kane County, IL. | | |
| | Kendall County, IL. | | |
| | McHenry County, IL. | | |
| | Will County, IL. | | |
| 17020 | [2] Chico, CA | 1.1291 | 1.0867 |
| | Butte County, CA. | | |
| 17140 | [1] Cincinnati-Middletown, OH–KY–IN | 0.9599 | 0.9724 |
| | Dearborn County, IN. | | |
| | Franklin County, IN. | | |
| | Ohio County, IN. | | |
| | Boone County, KY. | | |
| | Bracken County, KY. | | |
| | Campbell County, KY. | | |
| | Gallatin County, KY. | | |
| | Grant County, KY. | | |
| | Kenton County, KY. | | |
| | Pendleton County, KY. | | |
| | Brown County, OH. | | |
| | Butler County, OH. | | |
| | Clermont County, OH. | | |
| | Hamilton County, OH. | | |
| | Warren County, OH. | | |
| 17300 | Clarksville, TN–KY | 0.8431 | 0.8897 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Christian County, KY. | | |
| | Trigg County, KY. | | |
| | Montgomery County, TN. | | |
| | Stewart County, TN. | | |
| 17420 ..... | Cleveland, TN | 0.8132 | 0.8680 |
| | Bradley County, TN. | | |
| | Polk County, TN. | | |
| 17460 ..... | [1] Cleveland-Elyria-Mentor, OH | 0.9378 | 0.9570 |
| | Cuyahoga County, OH. | | |
| | Geauga County, OH. | | |
| | Lake County, OH. | | |
| | Lorain County, OH. | | |
| | Medina County, OH. | | |
| 17660 ..... | Coeur d'Alene, ID | 0.9347 | 0.9548 |
| | Kootenai County, ID. | | |
| 17780 ..... | College Station-Bryan, TX | 0.9064 | 0.9349 |
| | Brazos County, TX. | | |
| | Burleson County, TX. | | |
| | Robertson County, TX. | | |
| 17820 ..... | Colorado Springs, CO | 0.9697 | 0.9792 |
| | El Paso County, CO. | | |
| | Teller County, CO. | | |
| 17860 ..... | Columbia, MO | 0.8550 | 0.8983 |
| | Boone County, MO. | | |
| | Howard County, MO. | | |
| 17900 ..... | [2] Columbia, SC | 0.8604 | 0.9022 |
| | Calhoun County, SC. | | |
| | Fairfield County, SC. | | |
| | Kershaw County, SC. | | |
| | Lexington County, SC. | | |
| | Richland County, SC. | | |
| | Saluda County, SC. | | |
| 17980 ..... | Columbus, GA–AL | 0.8256 | 0.8770 |
| | Russell County, AL. | | |
| | Chattahoochee County, GA. | | |
| | Harris County, GA. | | |
| | Marion County, GA. | | |
| | Muscogee County, GA. | | |
| 18020 ..... | Columbus, IN | 0.9333 | 0.9538 |
| | Bartholomew County, IN. | | |
| 18140 ..... | [1] Columbus, OH | 1.0119 | 1.0081 |
| | Delaware County, OH. | | |
| | Fairfield County, OH. | | |
| | Franklin County, OH. | | |
| | Licking County, OH. | | |
| | Madison County, OH. | | |
| | Morrow County, OH. | | |
| | Pickaway County, OH. | | |
| | Union County, OH. | | |
| 18580 ..... | Corpus Christi, TX | 0.8578 | 0.9003 |
| | Aransas County, TX. | | |
| | Nueces County, TX. | | |
| | San Patricio County, TX. | | |
| 18700 ..... | Corvallis, OR | 1.1536 | 1.1028 |
| | Benton County, OR. | | |
| 19060 ..... | [2] Cumberland, MD–WV (MD Hospitals) | 0.8946 | 0.9266 |
| | Allegany County, MD. | | |
| | Mineral County, WV. | | |
| 19060 ..... | Cumberland, MD–WV (WV Hospitals) | 0.8844 | 0.9193 |
| | Allegany County, MD. | | |
| | Mineral County, WV. | | |
| 19124 ..... | [1] Dallas-Plano-Irving, TX | 1.0087 | 1.0059 |
| | Collin County, TX. | | |
| | Dallas County, TX. | | |
| | Delta County, TX. | | |
| | Denton County, TX. | | |
| | Ellis County, TX. | | |
| | Hunt County, TX. | | |
| | Kaufman County, TX. | | |
| | Rockwall County, TX. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| 19140 | Dalton, GA<br>Murray County, GA.<br>Whitfield County, GA. | 0.9050 | 0.9339 |
| 19180 | Danville, IL<br>Vermilion County, IL. | 0.9295 | 0.9512 |
| 19260 | Danville, VA<br>Pittsylvania County, VA.<br>Danville City, VA. | 0.8483 | 0.8935 |
| 19340 | [2] Davenport-Moline-Rock Island, IA–IL (IA Hospitals)<br>Henry County, IL.<br>Mercer County, IL.<br>Rock Island County, IL.<br>Scott County, IA. | 0.8696 | 0.9088 |
| 19340 | Davenport-Moline-Rock Island, IA–IL (IL Hospitals)<br>Henry County, IL.<br>Mercer County, IL.<br>Rock Island County, IL.<br>Scott County, IA. | 0.8569 | 0.8996 |
| 19380 | Dayton, OH<br>Greene County, OH.<br>Miami County, OH.<br>Montgomery County, OH.<br>Preble County, OH. | 0.9049 | 0.9339 |
| 19460 | Decatur, AL<br>Lawrence County, AL.<br>Morgan County, AL. | 0.8220 | 0.8744 |
| 19500 | [2] Decatur, IL<br>Macon County, IL. | 0.8334 | 0.8827 |
| 19660 | Deltona-Daytona Beach-Ormond Beach, FL<br>Volusia County, FL. | 0.9279 | 0.9500 |
| 19740 | [1] Denver-Aurora, CO<br>Adams County, CO.<br>Arapahoe County, CO.<br>Broomfield County, CO.<br>Clear Creek County, CO.<br>Denver County, CO.<br>Douglas County, CO.<br>Elbert County, CO.<br>Gilpin County, CO.<br>Jefferson County, CO.<br>Park County, CO. | 1.0924 | 1.0624 |
| 19780 | Des Moines-West Des Moines, IA<br>Dallas County, IA.<br>Guthrie County, IA.<br>Madison County, IA.<br>Polk County, IA.<br>Warren County, IA. | 0.9136 | 0.9400 |
| 19804 | [1] Detroit-Livonia-Dearborn, MI<br>Wayne County, MI. | 1.0235 | 1.0160 |
| 20020 | [2] Dothan, AL<br>Geneva County, AL.<br>Henry County, AL.<br>Houston County, AL. | 0.7670 | 0.8339 |
| 20100 | Dover, DE<br>Kent County, DE. | 0.9906 | 0.9936 |
| 20220 | Dubuque, IA<br>Dubuque County, IA. | 0.9132 | 0.9397 |
| 20260 | Duluth, MN–WI<br>Carlton County, MN.<br>St. Louis County, MN.<br>Douglas County, WI. | 1.0157 | 1.0107 |
| 20500 | Durham, NC<br>Chatham County, NC.<br>Durham County, NC.<br>Orange County, NC.<br>Person County, NC. | 0.9805 | 0.9866 |
| 20740 | Eau Claire, WI<br>Chippewa County, WI.<br>Eau Claire County, WI. | 0.9644 | 0.9755 |
| 20764 | [1] Edison, NJ | 1.1242 | 1.0835 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Middlesex County, NJ.<br>Monmouth County, NJ.<br>Ocean County, NJ.<br>Somerset County, NJ. | | |
| 20940 | [2] El Centro, CA<br>Imperial County, CA. | 1.1291 | 1.0867 |
| 21060 | Elizabethtown, KY<br>Hardin County, KY.<br>Larue County, KY. | 0.8719 | 0.9104 |
| 21140 | Elkhart-Goshen, IN<br>Elkhart County, IN. | 0.9421 | 0.9600 |
| 21300 | [2] Elmira, NY<br>Chemung County, NY. | 0.8267 | 0.8778 |
| 21340 | El Paso, TX<br>El Paso County, TX. | 0.9101 | 0.9375 |
| 21500 | Erie, PA<br>Erie County, PA. | 0.8705 | 0.9094 |
| 21604 | [2] Essex County, MA<br>Essex County, MA. | 1.0664 | 1.0450 |
| 21660 | Eugene-Springfield, OR<br>Lane County, OR. | 1.0877 | 1.0593 |
| 21780 | Evansville, IN–KY<br>Gibson County, IN.<br>Posey County, IN.<br>Vanderburgh County, IN.<br>Warrick County, IN.<br>Henderson County, KY.<br>Webster County, KY. | 0.8844 | 0.9193 |
| 21820 | Fairbanks, AK<br>Fairbanks North Star Borough, AK. | 1.1063 | 1.0716 |
| 21940 | Fajardo, PR<br>Ceiba Municipio, PR.<br>Fajardo Municipio, PR.<br>Luquillo Municipio, PR. | 0.4047 | 0.5382 |
| 22020 | Fargo, ND–MN (ND Hospitals)<br>Clay County, MN.<br>Cass County, ND. | 0.8485 | 0.8936 |
| 22020 | [2] Fargo, ND–MN (MN Hospitals)<br>Clay County, MN.<br>Cass County, ND. | 0.9256 | 0.9484 |
| 22140 | Farmington, NM<br>San Juan County, NM. | 0.8603 | 0.9021 |
| 22180 | Fayetteville, NC<br>Cumberland County, NC.<br>Hoke County, NC. | 0.8962 | 0.9277 |
| 22220 | Fayetteville-Springdale-Rogers, AR–MO<br>Benton County, AR.<br>Madison County, AR.<br>Washington County, AR.<br>McDonald County, MO. | 0.8779 | 0.9147 |
| 22380 | Flagstaff, AZ<br>Coconino County, AZ. | 1.1611 | 1.1077 |
| 22420 | Flint, MI<br>Genesee County, MI. | 1.0978 | 1.0660 |
| 22500 | [2] Florence, SC<br>Darlington County, SC.<br>Florence County, SC. | 0.8604 | 0.9022 |
| 22520 | Florence-Muscle Shoals, AL<br>Colbert County, AL.<br>Lauderdale County, AL. | 0.8008 | 0.8589 |
| 22540 | Fond du Lac, WI<br>Fond du Lac County, WI. | 1.0081 | 1.0055 |
| 22660 | Fort Collins-Loveland, CO<br>Larimer County, CO. | 0.9594 | 0.9720 |
| 22744 | [1] Fort Lauderdale-Pompano Beach-Deerfield Beach, FL<br>Broward County, FL. | 1.0470 | 1.0320 |
| 22900 | Fort Smith, AR–OK<br>Crawford County, AR.<br>Franklin County, AR.<br>Sebastian County, AR. | 0.7761 | 0.8407 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Le Flore County, OK. | | |
| | Sequoyah County, OK. | | |
| 23020 | Fort Walton Beach-Crestview-Destin, FL | 0.8654 | 0.9057 |
| | Okaloosa County, FL. | | |
| 23060 | Fort Wayne, IN | 0.9498 | 0.9653 |
| | Allen County, IN. | | |
| | Wells County, IN. | | |
| | Whitley County, IN. | | |
| 23104 | [1] Fort Worth-Arlington, TX | 0.9591 | 0.9718 |
| | Johnson County, TX. | | |
| | Parker County, TX. | | |
| | Tarrant County, TX. | | |
| | Wise County, TX. | | |
| 23420 | [2] Fresno, CA | 1.1291 | 1.0867 |
| | Fresno County, CA. | | |
| 23460 | Gadsden, AL | 0.8107 | 0.8661 |
| | Etowah County, AL. | | |
| 23540 | Gainesville, FL | 0.9299 | 0.9514 |
| | Alachua County, FL. | | |
| | Gilchrist County, FL. | | |
| 23580 | Gainesville, GA | 0.8989 | 0.9296 |
| | Hall County, GA. | | |
| 23844 | Gary, IN | 0.9278 | 0.9500 |
| | Jasper County, IN. | | |
| | Lake County, IN. | | |
| | Newton County, IN. | | |
| | Porter County, IN. | | |
| 24020 | Glens Falls, NY | 0.8359 | 0.8845 |
| | Warren County, NY. | | |
| | Washington County, NY. | | |
| 24140 | Goldsboro, NC | 0.9185 | 0.9434 |
| | Wayne County, NC. | | |
| 24220 | Grand Forks, ND–MN (ND Hospitals) | 0.7988 | 0.8574 |
| | Polk County, MN. | | |
| | Grand Forks County, ND. | | |
| 24220 | [2] Grand Forks, ND–MN (MN Hospitals) | 0.9256 | 0.9484 |
| | Polk County, MN. | | |
| | Grand Forks County, ND. | | |
| 24300 | Grand Junction, CO | 1.0037 | 1.0025 |
| | Mesa County, CO. | | |
| 24340 | Grand Rapids-Wyoming, MI | 0.9469 | 0.9633 |
| | Barry County, MI. | | |
| | Ionia County, MI. | | |
| | Kent County, MI. | | |
| | Newaygo County, MI. | | |
| 24500 | Great Falls, MT | 0.8781 | 0.9148 |
| | Cascade County, MT. | | |
| 24540 | Greeley, CO | 0.9636 | 0.9749 |
| | Weld County, CO. | | |
| 24580 | Green Bay, WI | 0.9791 | 0.9856 |
| | Brown County, WI. | | |
| | Kewaunee County, WI. | | |
| | Oconto County, WI. | | |
| 24660 | Greensboro-High Point, NC | 0.8992 | 0.9298 |
| | Guilford County, NC. | | |
| | Randolph County, NC. | | |
| | Rockingham County, NC. | | |
| 24780 | Greenville, NC | 0.9427 | 0.9604 |
| | Greene County, NC. | | |
| | Pitt County, NC. | | |
| 24860 | Greenville, SC | 0.9708 | 0.9799 |
| | Greenville County, SC. | | |
| | Laurens County, SC. | | |
| | Pickens County, SC. | | |
| 25020 | Guayama, PR | 0.3242 | 0.4624 |
| | Arroyo Municipio, PR. | | |
| | Guayama Municipio, PR. | | |
| | Patillas Municipio, PR. | | |
| 25060 | Gulfport-Biloxi, MS | 0.8914 | 0.9243 |
| | Hancock County, MS. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Harrison County, MS. | | |
| | Stone County, MS. | | |
| 25180 ..... | Hagerstown-Martinsburg, MD–WV | 0.9082 | 0.9362 |
| | Washington County, MD. | | |
| | Berkeley County, WV. | | |
| | Morgan County, WV. | | |
| 25260 ..... | [2] Hanford-Corcoran, CA | 1.1291 | 1.0867 |
| | Kings County, CA. | | |
| 25420 ..... | Harrisburg-Carlisle, PA | 0.9413 | 0.9594 |
| | Cumberland County, PA. | | |
| | Dauphin County, PA. | | |
| | Perry County, PA. | | |
| 25500 ..... | Harrisonburg, VA | 0.9093 | 0.9370 |
| | Rockingham County, VA. | | |
| | Harrisonburg City, VA. | | |
| 25540 ..... | [1 2] Hartford-West Hartford-East Hartford, CT | 1.1750 | 1.1168 |
| | Hartford County, CT. | | |
| | Litchfield County, CT. | | |
| | Middlesex County, CT. | | |
| | Tolland County, CT. | | |
| 25620 ..... | [2] Hattiesburg, MS | 0.7579 | 0.8271 |
| | Forrest County, MS. | | |
| | Lamar County, MS. | | |
| | Perry County, MS. | | |
| 25860 ..... | Hickory-Lenoir-Morganton, NC | 0.9029 | 0.9324 |
| | Alexander County, NC. | | |
| | Burke County, NC. | | |
| | Caldwell County, NC. | | |
| | Catawba County, NC. | | |
| 25980 ..... | Hinesville-Fort Stewart, GA | 0.7577 | 0.8270 |
| | Liberty County, GA. | | |
| | Long County, GA. | | |
| 26100 ..... | Holland-Grand Haven, MI | 0.9241 | 0.9474 |
| | Ottawa County, MI. | | |
| 26180 ..... | Honolulu, HI | 1.1066 | 1.0718 |
| | Honolulu County, HI. | | |
| 26300 ..... | Hot Springs, AR | 0.8812 | 0.9170 |
| | Garland County, AR. | | |
| 26380 ..... | Houma-Bayou Cane-Thibodaux, LA | 0.8003 | 0.8585 |
| | Lafourche Parish, LA. | | |
| | Terrebonne Parish, LA. | | |
| 26420 ..... | [1] Houston-Sugar Land-Baytown, TX | 1.0030 | 1.0021 |
| | Austin County, TX. | | |
| | Brazoria County, TX. | | |
| | Chambers County, TX. | | |
| | Fort Bend County, TX. | | |
| | Galveston County, TX. | | |
| | Harris County, TX. | | |
| | Liberty County, TX. | | |
| | Montgomery County, TX. | | |
| | San Jacinto County, TX. | | |
| | Waller County, TX. | | |
| 26580 ..... | Huntington-Ashland, WV–KY–OH | 0.9009 | 0.9310 |
| | Boyd County, KY. | | |
| | Greenup County, KY. | | |
| | Lawrence County, OH. | | |
| | Cabell County, WV. | | |
| | Wayne County, WV. | | |
| 26620 ..... | Huntsville, AL | 0.9027 | 0.9323 |
| | Limestone County, AL. | | |
| | Madison County, AL. | | |
| 26820 ..... | Idaho Falls, ID | 0.9300 | 0.9515 |
| | Bonneville County, ID. | | |
| | Jefferson County, ID. | | |
| 26900 ..... | [1] Indianapolis-Carmel, IN | 0.9757 | 0.9833 |
| | Boone County, IN. | | |
| | Brown County, IN. | | |
| | Hamilton County, IN. | | |
| | Hancock County, IN. | | |
| | Hendricks County, IN. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Johnson County, IN. | | |
| | Marion County, IN. | | |
| | Morgan County, IN. | | |
| | Putnam County, IN. | | |
| | Shelby County, IN. | | |
| 26980 ..... | Iowa City, IA | 0.9726 | 0.9812 |
| | Johnson County, IA. | | |
| | Washington County, IA. | | |
| 27060 ..... | Ithaca, NY | 0.9883 | 0.9920 |
| | Tompkins County, NY. | | |
| 27100 ..... | Jackson, MI | 0.9562 | 0.9698 |
| | Jackson County, MI. | | |
| 27140 ..... | Jackson, MS | 0.8278 | 0.8786 |
| | Copiah County, MS. | | |
| | Hinds County, MS. | | |
| | Madison County, MS. | | |
| | Rankin County, MS. | | |
| | Simpson County, MS | 0.8860 | 0.9205 |
| 27180 ..... | Jackson, TN. | | |
| | Chester County, TN. | | |
| | Madison County, TN. | | |
| 27260 ..... | [1] Jacksonville, FL | 0.9046 | 0.9336 |
| | Baker County, FL. | | |
| | Clay County, FL. | | |
| | Duval County, FL. | | |
| | Nassau County, FL. | | |
| | St. Johns County, FL. | | |
| 27340 ..... | [2] Jacksonville, NC | 0.8607 | 0.9024 |
| | Onslow County, NC. | | |
| 27500 ..... | Janesville, WI | 0.9685 | 0.9783 |
| | Rock County, WI. | | |
| 27620 ..... | Jefferson City, MO | 0.8341 | 0.8832 |
| | Callaway County, MO. | | |
| | Cole County, MO. | | |
| | Moniteau County, MO. | | |
| | Osage County, MO. | | |
| 27740 ..... | Johnson City, TN | 0.8070 | 0.8634 |
| | Carter County, TN. | | |
| | Unicoi County, TN. | | |
| | Washington County, TN. | | |
| 27780 ..... | Johnstown, PA | 0.8621 | 0.9034 |
| | Cambria County, PA. | | |
| 27860 ..... | Jonesboro, AR | 0.7952 | 0.8548 |
| | Craighead County, AR. | | |
| | Poinsett County, AR. | | |
| 27900 ..... | Joplin, MO | 0.8620 | 0.9033 |
| | Jasper County, MO. | | |
| | Newton County, MO. | | |
| 28020 ..... | Kalamazoo-Portage, MI | 1.0737 | 1.0499 |
| | Kalamazoo County, MI. | | |
| | Van Buren County, MI. | | |
| 28100 ..... | Kankakee-Bradley, IL | 1.0005 | 1.0003 |
| | Kankakee County, IL. | | |
| 28140 ..... | [1] Kansas City, MO–KS | 0.9501 | 0.9656 |
| | Franklin County, KS. | | |
| | Johnson County, KS. | | |
| | Leavenworth County, KS. | | |
| | Linn County, KS. | | |
| | Miami County, KS. | | |
| | Wyandotte County, KS. | | |
| | Bates County, MO. | | |
| | Caldwell County, MO. | | |
| | Cass County, MO. | | |
| | Clay County, MO. | | |
| | Clinton County, MO. | | |
| | Jackson County, MO. | | |
| | Lafayette County, MO. | | |
| | Platte County, MO. | | |
| | Ray County, MO. | | |
| 28420 ..... | [2] Kennewick-Richland-Pasco, WA | 1.0440 | 1.0299 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Benton County, WA. | | |
| | Franklin County, WA. | | |
| 28660 | Killeen-Temple-Fort Hood, TX | 0.9131 | 0.9396 |
| | Bell County, TX. | | |
| | Coryell County, TX. | | |
| | Lampasas County, TX. | | |
| 28700 | Kingsport-Bristol-Bristol, TN–VA | 0.8062 | 0.8628 |
| | Hawkins County, TN. | | |
| | Sullivan County, TN. | | |
| | Bristol City, VA. | | |
| | Scott County, VA. | | |
| | Washington County, VA. | | |
| 28740 | Kingston, NY | 0.9387 | 0.9576 |
| | Ulster County, NY. | | |
| 28940 | Knoxville, TN | 0.8278 | 0.8786 |
| | Anderson County, TN. | | |
| | Blount County, TN. | | |
| | Knox County, TN. | | |
| | Loudon County, TN. | | |
| | Union County, TN. | | |
| 29020 | Kokomo, IN | 0.9494 | 0.9651 |
| | Howard County, IN. | | |
| | Tipton County, IN. | | |
| 29100 | [2] La Crosse, WI–MN (WI Hospitals) | 0.9466 | 0.9631 |
| | Houston County, MN. | | |
| | La Crosse County, WI. | | |
| 29100 | La Crosse, WI–MN (MN Hospitals) | 0.9427 | 0.9604 |
| | Houston County, MN. | | |
| | La Crosse County, WI. | | |
| 29140 | Lafayette, IN | 0.8957 | 0.9273 |
| | Benton County, IN. | | |
| | Carroll County, IN. | | |
| | Tippecanoe County, IN. | | |
| 29180 | Lafayette, LA | 0.8300 | 0.8802 |
| | Lafayette Parish, LA. | | |
| | St. Martin Parish, LA. | | |
| 29340 | Lake Charles, LA | 0.7934 | 0.8534 |
| | Calcasieu Parish, LA. | | |
| | Cameron Parish, LA. | | |
| 29400 | Lake County-Kenosha County, IL–WI | 1.0408 | 1.0278 |
| | Lake County, IL. | | |
| | Kenosha County, WI. | | |
| 29460 | Lakeland, FL | 0.8908 | 0.9239 |
| | Polk County, FL. | | |
| 29540 | Lancaster, PA | 0.9768 | 0.9841 |
| | Lancaster County, PA. | | |
| 29620 | Lansing-East Lansing, MI | 1.0096 | 1.0066 |
| | Clinton County, MI. | | |
| | Eaton County, MI. | | |
| | Ingham County, MI. | | |
| 29700 | [2] Laredo, TX | 0.8003 | 0.8585 |
| | Webb County, TX. | | |
| 29740 | Las Cruces, NM | 0.9270 | 0.9494 |
| | Dona Ana County, NM. | | |
| 29820 | [1] Las Vegas-Paradise, NV | 1.1417 | 1.0950 |
| | Clark County, NV. | | |
| 29940 | Lawrence, KS | 0.8346 | 0.8835 |
| | Douglas County, KS. | | |
| 30020 | Lawton, OK | 0.8116 | 0.8668 |
| | Comanche County, OK. | | |
| 30140 | Lebanon, PA | 0.8886 | 0.9223 |
| | Lebanon County, PA. | | |
| 30300 | Lewiston, ID–WA (ID Hospitals) | 0.9853 | 0.9899 |
| | Nez Perce County, ID. | | |
| | Asotin County, WA. | | |
| 30300 | [2] Lewiston, ID–WA (WA Hospitals) | 1.0440 | 1.0299 |
| | Nez Perce County, ID. | | |
| | Asotin County, WA. | | |
| 30340 | Lewiston-Auburn, ME | 0.9141 | 0.9403 |
| | Androscoggin County, ME. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| 30460 | Lexington-Fayette, KY | 0.9168 | 0.9422 |
| | Bourbon County, KY. | | |
| | Clark County, KY. | | |
| | Fayette County, KY. | | |
| | Jessamine County, KY. | | |
| | Scott County, KY. | | |
| | Woodford County, KY. | | |
| 30620 | Lima, OH | 0.9060 | 0.9346 |
| | Allen County, OH. | | |
| 30700 | Lincoln, NE | 1.0084 | 1.0057 |
| | Lancaster County, NE. | | |
| | Seward County, NE. | | |
| 30780 | Little Rock-North Little Rock, AR | 0.8918 | 0.9246 |
| | Faulkner County, AR. | | |
| | Grant County, AR. | | |
| | Lonoke County, AR. | | |
| | Perry County, AR. | | |
| | Pulaski County, AR. | | |
| | Saline County, AR. | | |
| 30860 | Logan, UT–ID | 0.9049 | 0.9339 |
| | Franklin County, ID. | | |
| | Cache County, UT. | | |
| 30980 | Longview, TX | 0.8905 | 0.9237 |
| | Gregg County, TX. | | |
| | Rusk County, TX. | | |
| | Upshur County, TX. | | |
| 31020 | [2] Longview, WA | 1.0440 | 1.0299 |
| | Cowlitz County, WA. | | |
| 31084 | [1 3] Los Angeles-Long Beach-Glendale, CA | 1.1762 | 1.1175 |
| | Los Angeles County, CA. | | |
| 31140 | [1] Louisville-Jefferson County, KY–IN | 0.9137 | 0.9401 |
| | Clark County, IN. | | |
| | Floyd County, IN. | | |
| | Harrison County, IN. | | |
| | Washington County, IN. | | |
| | Bullitt County, KY. | | |
| | Henry County, KY. | | |
| | Jefferson County, KY. | | |
| | Meade County, KY. | | |
| | Nelson County, KY. | | |
| | Oldham County, KY. | | |
| | Shelby County, KY. | | |
| | Spencer County, KY. | | |
| | Trimble County, KY. | | |
| 31180 | Lubbock, TX | 0.8626 | 0.9037 |
| | Crosby County, TX. | | |
| | Lubbock County, TX. | | |
| 31340 | Lynchburg, VA | 0.8716 | 0.9102 |
| | Amherst County, VA. | | |
| | Appomattox County, VA. | | |
| | Bedford County, VA. | | |
| | Campbell County, VA. | | |
| | Bedford City, VA. | | |
| | Lynchburg City, VA. | | |
| 31420 | Macon, GA | 0.9554 | 0.9692 |
| | Bibb County, GA. | | |
| | Crawford County, GA. | | |
| | Jones County, GA. | | |
| | Monroe County, GA. | | |
| | Twiggs County, GA. | | |
| 31460 | [2] Madera, CA | 1.1291 | 1.0867 |
| | Madera County, CA. | | |
| 31540 | Madison, WI | 1.0731 | 1.0495 |
| | Columbia County, WI. | | |
| | Dane County, WI. | | |
| | Iowa County, WI. | | |
| 31700 | [2] Manchester-Nashua, NH | 1.1665 | 1.1112 |
| | Hillsborough County, NH. | | |
| | Merrimack County, NH. | | |
| 31900 | Mansfield, OH | 0.9298 | 0.9514 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Richland County, OH. | | |
| 32420 ..... | Mayagüez, PR | 0.3856 | 0.5207 |
| | Hormigueros Municipio, PR. | | |
| | Mayagüez Municipio, PR. | | |
| 32580 ..... | McAllen-Edinburg-Mission, TX | 0.8790 | 0.9155 |
| | Hidalgo County, TX. | | |
| 32780 ..... | Medford, OR | 1.0836 | 1.0565 |
| | Jackson County, OR. | | |
| 32820 ..... | [1] Memphis, TN–MS–AR | 0.9367 | 0.9562 |
| | Crittenden County, AR. | | |
| | DeSoto County, MS. | | |
| | Marshall County, MS. | | |
| | Tate County, MS. | | |
| | Tunica County, MS. | | |
| | Fayette County, TN. | | |
| | Shelby County, TN. | | |
| | Tipton County, TN. | | |
| 32900 ..... | Merced, CA | 1.1421 | 1.0953 |
| | Merced County, CA. | | |
| 33124 ..... | [1] Miami-Miami Beach-Kendall, FL | 0.9825 | 0.9880 |
| | Miami-Dade County, FL. | | |
| 33140 ..... | Michigan City-La Porte, IN | 0.9093 | 0.9370 |
| | LaPorte County, IN. | | |
| 33260 ..... | Midland, TX | 0.9802 | 0.9864 |
| | Midland County, TX. | | |
| 33340 ..... | [1] Milwaukee-Waukesha-West Allis, WI | 1.0241 | 1.0164 |
| | Milwaukee County, WI. | | |
| | Ozaukee County, WI. | | |
| | Washington County, WI. | | |
| | Waukesha County, WI. | | |
| 33460 ..... | [1] Minneapolis-St. Paul-Bloomington, MN–WI | 1.0943 | 1.0637 |
| | Anoka County, MN. | | |
| | Carver County, MN. | | |
| | Chisago County, MN. | | |
| | Dakota County, MN. | | |
| | Hennepin County, MN. | | |
| | Isanti County, MN. | | |
| | Ramsey County, MN. | | |
| | Scott County, MN. | | |
| | Sherburne County, MN. | | |
| | Washington County, MN. | | |
| | Wright County, MN. | | |
| | Pierce County, WI. | | |
| | St. Croix County, WI. | | |
| 33540 ..... | Missoula, MT | 0.8909 | 0.9239 |
| | Missoula County, MT. | | |
| 33660 ..... | Mobile, AL | 0.7955 | 0.8550 |
| | Mobile County, AL. | | |
| 33700 ..... | Modesto, CA | 1.1731 | 1.1155 |
| | Stanislaus County, CA. | | |
| 33740 ..... | Monroe, LA | 0.8015 | 0.8594 |
| | Ouachita Parish, LA. | | |
| | Union Parish, LA. | | |
| 33780 ..... | Monroe, MI | 0.9715 | 0.9804 |
| | Monroe County, MI. | | |
| 33860 ..... | Montgomery, AL | 0.8035 | 0.8609 |
| | Autauga County, AL. | | |
| | Elmore County, AL. | | |
| | Lowndes County, AL. | | |
| | Montgomery County, AL. | | |
| 34060 ..... | Morgantown, WV | 0.8449 | 0.8910 |
| | Monongalia County, WV. | | |
| | Preston County, WV. | | |
| 34100 ..... | [2] Morristown, TN | 0.7957 | 0.8551 |
| | Grainger County, TN. | | |
| | Hamblen County, TN. | | |
| | Jefferson County, TN. | | |
| 34580 ..... | Mount Vernon-Anacortes, WA | 1.0514 | 1.0349 |
| | Skagit County, WA. | | |
| 34620 ..... | [2] Muncie, IN | 0.8479 | 0.8932 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Delaware County, IN. | | |
| 34740 | [3] Muskegon-Norton Shores, MI | 0.9961 | 0.9973 |
| | Muskegon County, MI. | | |
| 34820 | Myrtle Beach-Conway-North Myrtle Beach, SC | 0.8819 | 0.9175 |
| | Horry County, SC. | | |
| 34900 | Napa, CA | 1.3484 | 1.2272 |
| | Napa County, CA. | | |
| 34940 | Naples-Marco Island, FL | 0.9935 | 0.9955 |
| | Collier County, FL. | | |
| 34980 | [1] Nashville-Davidson-Murfreesboro, TN | 0.9853 | 0.9899 |
| | Cannon County, TN. | | |
| | Cheatham County, TN. | | |
| | Davidson County, TN. | | |
| | Dickson County, TN. | | |
| | Hickman County, TN. | | |
| | Macon County, TN. | | |
| | Robertson County, TN. | | |
| | Rutherford County, TN. | | |
| | Smith County, TN. | | |
| | Sumner County, TN. | | |
| | Trousdale County, TN. | | |
| | Williamson County, TN. | | |
| | Wilson County, TN. | | |
| 35004 | [1 3] Nassau-Suffolk, NY | 1.2701 | 1.1779 |
| | Nassau County, NY. | | |
| | Suffolk County, NY. | | |
| 35080 | [1] Newark-Union, NJ–PA | 1.1886 | 1.1256 |
| | Essex County, NJ. | | |
| | Hunterdon County, NJ. | | |
| | Morris County, NJ. | | |
| | Sussex County, NJ. | | |
| | Union County, NJ. | | |
| | Pike County, PA. | | |
| 35300 | New Haven-Milford, CT | 1.2093 | 1.1390 |
| | New Haven County, CT. | | |
| 35380 | [1] New Orleans-Metairie-Kenner, LA | 0.8855 | 0.9201 |
| | Jefferson Parish, LA. | | |
| | Orleans Parish, LA. | | |
| | Plaquemines Parish, LA. | | |
| | St. Bernard Parish, LA. | | |
| | St. Charles Parish, LA. | | |
| | St. John the Baptist Parish, LA. | | |
| | St. Tammany Parish, LA. | | |
| 35644 | [1 3] New York-White Plains-Wayne, NY–NJ | 1.3215 | 1.2103 |
| | Bergen County, NJ. | | |
| | Hudson County, NJ. | | |
| | Passaic County, NJ. | | |
| | Bronx County, NY. | | |
| | Kings County, NY. | | |
| | New York County, NY. | | |
| | Putnam County, NY. | | |
| | Queens County, NY. | | |
| | Richmond County, NY. | | |
| | Rockland County, NY. | | |
| | Westchester County, NY. | | |
| 35660 | [2] Niles-Benton Harbor, MI | 0.9055 | 0.9343 |
| | Berrien County, MI. | | |
| 35980 | Norwich-New London, CT | 1.2020 | 1.1343 |
| | New London County, CT. | | |
| 36084 | [1] Oakland-Fremont-Hayward, CA | 1.5669 | 1.3601 |
| | Alameda County, CA. | | |
| | Contra Costa County, CA. | | |
| 36100 | Ocala, FL | 0.8904 | 0.9236 |
| | Marion County, FL. | | |
| 36140 | [2] Ocean City, NJ | 1.1226 | 1.0824 |
| | Cape May County, NJ. | | |
| 36220 | Odessa, TX | 1.0119 | 1.0081 |
| | Ector County, TX. | | |
| 36260 | Ogden-Clearfield, UT | 0.9021 | 0.9319 |
| | Davis County, UT. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Morgan County, UT. | | |
| | Weber County, UT. | | |
| 36420 ..... | [1] Oklahoma City, OK | 0.8857 | 0.9202 |
| | Canadian County, OK. | | |
| | Cleveland County, OK. | | |
| | Grady County, OK. | | |
| | Lincoln County, OK. | | |
| | Logan County, OK. | | |
| | McClain County, OK. | | |
| | Oklahoma County, OK. | | |
| 36500 ..... | Olympia, WA | 1.1096 | 1.0738 |
| | Thurston County, WA. | | |
| 36540 ..... | Omaha-Council Bluffs, NE–IA | 0.9453 | 0.9622 |
| | Harrison County, IA. | | |
| | Mills County, IA. | | |
| | Pottawattamie County, IA. | | |
| | Cass County, NE. | | |
| | Douglas County, NE. | | |
| | Sarpy County, NE. | | |
| | Saunders County, NE. | | |
| | Washington County, NE. | | |
| 36740 ..... | [1] Orlando-Kissimmee, FL | 0.9409 | 0.9591 |
| | Lake County, FL. | | |
| | Orange County, FL. | | |
| | Osceola County, FL. | | |
| | Seminole County, FL. | | |
| 36780 ..... | [2] Oshkosh-Neenah, WI | 0.9466 | 0.9631 |
| | Winnebago County, WI. | | |
| 36980 ..... | Owensboro, KY | 0.8780 | 0.9148 |
| | Daviess County, KY. | | |
| | Hancock County, KY. | | |
| | McLean County, KY. | | |
| 37100 ..... | Oxnard-Thousand Oaks-Ventura, CA | 1.1583 | 1.1059 |
| | Ventura County, CA. | | |
| 37340 ..... | Palm Bay-Melbourne-Titusville, FL | 0.9440 | 0.9613 |
| | Brevard County, FL. | | |
| 37460 ..... | [2] Panama City-Lynn Haven, FL | 0.8609 | 0.9025 |
| | Bay County, FL. | | |
| 37620 ..... | Parkersburg-Marietta-Vienna, WV–OH (WV Hospitals) | 0.7964 | 0.8556 |
| | Washington County, OH. | | |
| | Pleasants County, WV. | | |
| | Wirt County, WV. | | |
| | Wood County, WV. | | |
| 37620 ..... | [2] Parkersburg-Marietta-Vienna, WV–OH (OH Hospitals) | 0.8673 | 0.9071 |
| | Washington County, OH. | | |
| | Pleasants County, WV. | | |
| | Wirt County, WV. | | |
| | Wood County, WV. | | |
| 37700 ..... | Pascagoula, MS | 0.8229 | 0.8750 |
| | George County, MS. | | |
| | Jackson County, MS. | | |
| 37860 ..... | [2] Pensacola-Ferry Pass-Brent, FL | 0.8609 | 0.9025 |
| | Escambia County, FL. | | |
| | Santa Rosa County, FL. | | |
| 37900 ..... | Peoria, IL | 0.8973 | 0.9285 |
| | Marshall County, IL. | | |
| | Peoria County, IL. | | |
| | Stark County, IL. | | |
| | Tazewell County, IL. | | |
| | Woodford County, IL. | | |
| 37964 ..... | [1] Philadelphia, PA | 1.1009 | 1.0680 |
| | Bucks County, PA. | | |
| | Chester County, PA. | | |
| | Delaware County, PA. | | |
| | Montgomery County, PA. | | |
| | Philadelphia County, PA. | | |
| 38060 ..... | [1] Phoenix-Mesa-Scottsdale, AZ | 1.0307 | 1.0209 |
| | Maricopa County, AZ. | | |
| | Pinal County, AZ. | | |
| 38220 ..... | Pine Bluff, AR | 0.8423 | 0.8891 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Cleveland County, AR. | | |
| | Jefferson County, AR. | | |
| | Lincoln County, AR. | | |
| 38300 | [1] Pittsburgh, PA | 0.8671 | 0.9070 |
| | Allegheny County, PA. | | |
| | Armstrong County, PA. | | |
| | Beaver County, PA. | | |
| | Butler County, PA. | | |
| | Fayette County, PA. | | |
| | Washington County, PA. | | |
| | Westmoreland County, PA. | | |
| 38340 | [2] Pittsfield, MA | 1.0664 | 1.0450 |
| | Berkshire County, MA. | | |
| 38540 | Pocatello, ID | 0.9400 | 0.9585 |
| | Bannock County, ID. | | |
| | Power County, ID. | | |
| 38660 | Ponce, PR | 0.4852 | 0.6094 |
| | Juana Díaz Municipio, PR. | | |
| | Ponce Municipio, PR. | | |
| | Villalba Municipio, PR. | | |
| 38860 | Portland-South Portland-Biddeford, ME | 0.9916 | 0.9942 |
| | Cumberland County, ME. | | |
| | Sagadahoc County, ME. | | |
| | York County, ME. | | |
| 38900 | [1] Portland-Vancouver-Beaverton, OR–WA | 1.1405 | 1.0942 |
| | Clackamas County, OR. | | |
| | Columbia County, OR. | | |
| | Multnomah County, OR. | | |
| | Washington County, OR. | | |
| | Yamhill County, OR. | | |
| | Clark County, WA. | | |
| | Skamania County, WA. | | |
| 38940 | Port St. Lucie-Fort Pierce, FL | 0.9857 | 0.9902 |
| | Martin County, FL. | | |
| | St. Lucie County, FL. | | |
| 39100 | Poughkeepsie-Newburgh-Middletown, NY | 1.0913 | 1.0617 |
| | Dutchess County, NY. | | |
| | Orange County, NY. | | |
| 39140 | Prescott, AZ | 0.9858 | 0.9903 |
| | Yavapai County, AZ. | | |
| 39300 | [1] Providence-New Bedford-Fall River, RI–MA | 1.0791 | 1.0535 |
| | Bristol County, MA. | | |
| | Bristol County, RI. | | |
| | Kent County, RI. | | |
| | Newport County, RI. | | |
| | Providence County, RI. | | |
| | Washington County, RI. | | |
| 39340 | Provo-Orem, UT | 0.9537 | 0.9681 |
| | Juab County, UT. | | |
| | Utah County, UT. | | |
| 39380 | [2] Pueblo, CO | 0.9331 | 0.9537 |
| | Pueblo County, CO. | | |
| 39460 | Punta Gorda, FL | 0.9432 | 0.9607 |
| | Charlotte County, FL. | | |
| 39540 | [2] Racine, WI | 0.9466 | 0.9631 |
| | Racine County, WI. | | |
| 39580 | Raleigh-Cary, NC | 0.9855 | 0.9900 |
| | Franklin County, NC. | | |
| | Johnston County, NC. | | |
| | Wake County, NC. | | |
| 39660 | Rapid City, SD | 1.0359 | 1.0244 |
| | Meade County, SD. | | |
| | Pennington County, SD. | | |
| 39740 | Reading, PA | 0.9642 | 0.9753 |
| | Berks County, PA. | | |
| 39820 | Redding, CA | 1.3205 | 1.2097 |
| | Shasta County, CA. | | |
| 39900 | Reno-Sparks, NV | 1.1975 | 1.1314 |
| | Storey County, NV. | | |
| | Washoe County, NV. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| 40060 ..... | [1] Richmond, VA<br>Amelia County, VA.<br>Caroline County, VA.<br>Charles City County, VA.<br>Chesterfield County, VA.<br>Cumberland County, VA.<br>Dinwiddie County, VA.<br>Goochland County, VA.<br>Hanover County, VA.<br>Henrico County, VA.<br>King and Queen County, VA.<br>King William County, VA.<br>Louisa County, VA.<br>New Kent County, VA.<br>Powhatan County, VA.<br>Prince George County, VA.<br>Sussex County, VA.<br>Colonial Heights City, VA.<br>Hopewell City, VA.<br>Petersburg City, VA.<br>Richmond City, VA. | 0.9174 | 0.9427 |
| 40140 ..... | [1 2] Riverside-San Bernardino-Ontario, CA<br>Riverside County, CA.<br>San Bernardino County, CA. | 1.1291 | 1.0867 |
| 40220 ..... | Roanoke, VA<br>Botetourt County, VA.<br>Craig County, VA.<br>Franklin County, VA.<br>Roanoke County, VA.<br>Roanoke City, VA.<br>Salem City, VA. | 0.8677 | 0.9074 |
| 40340 ..... | Rochester, MN<br>Dodge County, MN.<br>Olmsted County, MN.<br>Wabasha County, MN. | 1.1246 | 1.0837 |
| 40380 ..... | [1] Rochester, NY<br>Livingston County, NY.<br>Monroe County, NY.<br>Ontario County, NY.<br>Orleans County, NY.<br>Wayne County, NY. | 0.9007 | 0.9309 |
| 40420 ..... | Rockford, IL<br>Boone County, IL.<br>Winnebago County, IL. | 0.9987 | 0.9991 |
| 40484 ..... | [2] Rockingham County-Strafford County, NH<br>Rockingham County, NH.<br>Strafford County, NH. | 1.1665 | 1.1112 |
| 40580 ..... | Rocky Mount, NC<br>Edgecombe County, NC.<br>Nash County, NC. | 0.8869 | 0.9211 |
| 40660 ..... | Rome, GA<br>Floyd County, GA. | 0.9307 | 0.9520 |
| 40900 ..... | [1] Sacramento—Arden-Arcade—Roseville, CA<br>El Dorado County, CA.<br>Placer County, CA.<br>Sacramento County, CA.<br>Yolo County, CA. | 1.3350 | 1.2188 |
| 40980 ..... | [2] Saginaw-Saginaw Township North, MI<br>Saginaw County, MI. | 0.9055 | 0.9343 |
| 41060 ..... | St. Cloud, MN<br>Benton County, MN.<br>Stearns County, MN. | 1.0438 | 1.0298 |
| 41100 ..... | St. George, UT<br>Washington County, UT. | 0.9295 | 0.9512 |
| 41140 ..... | St. Joseph, MO–KS<br>Doniphan County, KS.<br>Andrew County, MO.<br>Buchanan County, MO.<br>DeKalb County, MO. | 1.0174 | 1.0119 |
| 41180 ..... | [1] St. Louis, MO–IL | 0.9017 | 0.9316 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Bond County, IL. | | |
| | Calhoun County, IL. | | |
| | Clinton County, IL. | | |
| | Jersey County, IL. | | |
| | Macoupin County, IL. | | |
| | Madison County, IL. | | |
| | Monroe County, IL. | | |
| | St. Clair County, IL. | | |
| | Crawford County, MO. | | |
| | Franklin County, MO. | | |
| | Jefferson County, MO. | | |
| | Lincoln County, MO. | | |
| | St. Charles County, MO. | | |
| | St. Louis County, MO. | | |
| | Warren County, MO. | | |
| | Washington County, MO. | | |
| | St. Louis City, MO. | | |
| 41420 | Salem, OR | 1.0452 | 1.0307 |
| | Marion County, OR. | | |
| | Polk County, OR. | | |
| 41500 | Salinas, CA | 1.4457 | 1.2871 |
| | Monterey County, CA. | | |
| 41540 | Salisbury, MD | 0.8958 | 0.9274 |
| | Somerset County, MD. | | |
| | Wicomico County, MD. | | |
| 41620 | Salt Lake City, UT | 0.9421 | 0.9600 |
| | Salt Lake County, UT. | | |
| | Summit County, UT. | | |
| | Tooele County, UT. | | |
| 41660 | San Angelo, TX | 0.8385 | 0.8864 |
| | Irion County, TX. | | |
| | Tom Green County, TX. | | |
| 41700 | [1] San Antonio, TX | 0.8859 | 0.9204 |
| | Atascosa County, TX. | | |
| | Bandera County, TX. | | |
| | Bexar County, TX. | | |
| | Comal County, TX. | | |
| | Guadalupe County, TX. | | |
| | Kendall County, TX. | | |
| | Medina County, TX. | | |
| | Wilson County, TX. | | |
| 41740 | [1] San Diego-Carlsbad-San Marcos, CA | 1.1371 | 1.0920 |
| | San Diego County, CA. | | |
| 41780 | Sandusky, OH | 0.9328 | 0.9535 |
| | Erie County, OH. | | |
| 41884 | [1] San Francisco-San Mateo-Redwood City, CA | 1.5049 | 1.3230 |
| | Marin County, CA. | | |
| | San Francisco County, CA. | | |
| | San Mateo County, CA. | | |
| 41900 | San Germán-Cabo Rojo, PR | 0.4884 | 0.6122 |
| | Cabo Rojo Municipio, PR. | | |
| | Lajas Municipio, PR. | | |
| | Sabana Grande Municipio, PR. | | |
| | San Germán Municipio, PR. | | |
| 41940 | [1] San Jose-Sunnyvale-Santa Clara, CA | 1.5281 | 1.3369 |
| | San Benito County, CA. | | |
| | Santa Clara County, CA. | | |
| 41980 | [1] San Juan-Caguas-Guaynabo, PR | 0.4396 | 0.5696 |
| | Aguas Buenas Municipio, PR. | | |
| | Aibonito Municipio, PR. | | |
| | Arecibo Municipio, PR. | | |
| | Barceloneta Municipio, PR. | | |
| | Barranquitas Municipio, PR. | | |
| | Bayamón Municipio, PR. | | |
| | Caguas Municipio, PR. | | |
| | Camuy Municipio, PR. | | |
| | Canóvanas Municipio, PR. | | |
| | Carolina Municipio, PR. | | |
| | Cataño Municipio, PR. | | |
| | Cayey Municipio, PR. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Ciales Municipio, PR.<br>Cidra Municipio, PR.<br>Comerío Municipio, PR.<br>Corozal Municipio, PR.<br>Dorado Municipio, PR.<br>Florida Municipio, PR.<br>Guaynabo Municipio, PR.<br>Gurabo Municipio, PR.<br>Hatillo Municipio, PR.<br>Humacao Municipio, PR.<br>Juncos Municipio, PR.<br>Las Piedras Municipio, PR.<br>Loíza Municipio, PR.<br>Manatí Municipio, PR.<br>Maunabo Municipio, PR.<br>Morovis Municipio, PR.<br>Naguabo Municipio, PR.<br>Naranjito Municipio, PR.<br>Orocovis Municipio, PR.<br>Quebradillas Municipio, PR.<br>Río Grande Municipio, PR.<br>San Juan Municipio, PR.<br>San Lorenzo Municipio, PR.<br>Toa Alta Municipio, PR.<br>Toa Baja Municipio, PR.<br>Trujillo Alto Municipio, PR.<br>Vega Alta Municipio, PR.<br>Vega Baja Municipio, PR.<br>Yabucoa Municipio, PR. | | |
| 42020 ..... | San Luis Obispo-Paso Robles, CA<br>San Luis Obispo County, CA. | 1.1616 | 1.1080 |
| 42044 ..... | [1] [2] Santa Ana-Anaheim-Irvine, CA<br>Orange County, CA. | 1.1291 | 1.0867 |
| 42060 ..... | [2] Santa Barbara-Santa Maria, CA<br>Santa Barbara County, CA. | 1.1291 | 1.0867 |
| 42100 ..... | Santa Cruz-Watsonville, CA<br>Santa Cruz County, CA. | 1.5509 | 1.3506 |
| 42140 ..... | Santa Fe, NM<br>Santa Fe County, NM. | 1.0821 | 1.0555 |
| 42220 ..... | Santa Rosa-Petaluma, CA<br>Sonoma County, CA. | 1.4459 | 1.2872 |
| 42260 ..... | Sarasota-Bradenton-Venice, FL<br>Manatee County, FL.<br>Sarasota County, FL. | 0.9866 | 0.9908 |
| 42340 ..... | Savannah, GA<br>Bryan County, GA.<br>Chatham County, GA.<br>Effingham County, GA. | 0.9089 | 0.9367 |
| 42540 ..... | Scranton—Wilkes-Barre, PA<br>Lackawanna County, PA.<br>Luzerne County, PA.<br>Wyoming County, PA. | 0.8503 | 0.8949 |
| 42644 ..... | [1] Seattle-Bellevue-Everett, WA<br>King County, WA.<br>Snohomish County, WA. | 1.1438 | 1.0964 |
| 42680 ..... | Sebastian-Vero Beach, FL<br>Indian River County, FL. | 0.9604 | 0.9727 |
| 43100 ..... | [2] Sheboygan, WI<br>Sheboygan County, WI. | 0.9466 | 0.9631 |
| 43300 ..... | Sherman-Denison, TX<br>Grayson County, TX. | 0.8521 | 0.8962 |
| 43340 ..... | Shreveport-Bossier City, LA<br>Bossier Parish, LA.<br>Caddo Parish, LA.<br>De Soto Parish, LA. | 0.8879 | 0.9218 |
| 43580 ..... | Sioux City, IA–NE–SD<br>Woodbury County, IA.<br>Dakota County, NE.<br>Dixon County, NE.<br>Union County, SD. | 0.9201 | 0.9446 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| 43620 | Sioux Falls, SD<br>Lincoln County, SD.<br>McCook County, SD.<br>Minnehaha County, SD.<br>Turner County, SD. | 0.9559 | 0.9696 |
| 43780 | South Bend-Mishawaka, IN–MI<br>St. Joseph County, IN.<br>Cass County, MI. | 0.9677 | 0.9778 |
| 43900 | Spartanburg, SC<br>Spartanburg County, SC. | 0.9192 | 0.9439 |
| 44060 | Spokane, WA<br>Spokane County, WA. | 1.0448 | 1.0305 |
| 44100 | Springfield, IL<br>Menard County, IL.<br>Sangamon County, IL. | 0.8900 | 0.9233 |
| 44140 | [2] Springfield, MA<br>Franklin County, MA.<br>Hampden County, MA.<br>Hampshire County, MA. | 1.0664 | 1.0450 |
| 44180 | Springfield, MO<br>Christian County, MO.<br>Dallas County, MO.<br>Greene County, MO.<br>Polk County, MO.<br>Webster County, MO. | 0.8490 | 0.8940 |
| 44220 | [2] Springfield, OH<br>Clark County, OH. | 0.8673 | 0.9071 |
| 44300 | State College, PA<br>Centre County, PA. | 0.8804 | 0.9165 |
| 44700 | Stockton, CA<br>San Joaquin County, CA. | 1.1483 | 1.0993 |
| 44940 | [2] Sumter, SC<br>Sumter County, SC. | 0.8604 | 0.9022 |
| 45060 | Syracuse, NY<br>Madison County, NY.<br>Onondaga County, NY.<br>Oswego County, NY. | 0.9723 | 0.9809 |
| 45104 | Tacoma, WA<br>Pierce County, WA. | 1.0907 | 1.0613 |
| 45220 | Tallahassee, FL<br>Gadsden County, FL.<br>Jefferson County, FL.<br>Leon County, FL.<br>Wakulla County, FL. | 0.9316 | 0.9526 |
| 45300 | [1] Tampa-St. Petersburg-Clearwater, FL<br>Hernando County, FL.<br>Hillsborough County, FL.<br>Pasco County, FL.<br>Pinellas County, FL. | 0.9249 | 0.9479 |
| 45460 | Terre Haute, IN<br>Clay County, IN.<br>Sullivan County, IN.<br>Vermillion County, IN.<br>Vigo County, IN. | 0.8663 | 0.9064 |
| 45500 | Texarkana, TX-Texarkana, AR<br>Miller County, AR.<br>Bowie County, TX. | 0.8133 | 0.8680 |
| 45780 | Toledo, OH<br>Fulton County, OH.<br>Lucas County, OH.<br>Ottawa County, OH.<br>Wood County, OH. | 0.9588 | 0.9716 |
| 45820 | Topeka, KS<br>Jackson County, KS.<br>Jefferson County, KS.<br>Osage County, KS.<br>Shawnee County, KS.<br>Wabaunsee County, KS. | 0.8738 | 0.9118 |
| 45940 | [2] Trenton-Ewing, NJ<br>Mercer County, NJ. | 1.1226 | 1.0824 |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| 46060 ..... | Tucson, AZ | 0.9239 | 0.9472 |
| | Pima County, AZ. | | |
| 46140 ..... | Tulsa, OK | 0.8146 | 0.8690 |
| | Creek County, OK. | | |
| | Okmulgee County, OK. | | |
| | Osage County, OK. | | |
| | Pawnee County, OK. | | |
| | Rogers County, OK. | | |
| | Tulsa County, OK. | | |
| | Wagoner County, OK. | | |
| 46220 ..... | Tuscaloosa, AL | 0.8644 | 0.9050 |
| | Greene County, AL. | | |
| | Hale County, AL. | | |
| | Tuscaloosa County, AL. | | |
| 46340 ..... | Tyler, TX | 0.8854 | 0.9200 |
| | Smith County, TX. | | |
| 46540 ..... | Utica-Rome, NY | 0.8422 | 0.8890 |
| | Herkimer County, NY. | | |
| | Oneida County, NY. | | |
| 46660 ..... | Valdosta, GA | 0.8340 | 0.8831 |
| | Brooks County, GA. | | |
| | Echols County, GA. | | |
| | Lanier County, GA. | | |
| | Lowndes County, GA. | | |
| 46700 ..... | Vallejo-Fairfield, CA | 1.5154 | 1.3293 |
| | Solano County, CA. | | |
| 47020 ..... | Victoria, TX | 0.8554 | 0.8986 |
| | Calhoun County, TX. | | |
| | Goliad County, TX. | | |
| | Victoria County, TX. | | |
| 47220 ..... | [2] Vineland-Millville-Bridgeton, NJ | 1.1226 | 1.0824 |
| | Cumberland County, NJ. | | |
| 47260 ..... | [1] Virginia Beach-Norfolk-Newport News, VA–NC | 0.8840 | 0.9190 |
| | Currituck County, NC. | | |
| | Gloucester County, VA. | | |
| | Isle of Wight County, VA. | | |
| | James City County, VA. | | |
| | Mathews County, VA. | | |
| | Surry County, VA. | | |
| | York County, VA. | | |
| | Chesapeake City, VA. | | |
| | Hampton City, VA. | | |
| | Newport News City, VA. | | |
| | Norfolk City, VA. | | |
| | Poquoson City, VA. | | |
| | Portsmouth City, VA. | | |
| | Suffolk City, VA. | | |
| | Virginia Beach City, VA. | | |
| | Williamsburg City, VA. | | |
| 47300 ..... | [1] Visalia-Porterville, CA | 1.1291 | 1.0867 |
| | Tulare County, CA. | | |
| 47380 ..... | Waco, TX | 0.8653 | 0.9057 |
| | McLennan County, TX. | | |
| 47580 ..... | Warner Robins, GA | 0.8402 | 0.8876 |
| | Houston County, GA. | | |
| 47644 ..... | [1] Warren-Troy-Farmington Hills, MI | 1.0123 | 1.0084 |
| | Lapeer County, MI. | | |
| | Livingston County, MI. | | |
| | Macomb County, MI. | | |
| | Oakland County, MI. | | |
| | St. Clair County, MI. | | |
| 47894 ..... | [1] Washington-Arlington-Alexandria, DC–VA–MD–WV | 1.1076 | 1.0725 |
| | District of Columbia, DC. | | |
| | Calvert County, MD. | | |
| | Charles County, MD. | | |
| | Prince George's County, MD. | | |
| | Arlington County, VA. | | |
| | Clarke County, VA. | | |
| | Fairfax County, VA. | | |
| | Fauquier County, VA. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Loudoun County, VA. | | |
| | Prince William County, VA. | | |
| | Spotsylvania County, VA. | | |
| | Stafford County, VA. | | |
| | Warren County, VA. | | |
| | Alexandria City, VA. | | |
| | Fairfax City, VA. | | |
| | Falls Church City, VA. | | |
| | Fredericksburg City, VA. | | |
| | Manassas City, VA. | | |
| | Manassas Park City, VA. | | |
| | Jefferson County, WV. | | |
| 47940 | [2] Waterloo-Cedar Falls, IA | 0.8696 | 0.9088 |
| | Black Hawk County, IA. | | |
| | Bremer County, IA. | | |
| | Grundy County, IA. | | |
| 48140 | Wausau, WI | 0.9799 | 0.9862 |
| | Marathon County, WI. | | |
| 48260 | Weirton-Steubenville, WV–OH (WV Hospitals) | 0.8072 | 0.8636 |
| | Jefferson County, OH. | | |
| | Brooke County, WV. | | |
| | Hancock County, WV. | | |
| 48260 | [2] Weirton-Steubenville, WV–OH (OH Hospitals) | 0.8673 | 0.9071 |
| | Jefferson County, OH. | | |
| | Brooke County, WV. | | |
| | Hancock County, WV. | | |
| 48300 | [2] Wenatchee, WA | 1.0440 | 1.0299 |
| | Chelan County, WA. | | |
| | Douglas County, WA. | | |
| 48424 | [1] West Palm Beach-Boca Raton-Boynton Beach, FL | 0.9642 | 0.9753 |
| | Palm Beach County, FL. | | |
| 48540 | [2] Wheeling, WV–OH (WV Hospitals) | 0.7637 | 0.8314 |
| | Belmont County, OH. | | |
| | Marshall County, WV. | | |
| | Ohio County, WV. | | |
| 48540 | [2] Wheeling, WV–OH (OH Hospitals) | 0.8673 | 0.9071 |
| | Belmont County, OH. | | |
| | Marshall County, WV. | | |
| | Ohio County, WV. | | |
| 48620 | Wichita, KS | 0.9093 | 0.9370 |
| | Butler County, KS. | | |
| | Harvey County, KS. | | |
| | Sedgwick County, KS. | | |
| | Sumner County, KS. | | |
| 48660 | Wichita Falls, TX | 0.8360 | 0.8846 |
| | Archer County, TX. | | |
| | Clay County, TX. | | |
| | Wichita County, TX. | | |
| 48700 | [2] Williamsport, PA | 0.8330 | 0.8824 |
| | Lycoming County, PA. | | |
| 48864 | Wilmington, DE–MD–NJ (DE, MD Hospitals) | 1.0878 | 1.0593 |
| | New Castle County, DE. | | |
| | Cecil County, MD. | | |
| | Salem County, NJ. | | |
| 48864 | [2] Wilmington, DE–MD–NJ (NJ Hospitals) | 1.1226 | 1.0824 |
| | New Castle County, DE. | | |
| | Cecil County, MD. | | |
| | Salem County, NJ. | | |
| 48900 | Wilmington, NC | 0.9840 | 0.9890 |
| | Brunswick County, NC. | | |
| | New Hanover County, NC. | | |
| | Pender County, NC. | | |
| 49020 | Winchester, VA–WV | 1.0099 | 1.0068 |
| | Frederick County, VA. | | |
| | Winchester City, VA. | | |
| | Hampshire County, WV. | | |
| 49180 | Winston-Salem, NC | 0.9300 | 0.9515 |
| | Davie County, NC. | | |
| | Forsyth County, NC. | | |
| | Stokes County, NC. | | |

TABLE 4A–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR URBAN AREAS BY CBSA—FY 2007—Continued

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| | Yadkin County, NC. | | |
| 49340 ..... | Worcester, MA | 1.0747 | 1.0506 |
| | Worcester County, MA. | | |
| 49420 ..... | [2] Yakima, WA | 1.0440 | 1.0299 |
| | Yakima County, WA. | | |
| 49500 ..... | Yauco, PR | 0.3861 | 0.5212 |
| | Guánica Municipio, PR. | | |
| | Guayanilla Municipio, PR. | | |
| | Peñuelas Municipio, PR. | | |
| | Yauco Municipio, PR. | | |
| 49620 ..... | York-Hanover, PA | 0.9416 | 0.9596 |
| | York County, PA. | | |
| 49660 ..... | Youngstown-Warren-Boardman, OH–PA | 0.8815 | 0.9173 |
| | Mahoning County, OH. | | |
| | Trumbull County, OH. | | |
| | Mercer County, PA. | | |
| 49700 ..... | [2] Yuba City, CA | 1.1291 | 1.0867 |
| | Sutter County, CA. | | |
| | Yuba County, CA. | | |
| 49740 ..... | Yuma, AZ | 0.9179 | 0.9430 |
| | Yuma County, AZ. | | |

[1] Large urban area.
[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 2007.
[3] For this area, the wage index and GAF on this table are only effective from October 1, 2006 through March 31, 2007. See Table 4A–2 for the values that are effective from April 1 through September 30, 2007.

TABLE 4A–2.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR CERTAIN URBAN AREAS BY CBSA FOR THE PERIOD APRIL 1 THROUGH SEPTEMBER 30, 2007*

| CBSA code | Urban area (constituent counties) | Wage index | GAF |
|---|---|---|---|
| 11460 ..... | Ann Arbor, MI | 1.0853 | 1.0577 |
| | Washtenaw County, MI | | |
| 31084 ..... | Los Angeles-Long Beach-Glendale, CA | 1.1762 | 1.1175 |
| | Los Angeles County, CA. | | |
| 34740 ..... | Muskegon-Norton Shores, MI | 0.9961 | 0.9973 |
| | Muskegon County, MI. | | |
| 35004 ..... | [1] Nassau-Suffolk, NY | 1.2701 | 1.1779 |
| | Nassau County, NY. | | |
| | Suffolk County, NY. | | |
| 35644 ..... | [1] New York-White Plains-Wayne, NY–NJ | 1.3215 | 1.2103 |
| | Bergen County, NJ. | | |
| | Hudson County, NJ. | | |
| | Passaic County, NJ. | | |
| | Bronx County, NY. | | |
| | Kings County, NY. | | |
| | New York County, NY. | | |
| | Putnam County, NY. | | |
| | Queens County, NY. | | |
| | Richmond County, NY. | | |
| | Rockland County, NY. | | |
| | Westchester County, NY. | | |

[1] Large urban area.
* See Table 4A–1 for the wage index and GAF that are effective from October 1, 2006 through March 31, 2007. (For areas that are not listed on this table, the wage index and GAF on Table 4A–1 are effective for the entire FY 2007.)

TABLE 4B.—WAGE INDEX AND CAPITAL GEORGRAPHIC ADJUSTMENT (GAF) FOR RURAL AREAS BY CBSA–FY 2007

| CBSA code | Nonurban area | Wage index | GAF |
|---|---|---|---|
| 01 ..... | Alabama | 0.7670 | 0.8339 |
| 02 ..... | Alaska | 1.0669 | 1.0453 |
| 03 ..... | Arizona | 0.9158 | 0.9415 |
| 04 ..... | Arkansas | 0.7366 | 0.8111 |
| 05 ..... | California | 1.1291 | 1.0867 |
| 06 ..... | Colorado | 0.9331 | 0.9537 |
| 07 ..... | Connecticut | 1.1750 | 1.1168 |

TABLE 4B.—WAGE INDEX AND CAPITAL GEORGRAPHIC ADJUSTMENT (GAF) FOR RURAL AREAS BY CBSA–FY 2007—Continued

| CBSA code | Nonurban area | Wage index | GAF |
|---|---|---|---|
| 08 | Delaware | 0.9843 | 0.9892 |
| 10 | Florida | 0.8609 | 0.9025 |
| 11 | Georgia | 0.7577 | 0.8270 |
| 12 | Hawaii | 1.0502 | 1.0341 |
| 13 | Idaho | 0.8674 | 0.9072 |
| 14 | Illinois | 0.8334 | 0.8827 |
| 15 | Indiana | 0.8479 | 0.8932 |
| 16 | Iowa | 0.8696 | 0.9088 |
| 17 | Kansas | 0.8017 | 0.8595 |
| 18 | Kentucky | 0.7793 | 0.8430 |
| 19 | Louisiana | 0.7487 | 0.8202 |
| 20 | Maine | 0.8399 | 0.8874 |
| 21 | Maryland | 0.8946 | 0.9266 |
| 22 | Massachusetts [1] | 1.0664 | 1.0450 |
| 23 | Michigan | 0.9055 | 0.9343 |
| 24 | Minnesota | 0.9256 | 0.9484 |
| 25 | Mississippi | 0.7579 | 0.8271 |
| 26 | Missouri | 0.8206 | 0.8734 |
| 27 | Montana | 0.8591 | 0.9012 |
| 28 | Nebraska | 0.8691 | 0.9084 |
| 29 | Nevada | 0.8967 | 0.9281 |
| 30 | New Hampshire | 1.1665 | 1.1112 |
| 31 | New Jersey [1] | 1.1226 | 1.0824 |
| 32 | New Mexico | 0.8353 | 0.8841 |
| 33 | New York | 0.8267 | 0.8778 |
| 34 | North Carolina | 0.8607 | 0.9024 |
| 35 | North Dakota | 0.7237 | 0.8014 |
| 36 | Ohio | 0.8673 | 0.9071 |
| 37 | Oklahoma | 0.7663 | 0.8334 |
| 38 | Oregon | 0.9826 | 0.9881 |
| 39 | Pennsylvania | 0.8330 | 0.8824 |
| 40 | Puerto Rico [1] | ..... | ..... |
| 41 | Rhode Island [1] | 1.0791 | 1.0535 |
| 42 | South Carolina | 0.8604 | 0.9022 |
| 43 | South Dakota | 0.8485 | 0.8936 |
| 44 | Tennessee | 0.7957 | 0.8551 |
| 45 | Texas | 0.8003 | 0.8585 |
| 46 | Utah | 0.8163 | 0.8702 |
| 47 | Vermont | 1.0986 | 1.0665 |
| 49 | Virginia | 0.7966 | 0.8558 |
| 50 | Washington | 1.0440 | 1.0299 |
| 51 | West Virginia | 0.7637 | 0.8314 |
| 52 | Wisconsin | 0.9466 | 0.9631 |
| 53 | Wyoming | 0.9303 | 0.9517 |

[1] All counties in the State or Territory are classified as urban, with the exception of Massachusetts. Massachusetts has area(s) designated as rural. However, no short-term, acute care hospitals were located in Rural Massachusetts during FY 2003, the base year for the FY 2007 wage index.

Massachusetts, New Jersey, and Rhode Island rural floors are imputed as discussed in the FY 2005 IPPS final rule (69 FR 49109).

TABLE 4C–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR HOSPITALS THAT ARE RECLASSIFIED BY CBSA—FY 2007

| CBSA code | Area | Wage index | GAF |
|---|---|---|---|
| 10180 | Abilene, TX | 0.8051 | 0.8620 |
| 10420 | Akron, OH | 0.8737 | 0.9117 |
| 10580 | Albany-Schenectady-Troy, NY | 0.8753 | 0.9128 |
| 10740 | Albuquerque, NM | 0.9477 | 0.9639 |
| 10780 | Alexandria, LA | 0.8028 | 0.8603 |
| 10900 | Allentown-Bethlehem-Easton, PA–NJ | 0.9927 | 0.9950 |
| 11100 | Amarillo, TX | 0.9177 | 0.9429 |
| 11260 | Anchorage, AK | 1.2062 | 1.1370 |
| 11460 | [1]Ann Arbor, MI | 1.0630 | 1.0427 |
| 11500 | Anniston-Oxford, AL | 0.7978 | 0.8567 |
| 11700 | Asheville, NC | 0.9110 | 0.9382 |
| 12020 | Athens-Clarke County, GA | 0.9707 | 0.9798 |
| 12060 | Atlanta-Sandy Springs-Marietta, GA | 0.9644 | 0.9755 |
| 12260 | Augusta-Richmond County, GA–SC | 0.9554 | 0.9692 |

TABLE 4C–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR HOSPITALS THAT ARE RECLASSIFIED BY CBSA—FY 2007—Continued

| CBSA code | Area | Wage index | GAF |
|---|---|---|---|
| 12420 | Austin-Round Rock, TX | 0.9360 | 0.9557 |
| 12620 | Bangor, ME | 0.9702 | 0.9795 |
| 12700 | Barnstable Town, MA | 1.2181 | 1.1447 |
| 12940 | Baton Rouge, LA | 0.8102 | 0.8658 |
| 13020 | Bay City, MI | 1.0040 | 1.0027 |
| 13644 | Bethesda-Gaithersburg-Frederick, MD | 1.1028 | 1.0693 |
| 13780 | Binghamton, NY | 0.8499 | 0.8946 |
| 13820 | Birmingham-Hoover, AL | 0.8919 | 0.9246 |
| 13900 | Bismarck, ND | 0.7255 | 0.8027 |
| 14484 | Boston-Quincy, MA | 1.1318 | 1.0885 |
| 14540 | Bowling Green, KY | 0.8164 | 0.8703 |
| 15380 | Buffalo-Niagara Falls, NY | 0.9475 | 0.9637 |
| 15540 | Burlington-South Burlington, VT | 0.9355 | 0.9554 |
| 15764 | Cambridge-Newton-Framingham, MA (VT Hospitals) | 1.0986 | 1.0665 |
| 15764 | Cambridge-Newton-Framingham, MA (NH Hospitals) | 1.1665 | 1.1112 |
| 16180 | Carson City, NV | 0.9569 | 0.9703 |
| 16580 | Champaign-Urbana, IL | 0.9155 | 0.9413 |
| 16620 | Charleston, WV | 0.8294 | 0.8798 |
| 16700 | Charleston-North Charleston, SC | 0.9168 | 0.9422 |
| 16740 | Charlotte-Gastonia-Concord, NC–SC | 0.9520 | 0.9669 |
| 16820 | Charlottesville, VA | 0.9732 | 0.9816 |
| 16860 | Chattanooga, TN–GA | 0.8841 | 0.9191 |
| 16974 | Chicago-Naperville-Joliet, IL | 1.0596 | 1.0404 |
| 17140 | Cincinnati-Middletown, OH–KY–IN | 0.9599 | 0.9724 |
| 17300 | Clarksville, TN–KY | 0.8094 | 0.8652 |
| 17460 | Cleveland-Elyria-Mentor, OH | 0.9212 | 0.9453 |
| 17780 | College Station-Bryan, TX | 0.9064 | 0.9349 |
| 17860 | Columbia, MO | 0.8550 | 0.8983 |
| 17900 | Columbia, SC | 0.8604 | 0.9022 |
| 17980 | Columbus, GA–AL | 0.8256 | 0.8770 |
| 18140 | Columbus, OH | 0.9919 | 0.9944 |
| 18700 | Corvallis, OR | 1.1175 | 1.0790 |
| 19124 | Dallas-Plano-Irving, TX | 0.9870 | 0.9911 |
| 19340 | Davenport-Moline-Rock Island, IA–IL | 0.8696 | 0.9088 |
| 19380 | Dayton, OH | 0.9049 | 0.9339 |
| 19460 | Decatur, AL | 0.8220 | 0.8744 |
| 19740 | Denver-Aurora, CO | 1.0805 | 1.0545 |
| 19780 | Des Moines-West Des Moines, IA | 0.8976 | 0.9287 |
| 19804 | Detroit-Livonia-Dearborn, MI | 1.0235 | 1.0160 |
| 20100 | Dover, DE | 0.9843 | 0.9892 |
| 20260 | Duluth, MN–WI | 1.0157 | 1.0107 |
| 20500 | Durham, NC | 0.9805 | 0.9866 |
| 20764 | Edison, NJ | 1.1242 | 1.0835 |
| 21060 | Elizabethtown, KY | 0.8207 | 0.8734 |
| 21500 | Erie, PA | 0.8360 | 0.8846 |
| 21604 | Essex County, MA | 1.1665 | 1.1112 |
| 21660 | Eugene-Springfield, OR | 1.0525 | 1.0357 |
| 21780 | Evansville, IN–KY | 0.8545 | 0.8979 |
| 22020 | Fargo, ND–MN | 0.8485 | 0.8936 |
| 22180 | Fayetteville, NC | 0.8962 | 0.9277 |
| 22220 | Fayetteville-Springdale-Rogers, AR–MO | 0.8599 | 0.9018 |
| 22380 | Flagstaff, AZ | 1.1121 | 1.0755 |
| 22420 | Flint, MI | 1.0685 | 1.0464 |
| 22520 | Florence-Muscle Shoals, AL | 0.8008 | 0.8589 |
| 22540 | Fond du Lac, WI | 0.9489 | 0.9647 |
| 22660 | Fort Collins-Loveland, CO | 0.9594 | 0.9720 |
| 22744 | Fort Lauderdale-Pompano Beach-Deerfield Beach, FL | 1.0470 | 1.0320 |
| 22900 | Fort Smith, AR–OK | 0.7663 | 0.8334 |
| 23020 | Fort Walton Beach-Crestview-Destin, FL | 0.8609 | 0.9025 |
| 23060 | Fort Wayne, IN | 0.9498 | 0.9653 |
| 23104 | Fort Worth-Arlington, TX | 0.9591 | 0.9718 |
| 23540 | Gainesville, FL | 0.9299 | 0.9514 |
| 23844 | Gary, IN | 0.9278 | 0.9500 |
| 24300 | Grand Junction, CO | 1.0037 | 1.0025 |
| 24340 | Grand Rapids-Wyoming, MI | 0.9469 | 0.9633 |
| 24500 | Great Falls, MT | 0.8781 | 0.9148 |
| 24540 | Greeley, CO | 0.9636 | 0.9749 |
| 24580 | Green Bay, WI | 0.9620 | 0.9738 |
| 24660 | Greensboro-High Point, NC | 0.8992 | 0.9298 |
| 24780 | Greenville, NC | 0.9300 | 0.9515 |

TABLE 4C–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR HOSPITALS THAT ARE RECLASSIFIED BY CBSA—FY 2007—Continued

| CBSA code | Area | Wage index | GAF |
|---|---|---|---|
| 24860 | Greenville, SC | 0.9286 | 0.9505 |
| 25060 | Gulfport-Biloxi, MS | 0.8607 | 0.9024 |
| 25420 | Harrisburg-Carlisle, PA | 0.9263 | 0.9489 |
| 25540 | Hartford-West Hartford-East Hartford, CT (CT Hospitals) | 1.1750 | 1.1168 |
| 25540 | Hartford-West Hartford-East Hartford, CT (MA Hospitals) | 1.0918 | 1.0620 |
| 25860 | Hickory-Lenoir-Morganton, NC | 0.8901 | 0.9234 |
| 26100 | Holland-Grand Haven, MI | 0.9241 | 0.9474 |
| 26180 | Honolulu, HI | 1.1066 | 1.0718 |
| 26420 | Houston-Sugar Land-Baytown, TX | 1.0030 | 1.0021 |
| 26580 | Huntington-Ashland, WV–KY–OH | 0.8759 | 0.9133 |
| 26620 | Huntsville, AL | 0.8829 | 0.9182 |
| 26820 | Idaho Falls, ID (ID Hospitals) | 0.9300 | 0.9515 |
| 26820 | Idaho Falls, ID (WY Hospitals) | 0.9303 | 0.9517 |
| 26900 | Indianapolis-Carmel, IN | 0.9582 | 0.9712 |
| 26980 | Iowa City, IA | 0.9568 | 0.9702 |
| 27060 | Ithaca, NY | 0.9439 | 0.9612 |
| 27140 | Jackson, MS | 0.8278 | 0.8786 |
| 27180 | Jackson, TN | 0.8640 | 0.9047 |
| 27260 | Jacksonville, FL | 0.9046 | 0.9336 |
| 27860 | Jonesboro, AR (AR Hospitals) | 0.7952 | 0.8548 |
| 27860 | Jonesboro, AR (MO Hospitals) | 0.8206 | 0.8734 |
| 27900 | Joplin, MO | 0.8620 | 0.9033 |
| 28020 | Kalamazoo-Portage, MI | 1.0737 | 1.0499 |
| 28100 | Kankakee-Bradley, IL | 0.9728 | 0.9813 |
| 28140 | Kansas City, MO–KS | 0.9501 | 0.9656 |
| 28420 | Kennewick-Richland-Pasco, WA (WA Hospitals) | 1.0440 | 1.0299 |
| 28420 | Kennewick-Richland-Pasco, WA (ID Hospitals) | 1.0033 | 1.0023 |
| 28700 | Kingsport-Bristol-Bristol, TN–VA | 0.8062 | 0.8628 |
| 28740 | Kingston, NY | 0.9058 | 0.9345 |
| 28940 | Knoxville, TN | 0.8278 | 0.8786 |
| 29180 | Lafayette, LA | 0.8300 | 0.8802 |
| 29404 | Lake County-Kenosha County, IL–WI | 1.0408 | 1.0278 |
| 29460 | Lakeland, FL | 0.8908 | 0.9239 |
| 29540 | Lancaster, PA | 0.9768 | 0.9841 |
| 29620 | Lansing-East Lansing, MI | 0.9823 | 0.9878 |
| 29740 | Las Cruces, NM | 0.9270 | 0.9494 |
| 29820 | Las Vegas-Paradise, NV | 1.1240 | 1.0833 |
| 30020 | Lawton, OK | 0.8116 | 0.8668 |
| 30460 | Lexington-Fayette, KY | 0.8928 | 0.9253 |
| 30620 | Lima, OH | 0.9060 | 0.9346 |
| 30700 | Lincoln, NE | 0.9746 | 0.9825 |
| 30780 | Little Rock-North Little Rock, AR | 0.8667 | 0.9067 |
| 30980 | Longview, TX | 0.8905 | 0.9237 |
| 31084 | [1] Los Angeles-Long Beach-Santa Ana, CA | 1.1600 | 1.1070 |
| 31140 | Louisville-Jefferson County, KY–IN | 0.9137 | 0.9401 |
| 31180 | Lubbock, TX | 0.8626 | 0.9037 |
| 31340 | Lynchburg, VA | 0.8716 | 0.9102 |
| 31420 | Macon, GA | 0.9176 | 0.9428 |
| 31540 | Madison, WI | 1.0502 | 1.0341 |
| 31700 | Manchester-Nashua, NH | 1.1665 | 1.1112 |
| 32780 | Medford, OR | 1.0450 | 1.0306 |
| 32820 | Memphis, TN–MS–AR | 0.9032 | 0.9327 |
| 33124 | Miami-Miami Beach-Kendall, FL | 0.9825 | 0.9880 |
| 33260 | Midland, TX | 0.9602 | 0.9726 |
| 33340 | Milwaukee-Waukesha-West Allis, WI | 1.0098 | 1.0067 |
| 33460 | Minneapolis-St. Paul-Bloomington, MN–WI | 1.0842 | 1.0569 |
| 33540 | Missoula, MT | 0.8909 | 0.9239 |
| 33700 | Modesto, CA | 1.1731 | 1.1155 |
| 33740 | Monroe, LA | 0.8015 | 0.8594 |
| 33860 | Montgomery, AL | 0.8035 | 0.8609 |
| 34060 | Morgantown, WV | 0.8449 | 0.8910 |
| 34980 | Nashville-Davidson—Murfreesboro, TN | 0.9571 | 0.9704 |
| 35084 | Newark-Union, NJ–PA | 1.1886 | 1.1256 |
| 35300 | New Haven-Milford, CT | 1.2093 | 1.1390 |
| 35380 | New Orleans-Metairie-Kenner, LA | 0.8855 | 0.9201 |
| 35644 | [1] New York-White Plains-Wayne, NY–NJ | 1.3038 | 1.1992 |
| 35980 | Norwich-New London, CT | 1.2020 | 1.1343 |
| 36084 | Oakland-Fremont-Hayward, CA | 1.5669 | 1.3601 |
| 36140 | Ocean City, NJ | 1.0254 | 1.0173 |
| 36220 | Odessa, TX | 0.9737 | 0.9819 |

TABLE 4C–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR HOSPITALS THAT ARE RECLASSIFIED BY CBSA—FY 2007—Continued

| CBSA code | Area | Wage index | GAF |
|---|---|---|---|
| 36260 | Ogden-Clearfield, UT | 0.9021 | 0.9319 |
| 36420 | Oklahoma City, OK | 0.8857 | 0.9202 |
| 36540 | Omaha-Council Bluffs, NE–IA | 0.9453 | 0.9622 |
| 36740 | Orlando-Kissimmee, FL | 0.9409 | 0.9591 |
| 37860 | Pensacola-Ferry Pass-Brent, FL | 0.7999 | 0.8582 |
| 37900 | Peoria, IL | 0.8827 | 0.9181 |
| 37964 | Philadelphia, PA (PA Hospitals) | 1.1009 | 1.0680 |
| 37964 | Philadelphia, PA (NJ Hospitals) | 1.1226 | 1.0824 |
| 38220 | Pine Bluff, AR | 0.8224 | 0.8747 |
| 38300 | Pittsburgh, PA (PA and WV Hospitals) | 0.8671 | 0.9070 |
| 38300 | Pittsburgh, PA (OH Hospitals) | 0.8673 | 0.9071 |
| 38340 | Pittsfield, MA | 1.0986 | 1.0665 |
| 38540 | Pocatello, ID | 0.9400 | 0.9585 |
| 38860 | Portland-South Portland-Biddeford, ME | 0.9487 | 0.9646 |
| 38900 | Portland-Vancouver-Beaverton, OR–WA | 1.1405 | 1.0942 |
| 38940 | Port St. Lucie-Fort Pierce, FL | 0.9857 | 0.9902 |
| 39100 | Poughkeepsie-Newburgh-Middletown, NY | 1.0583 | 1.0396 |
| 39340 | Provo-Orem, UT | 0.9537 | 0.9681 |
| 39580 | Raleigh-Cary, NC | 0.9570 | 0.9704 |
| 39740 | Reading, PA | 0.9534 | 0.9678 |
| 39820 | Redding, CA | 1.2884 | 1.1895 |
| 39900 | Reno-Sparks, NV | 1.1524 | 1.1020 |
| 40060 | Richmond, VA | 0.9174 | 0.9427 |
| 40220 | Roanoke, VA | 0.8677 | 0.9074 |
| 40340 | Rochester, MN | 1.1246 | 1.0837 |
| 40380 | Rochester, NY | 0.9007 | 0.9309 |
| 40420 | Rockford, IL | 0.9773 | 0.9844 |
| 40484 | Rockingham County, NH | 1.0309 | 1.0211 |
| 40660 | Rome, GA | 0.9307 | 0.9520 |
| 40900 | Sacramento—Arden-Arcade—Roseville, CA | 1.3350 | 1.2188 |
| 40980 | Saginaw-Saginaw Township North, MI | 0.9055 | 0.9343 |
| 41060 | St. Cloud, MN | 0.9971 | 0.9980 |
| 41100 | St. George, UT | 0.9295 | 0.9512 |
| 41140 | St. Joseph, MO–KS | 0.9993 | 0.9995 |
| 41180 | St. Louis, MO–IL | 0.8902 | 0.9234 |
| 41620 | Salt Lake City, UT | 0.9421 | 0.9600 |
| 41700 | San Antonio, TX | 0.8859 | 0.9204 |
| 41884 | San Francisco-San Mateo-Redwood City, CA | 1.5049 | 1.3230 |
| 41980 | San Juan-Caguas-Guaynabo, PR | 0.4396 | 0.5696 |
| 42044 | Santa Ana-Anaheim-Irvine, CA | 1.1291 | 1.0867 |
| 42140 | Santa Fe, NM | 0.9814 | 0.9872 |
| 42220 | Santa Rosa-Petaluma, CA | 1.4294 | 1.2772 |
| 42260 | Sarasota-Bradenton-Venice, FL | 0.9866 | 0.9908 |
| 42340 | Savannah, GA | 0.8958 | 0.9274 |
| 42644 | Seattle-Bellevue-Everett, WA | 1.1255 | 1.0843 |
| 43300 | Sherman-Denison, TX | 0.8376 | 0.8857 |
| 43340 | Shreveport-Bossier City, LA | 0.8715 | 0.9101 |
| 43580 | Sioux City, IA–NE–SD | 0.8816 | 0.9173 |
| 43620 | Sioux Falls, SD | 0.9456 | 0.9624 |
| 43780 | South Bend-Mishawaka, IN–MI | 0.9543 | 0.9685 |
| 43900 | Spartanburg, SC | 0.9192 | 0.9439 |
| 44060 | Spokane, WA | 1.0284 | 1.0194 |
| 44180 | Springfield, MO | 0.8345 | 0.8835 |
| 44300 | State College, PA | 0.8361 | 0.8846 |
| 44940 | Sumter, SC | 0.8604 | 0.9022 |
| 45060 | Syracuse, NY | 0.9428 | 0.9605 |
| 45104 | Tacoma, WA | 1.0907 | 1.0613 |
| 45220 | Tallahassee, FL | 0.8982 | 0.9291 |
| 45300 | Tampa-St. Petersburg-Clearwater, FL | 0.9249 | 0.9479 |
| 45500 | Texarkana, TX-Texarkana, AR | 0.8133 | 0.8680 |
| 45780 | Toledo, OH | 0.9588 | 0.9716 |
| 45820 | Topeka, KS | 0.8591 | 0.9012 |
| 46140 | Tulsa, OK | 0.8146 | 0.8690 |
| 46220 | Tuscaloosa, AL | 0.7785 | 0.8424 |
| 46340 | Tyler, TX | 0.8854 | 0.9200 |
| 46660 | Valdosta, GA | 0.8101 | 0.8657 |
| 46700 | Vallejo-Fairfield, CA | 1.4527 | 1.2914 |
| 47260 | Virginia Beach-Norfolk-Newport News, VA | 0.8840 | 0.9190 |
| 47380 | Waco, TX | 0.8653 | 0.9057 |
| 47894 | Washington-Arlington-Alexandria DC-VA | 1.1076 | 1.0725 |

TABLE 4C–1.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR HOSPITALS THAT ARE RECLASSIFIED BY CBSA—FY 2007—Continued

| CBSA code | Area | Wage index | GAF |
|---|---|---|---|
| 48140 | Wausau, WI | 0.9625 | 0.9742 |
| 48620 | Wichita, KS | 0.8832 | 0.9185 |
| 48700 | Williamsport, PA | 0.8330 | 0.8824 |
| 48864 | Wilmington, DE–MD–NJ | 1.0878 | 1.0593 |
| 48900 | Wilmington, NC | 0.9516 | 0.9666 |
| 49180 | Winston-Salem, NC | 0.9129 | 0.9395 |
| 49340 | Worcester, MA | 1.1665 | 1.1112 |
| 49660 | Youngstown-Warren-Boardman, OH–PA | 0.8815 | 0.9173 |
| 04 | Arkansas | 0.7487 | 0.8202 |
| 05 | California | 1.1291 | 1.0867 |
| 07 | Connecticut | 1.1750 | 1.1168 |
| 10 | Florida | 0.8609 | 0.9025 |
| 14 | Illinois | 0.8210 | 0.8737 |
| 16 | Iowa | 0.8696 | 0.9088 |
| 17 | Kansas | 0.8017 | 0.8595 |
| 19 | Louisiana | 0.7487 | 0.8202 |
| 23 | Michigan | 0.9055 | 0.9343 |
| 24 | Minnesota | 0.9256 | 0.9484 |
| 26 | Missouri | 0.8206 | 0.8734 |
| 29 | Nevada | 0.8674 | 0.9072 |
| 30 | New Hampshire | 1.1381 | 1.0926 |
| 33 | New York | 0.8267 | 0.8778 |
| 34 | North Carolina | 0.8607 | 0.9024 |
| 36 | Ohio | 0.8673 | 0.9071 |
| 37 | Oklahoma | 0.7663 | 0.8334 |
| 38 | Oregon | 0.9826 | 0.9881 |
| 39 | Pennsylvania | 0.8330 | 0.8824 |
| 44 | Tennessee | 0.7957 | 0.8551 |
| 45 | Texas | 0.8003 | 0.8585 |
| 47 | Vermont | 0.9974 | 0.9982 |
| 50 | Washington | 1.0440 | 1.0299 |
| 53 | Wyoming | 0.9154 | 0.9413 |

[1] For this area, the wage index and GAF on this table are only effective from October 1, 2006 through March 31, 2007. See Table 4C–2 for the values that are effective from April 1 through September 30, 2007.

TABLE 4C–2.—WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) FOR CERTAIN HOSPITALS THAT ARE RECLASSIFIED BY CBSA FOR THE PERIOD APRIL 1 THROUGH SEPTEMBER 30, 2007*

| CBSA code | Area | Wage index | GAF |
|---|---|---|---|
| 11460 | Ann Arbor, MI | 1.0391 | 1.0266 |
| 31084 | Los Angeles-Long Beach-Santa Ana, CA | 1.1603 | 1.1072 |
| 34740 | Muskegon-Norton Shores, MI | 0.9683 | 0.9782 |
| 35004 | Nassau-Suffolk, NY | 1.2511 | 1.1658 |
| 35644 | New York-White Plains-Wayne, NY–NJ | 1.3008 | 1.1973 |

* See Table 4C–1 for the wage index and GAF that are effective from October 1, 2006 through March 31, 2007. (For areas that are not listed on this table, the wage index and GAF on Table 4C–1 are effective for the entire FY 2007.)

TABLE 4F.—PUERTO RICO WAGE INDEX AND CAPITAL GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY CBSA—FY 2007

| CBSA code | Area | Wage index | GAF | Wage index—reclassified hospitals | GAS—reclassified hospitals |
|---|---|---|---|---|---|
| 10380 | Aguadilla-Isabela-San Sebastián, PR | 0.8950 | 0.9268 | ..... | ..... |
| 21940 | Fajardo, PR | 0.9247 | 0.9478 | ..... | ..... |
| 25020 | Guayama, PR | 0.7409 | 0.8144 | ..... | ..... |
| 32420 | Mayagüez, PR | 0.8812 | 0.9170 | ..... | ..... |
| 38660 | Ponce, PR | 1.1086 | 1.0732 | ..... | ..... |
| 41900 | San Germán-Cabo Rojo, PR | 1.1160 | 1.0781 | ..... | ..... |
| 41980 | San Juan-Caguas-Guaynabo, PR | 1.0045 | 1.0031 | 1.0045 | 1.0031 |
| 49500 | Yauco, PR | 0.8822 | 0.9177 | ..... | ..... |

The following list represents all hospitals that are eligible to have their wage index increased by the out-migration adjustment listed in this table. Hospitals cannot receive the out-migration adjustment if they are reclassified under section 1886(d)(10) of the

Act, reclassified under section 508 of Pub. L. 108–173, or redesignated under section 1886(d)(8) of the Act. If a hospital has a half fiscal year reclassification, the hospital will be eligible for the out-migration adjustment for the portion of the fiscal year that it is not reclassified. Hospitals that have already been reclassified under section 1886(d)(10) of the Act, reclassified under section 508 of Pub. L. 108–173, or redesignated under section 1886(d)(8) of the Act for any portion of the fiscal year are designated with an asterisk Hospitals have 45 days from the publication of this proposed rule to review their individual situations to determine whether to submit a request to withdraw their reclassification/redesignation and receive the out-migration adjustment instead. We will automatically assume that hospitals that have already been reclassified under section 1886(d)(10) of the Act, reclassified under section 508 of Pub. L. 108–173, or redesignated under section 1886(d)(8) of the Act wish to retain their reclassification/redesignation status and waive the application of the out-migration adjustment. Hospitals are not required to provide CMS with any type of formal notification that they wish to remain reclassified/redesignated.

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 010005 | * | * | 0.0259 | MARSHALL. |
| 010008 | * | * | 0.0212 | CRENSHAW. |
| 010009 | * | * | 0.0092 | MORGAN. |
| 010010 | | | 0.0259 | MARSHALL. |
| 010012 | * | * | 0.0205 | DE KALB. |
| 010022 | * | * | 0.0714 | CHEROKEE. |
| 010025 | * | * | 0.0235 | CHAMBERS. |
| 010029 | * | * | 0.0107 | LEE. |
| 010035 | * | * | 0.0375 | CULLMAN. |
| 010038 | | | 0.0062 | CALHOUN. |
| 010045 | * | * | 0.0160 | FAYETTE. |
| 010047 | | | 0.0155 | BUTLER. |
| 010052 | | | 0.0121 | TALLAPOOSA. |
| 010054 | * | * | 0.0092 | MORGAN. |
| 010061 | | | 0.0506 | JACKSON. |
| 010065 | * | * | 0.0121 | TALLAPOOSA. |
| 010072 | * | * | 0.0310 | TALLADEGA. |
| 010078 | | | 0.0062 | CALHOUN. |
| 010083 | * | * | 0.0121 | BALDWIN. |
| 010085 | * | * | 0.0092 | MORGAN. |
| 010100 | * | * | 0.0121 | BALDWIN. |
| 010101 | * | * | 0.0310 | TALLADEGA. |
| 010109 | | | 0.0451 | PICKENS. |
| 010129 | | | 0.0121 | BALDWIN. |
| 010143 | * | * | 0.0375 | CULLMAN |
| 010146 | | | 0.0062 | CALHOUN. |
| 010150 | * | * | 0.0155 | BUTLER. |
| 010158 | * | * | 0.0093 | FRANKLIN. |
| 010164 | * | * | 0.0310 | TALLADEGA. |
| 040014 | * | * | 0.0159 | WHITE. |
| 040019 | * | * | 0.0697 | ST. FRANCIS. |
| 040047 | * | * | 0.0090 | RANDOLPH. |
| 040069 | * | * | 0.0140 | MISSISSIPPI. |
| 040071 | * | * | 0.0026 | JEFFERSON. |
| 040076 | * | * | 0.1075 | HOT SPRING. |
| 040100 | * | * | 0.0159 | WHITE. |
| 050008 | | | 0.0026 | SAN FRANCISCO. |
| 050009 | * | * | 0.0478 | NAPA. |
| 050013 | * | * | 0.0478 | NAPA. |
| 050014 | * | * | 0.0131 | AMADOR. |
| 050016 | | | 0.0103 | SAN LUIS OBISPO. |
| 050042 | * | * | 0.0219 | TEHAMA. |
| 050046 | | * | 0.0156 | VENTURA. |
| 050047 | | | 0.0026 | SAN FRANCISCO. |
| 050055 | | | 0.0026 | SAN FRANCISCO. |
| 050065 | * | * | 0.0029 | ORANGE. |
| 050069 | * | * | 0.0029 | ORANGE. |
| 050073 | * | * | 0.0269 | SOLANO. |
| 050076 | * | * | 0.0026 | SAN FRANCISCO. |
| 050082 | | * | 0.0156 | VENTURA. |
| 050084 | | | 0.0555 | SAN JOAQUIN. |
| 050089 | * | * | 0.0152 | SAN BERNARDINO. |
| 050090 | * | * | 0.0308 | SONOMA. |
| 050099 | * | * | 0.0152 | SAN BERNARDINO. |
| 050101 | * | * | 0.0269 | SOLANO. |
| 050117 | | | 0.0463 | MERCED. |
| 050118 | * | * | 0.0555 | SAN JOAQUIN. |
| 050122 | | | 0.0555 | SAN JOAQUIN. |
| 050129 | * | * | 0.0152 | SAN BERNARDINO. |
| 050131 | | | 0.0033 | MARIN. |

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007—Continued

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 050133 | | | 0.0170 | YUBA. |
| 050136 | * | * | 0.0308 | SONOMA. |
| 050140 | * | * | 0.0152 | SAN BERNARDINO. |
| 050150 | * | * | 0.0316 | NEVADA. |
| 050152 | | | 0.0026 | SAN FRANCISCO. |
| 050159 | | * | 0.0156 | VENTURA. |
| 050167 | | | 0.0555 | SAN JOAQUIN. |
| 050168 | * | * | 0.0029 | ORANGE. |
| 050173 | * | * | 0.0029 | ORANGE. |
| 050174 | * | * | 0.0308 | SONOMA. |
| 050177 | | | 0.0156 | VENTURA. |
| 050193 | * | * | 0.0029 | ORANGE. |
| 050224 | * | * | 0.0029 | ORANGE. |
| 050226 | * | * | 0.0029 | ORANGE. |
| 050228 | * | * | 0.0026 | SAN FRANCISCO. |
| 050230 | * | * | 0.0029 | ORANGE. |
| 050232 | | | 0.0103 | SAN LUIS OBISPO. |
| 050236 | | * | 0.0156 | VENTURA. |
| 050245 | * | * | 0.0152 | SAN BERNARDINO. |
| 050272 | * | * | 0.0152 | SAN BERNARDINO. |
| 050279 | * | * | 0.0152 | SAN BERNARDINO. |
| 050291 | * | * | 0.0308 | SONOMA. |
| 050298 | * | * | 0.0152 | SAN BERNARDINO. |
| 050300 | * | * | 0.0152 | SAN BERNARDINO. |
| 050313 | | | 0.0555 | SAN JOAQUIN. |
| 050325 | | | 0.0176 | TUOLUMNE. |
| 050327 | * | * | 0.0152 | SAN BERNARDINO. |
| 050335 | | | 0.0176 | TUOLUMNE. |
| 050336 | | | 0.0555 | SAN JOAQUIN. |
| 050348 | * | * | 0.0029 | ORANGE. |
| 050360 | | | 0.0033 | MARIN. |
| 050367 | * | * | 0.0269 | SOLANO. |
| 050385 | * | * | 0.0308 | SONOMA. |
| 050394 | | * | 0.0156 | VENTURA. |
| 050407 | | | 0.0026 | SAN FRANCISCO. |
| 050426 | * | * | 0.0029 | ORANGE. |
| 050444 | | | 0.0463 | MERCED. |
| 050454 | | | 0.0026 | SAN FRANCISCO. |
| 050457 | | | 0.0026 | SAN FRANCISCO. |
| 050469 | * | * | 0.0152 | SAN BERNARDINO. |
| 050476 | | | 0.0257 | LAKE. |
| 050494 | * | | 0.0316 | NEVADA. |
| 050506 | | | 0.0103 | SAN LUIS OBISPO. |
| 050510 | * | * | 0.0033 | MARIN. |
| 050517 | * | * | 0.0152 | SAN BERNARDINO. |
| 050526 | * | * | 0.0029 | ORANGE. |
| 050528 | * | * | 0.0463 | MERCED. |
| 050535 | * | * | 0.0029 | ORANGE. |
| 050543 | * | * | 0.0029 | ORANGE. |
| 050547 | * | * | 0.0308 | SONOMA. |
| 050548 | * | * | 0.0029 | ORANGE. |
| 050549 | * | * | 0.0156 | VENTURA. |
| 050550 | * | * | 0.0029 | ORANGE. |
| 050551 | * | * | 0.0029 | ORANGE. |
| 050567 | * | * | 0.0029 | ORANGE. |
| 050568 | | | 0.0062 | MADERA. |
| 050570 | * | * | 0.0029 | ORANGE. |
| 050580 | * | * | 0.0029 | ORANGE. |
| 050584 | * | * | 0.0152 | SAN BERNARDINO. |
| 050585 | * | * | 0.0029 | ORANGE. |
| 050586 | * | * | 0.0152 | SAN BERNARDINO. |
| 050589 | * | * | 0.0029 | ORANGE. |
| 050592 | * | * | 0.0029 | ORANGE. |
| 050594 | * | * | 0.0029 | ORANGE. |
| 050603 | * | * | 0.0029 | ORANGE. |
| 050609 | * | * | 0.0029 | ORANGE. |
| 050616 | | * | 0.0156 | VENTURA. |
| 050618 | * | * | 0.0152 | SAN BERNARDINO. |
| 050633 | | | 0.0103 | SAN LUIS OBISPO. |
| 050667 | * | * | 0.0478 | NAPA. |

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007—Continued

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 050668 | | | 0.0026 | SAN FRANCISCO. |
| 050678 | * | * | 0.0029 | ORANGE. |
| 050680 | * | * | 0.0269 | SOLANO. |
| 050690 | * | * | 0.0308 | SONOMA. |
| 050693 | * | * | 0.0029 | ORANGE. |
| 050695 | | | 0.0555 | SAN JOAQUIN. |
| 050720 | * | * | 0.0029 | ORANGE. |
| 050728 | * | * | 0.0308 | SONOMA. |
| 050731 | | | 0.0152 | SAN BERNARDINO. |
| 060001 | | | 0.0294 | WELD. |
| 060003 | * | * | 0.0203 | BOULDER. |
| 060010 | | | 0.0095 | LARIMER. |
| 060027 | * | * | 0.0203 | BOULDER. |
| 060030 | | | 0.0095 | LARIMER. |
| 060103 | * | * | 0.0203 | BOULDER. |
| 070003 | * | * | 0.0009 | WINDHAM. |
| 070006 | * | * | 0.0047 | FAIRFIELD. |
| 070010 | * | * | 0.0047 | FAIRFIELD. |
| 070018 | * | * | 0.0047 | FAIRFIELD. |
| 070020 | | | 0.0073 | MIDDLESEX. |
| 070021 | * | * | 0.0009 | WINDHAM. |
| 070028 | * | * | 0.0047 | FAIRFIELD. |
| 070033 | * | * | 0.0047 | FAIRFIELD. |
| 070034 | * | * | 0.0047 | FAIRFIELD. |
| 080001 | | | 0.0063 | NEW CASTLE. |
| 080003 | | | 0.0063 | NEW CASTLE. |
| 100014 | | | 0.0118 | VOLUSIA. |
| 100017 | | | 0.0118 | VOLUSIA. |
| 100045 | * | * | 0.0118 | VOLUSIA. |
| 100047 | | | 0.0021 | CHARLOTTE. |
| 100062 | | | 0.0060 | MARION. |
| 100068 | | | 0.0118 | VOLUSIA. |
| 100072 | | | 0.0118 | VOLUSIA. |
| 100077 | | | 0.0021 | CHARLOTTE. |
| 100102 | | | 0.0125 | COLUMBIA. |
| 100118 | * | * | 0.0398 | FLAGLER. |
| 100156 | | | 0.0125 | COLUMBIA. |
| 100175 | | | 0.0231 | DE SOTO. |
| 100212 | | | 0.0060 | MARION. |
| 100232 | * | * | 0.0347 | PUTNAM. |
| 100236 | | | 0.0021 | CHARLOTTE. |
| 100252 | * | * | 0.0233 | OKEECHOBEE. |
| 100290 | | | 0.0582 | SUMTER. |
| 110023 | * | * | 0.0500 | GORDON. |
| 110027 | | | 0.0387 | FRANKLIN. |
| 110029 | * | * | 0.0063 | HALL. |
| 110041 | * | * | 0.0777 | HABERSHAM. |
| 110069 | * | * | 0.0474 | HOUSTON. |
| 110124 | | | 0.0428 | WAYNE. |
| 110136 | | | 0.0261 | BALDWIN |
| 110146 | | | 0.0786 | CAMDEN. |
| 110150 | * | * | 0.0261 | BALDWIN |
| 110153 | * | * | 0.0474 | HOUSTON. |
| 110187 | * | * | 0.1172 | LUMPKIN. |
| 110189 | * | * | 0.0031 | FANNIN. |
| 110190 | | | 0.0182 | MACON. |
| 110205 | * | * | 0.0779 | GILMER. |
| 130003 | * | * | 0.0095 | NEZ PERCE. |
| 130024 | | | 0.0275 | BONNER. |
| 130049 | * | * | 0.0349 | KOOTENAI. |
| 130066 | | | 0.0349 | KOOTENAI. |
| 140012 | * | * | 0.0220 | LEE. |
| 140026 | | | 0.0346 | LA SALLE. |
| 140033 | * | * | 0.0147 | LAKE. |
| 140043 | * | * | 0.0046 | WHITESIDE. |
| 140058 | * | * | 0.0081 | MORGAN. |
| 140084 | * | * | 0.0147 | LAKE. |
| 140100 | * | * | 0.0147 | LAKE. |
| 140110 | * | * | 0.0346 | LA SALLE. |
| 140130 | * | * | 0.0147 | LAKE. |

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007—Continued

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 140155 | | | 0.0027 | KANKAKEE. |
| 140160 | * | * | 0.0286 | STEPHENSON. |
| 140161 | * | * | 0.0138 | LIVINGSTON. |
| 140186 | | | 0.0027 | KANKAKEE. |
| 140202 | * | * | 0.0147 | LAKE. |
| 140205 | | | 0.0163 | BOONE. |
| 140234 | * | * | 0.0346 | LA SALLE. |
| 140291 | * | * | 0.0147 | LAKE. |
| 150006 | * | * | 0.0084 | LA PORTE. |
| 150015 | * | * | 0.0084 | LA PORTE. |
| 150022 | | | 0.0249 | MONTGOMERY. |
| 150030 | * | * | 0.0201 | HENRY. |
| 150035 | | | 0.0083 | PORTER. |
| 150045 | | | 0.0416 | DE KALB. |
| 150065 | * | * | 0.0139 | JACKSON. |
| 150076 | * | * | 0.0189 | MARSHALL. |
| 150088 | * | * | 0.0196 | MADISON. |
| 150091 | | | 0.0573 | HUNTINGTON. |
| 150102 | * | * | 0.0160 | STARKE. |
| 150113 | * | * | 0.0196 | MADISON. |
| 150122 | * | * | 0.0199 | RIPLEY. |
| 150146 | * | * | 0.0440 | NOBLE. |
| 160013 | | | 0.0218 | MUSCATINE. |
| 160030 | | | 0.0040 | STORY. |
| 160032 | | | 0.0272 | JASPER. |
| 160080 | * | * | 0.0049 | CLINTON. |
| 170137 | * | * | 0.0336 | DOUGLAS. |
| 180012 | * | * | 0.0083 | HARDIN. |
| 180049 | | | 0.0576 | MADISON. |
| 180066 | * | * | 0.0567 | LOGAN. |
| 180127 | * | * | 0.0352 | FRANKLIN. |
| 180128 | | | 0.0282 | LAWRENCE. |
| 190001 | * | * | 0.0645 | WASHINGTON. |
| 190003 | * | * | 0.0107 | IBERIA. |
| 190015 | * | * | 0.0401 | TANGIPAHOA. |
| 190017 | | | 0.0235 | ST. LANDRY. |
| 190054 | | | 0.0107 | IBERIA. |
| 190078 | | | 0.0235 | ST. LANDRY. |
| 190088 | | | 0.0705 | WEBSTER. |
| 190099 | * | * | 0.0390 | AVOYELLES. |
| 190106 | * | * | 0.0238 | ALLEN. |
| 190133 | | | 0.0238 | ALLEN. |
| 190144 | | | 0.0705 | WEBSTER. |
| 190184 | | | 0.0161 | CALDWELL. |
| 190190 | | | 0.0161 | CALDWELL. |
| 190191 | * | * | 0.0235 | ST. LANDRY. |
| 190246 | | | 0.0161 | CALDWELL. |
| 200002 | | | 0.0129 | LINCOLN. |
| 200024 | * | * | 0.0071 | ANDROSCOGGIN. |
| 200032 | | | 0.0466 | OXFORD. |
| 200034 | * | * | 0.0071 | ANDROSCOGGIN. |
| 200050 | * | * | 0.0140 | HANCOCK. |
| 210001 | | | 0.0129 | WASHINGTON. |
| 210004 | | | 0.0040 | MONTGOMERY. |
| 210016 | | | 0.0040 | MONTGOMERY. |
| 210018 | | | 0.0040 | MONTGOMERY. |
| 210022 | | | 0.0040 | MONTGOMERY. |
| 210023 | | | 0.0209 | ANNE ARUNDEL. |
| 210028 | | | 0.0512 | ST. MARYS. |
| 210043 | | | 0.0209 | ANNE ARUNDEL. |
| 210048 | | | 0.0287 | HOWARD. |
| 210057 | | | 0.0040 | MONTGOMERY. |
| 220001 | * | * | 0.0056 | WORCESTER. |
| 220002 | * | * | 0.0249 | MIDDLESEX. |
| 220006 | | | 0.0306 | ESSEX. |
| 220010 | * | * | 0.0306 | ESSEX. |
| 220011 | * | * | 0.0249 | MIDDLESEX. |
| 220019 | * | * | 0.0056 | WORCESTER. |
| 220025 | * | * | 0.0056 | WORCESTER. |
| 220028 | * | * | 0.0056 | WORCESTER. |

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007—Continued

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 220029 | * | * | 0.0306 | ESSEX. |
| 220033 | * | * | 0.0306 | ESSEX. |
| 220035 | * | * | 0.0306 | ESSEX. |
| 220049 | * | * | 0.0249 | MIDDLESEX. |
| 220058 | * | * | 0.0056 | WORCESTER. |
| 220062 | * | * | 0.0056 | WORCESTER. |
| 220063 | * | * | 0.0249 | MIDDLESEX. |
| 220070 | * | * | 0.0249 | MIDDLESEX. |
| 220080 | * | * | 0.0306 | ESSEX. |
| 220082 | * | * | 0.0249 | MIDDLESEX. |
| 220084 | * | * | 0.0249 | MIDDLESEX. |
| 220089 | | | 0.0249 | MIDDLESEX. |
| 220090 | * | * | 0.0056 | WORCESTER. |
| 220095 | * | * | 0.0056 | WORCESTER. |
| 220098 | * | * | 0.0249 | MIDDLESEX. |
| 220101 | * | * | 0.0249 | MIDDLESEX. |
| 220105 | * | * | 0.0249 | MIDDLESEX. |
| 220163 | * | * | 0.0056 | WORCESTER. |
| 220171 | * | * | 0.0249 | MIDDLESEX. |
| 220174 | * | * | 0.0306 | ESSEX. |
| 230003 | * | * | 0.0035 | OTTAWA. |
| 230013 | * | * | 0.0091 | OAKLAND. |
| 230015 | | | 0.0359 | ST. JOSEPH. |
| 230019 | * | * | 0.0091 | OAKLAND. |
| 230021 | | | 0.0136 | BERRIEN. |
| 230022 | * | * | 0.0113 | BRANCH. |
| 230029 | * | * | 0.0091 | OAKLAND. |
| 230037 | * | * | 0.0178 | HILLSADLE. |
| 230041 | | | 0.0099 | BAY. |
| 230047 | * | * | 0.0082 | MACOMB. |
| 230069 | * | * | 0.0487 | LIVINGSTON. |
| 230071 | * | * | 0.0091 | OAKLAND. |
| 230072 | * | * | 0.0035 | OTTAWA. |
| 230075 | | | 0.0145 | CALHOUN. |
| 230078 | * | * | 0.0136 | BERRIEN. |
| 230092 | * | * | 0.0389 | JACKSON. |
| 230093 | * | * | 0.0079 | MECOSTA. |
| 230096 | * | * | 0.0359 | ST. JOSEPH. |
| 230099 | * | * | 0.0339 | MONROE. |
| 230106 | | * | 0.0030 | NEWAYGO. |
| 230121 | * | * | 0.0691 | SHIAWASSEE. |
| 230130 | * | * | 0.0091 | OAKLAND. |
| 230151 | * | * | 0.0091 | OAKLAND. |
| 230174 | * | * | 0.0035 | OTTAWA. |
| 230184 | | | 0.0389 | JACKSON. |
| 230195 | * | * | 0.0082 | MACOMB. |
| 230204 | * | * | 0.0082 | MACOMB. |
| 230207 | * | * | 0.0091 | OAKLAND. |
| 230217 | * | * | 0.0145 | CALHOUN. |
| 230222 | | | 0.0228 | MIDLAND. |
| 230223 | * | * | 0.0091 | OAKLAND. |
| 230227 | * | * | 0.0082 | MACOMB. |
| 230254 | * | * | 0.0091 | OAKLAND. |
| 230257 | * | * | 0.0082 | MACOMB. |
| 230264 | * | * | 0.0082 | MACOMB. |
| 230269 | * | * | 0.0091 | OAKLAND. |
| 230277 | * | * | 0.0091 | OAKLAND. |
| 230279 | * | * | 0.0487 | LIVINGSTON. |
| 240018 | * | * | 0.1196 | GOODHUE. |
| 240044 | | | 0.0868 | WINONA. |
| 240064 | * | * | 0.0138 | ITASCA. |
| 240069 | * | * | 0.0419 | STEELE. |
| 240071 | * | * | 0.0454 | RICE. |
| 240187 | * | * | 0.0506 | MC LEOD. |
| 240211 | * | * | 0.0705 | PINE. |
| 250040 | * | * | 0.0294 | JACKSON. |
| 260011 | * | * | 0.0007 | COLE. |
| 260047 | * | * | 0.0007 | COLE. |
| 260074 | * | * | 0.0158 | RANDOLPH. |
| 260097 | | | 0.0425 | JOHNSON. |

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007—Continued

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 280077 | * | * | 0.0089 | DODGE. |
| 280123 | | | 0.0137 | GAGE. |
| 290019 | * | * | 0.0026 | CARSON CITY. |
| 290049 | | | 0.0026 | CARSON CITY. |
| 300011 | * | * | 0.0069 | HILLSBOURGH. |
| 300012 | * | * | 0.0069 | HILLSBOURGH. |
| 300017 | * | * | 0.0361 | ROCKINGHAM. |
| 300020 | * | * | 0.0069 | HILLSBOURGH. |
| 300023 | * | * | 0.0361 | ROCKINGHAM. |
| 300029 | * | * | 0.0361 | ROCKINGHAM. |
| 300034 | * | * | 0.0069 | HILLSBOURGH. |
| 310002 | * | * | 0.0351 | ESSEX. |
| 310009 | * | * | 0.0351 | ESSEX. |
| 310010 | | | 0.0092 | MERCER. |
| 310011 | | | 0.0115 | CAPE MAY. |
| 310013 | * | * | 0.0351 | ESSEX. |
| 310018 | * | * | 0.0351 | ESSEX. |
| 310021 | * | * | 0.0092 | MERCER. |
| 310038 | * | * | 0.0350 | MIDDLESEX. |
| 310039 | * | * | 0.0350 | MIDDLESEX. |
| 310044 | | | 0.0092 | MERCER. |
| 310054 | * | * | 0.0351 | ESSEX. |
| 310070 | * | * | 0.0350 | MIDDLESEX. |
| 310076 | * | * | 0.0351 | ESSEX. |
| 310078 | * | * | 0.0351 | ESSEX. |
| 310083 | * | * | 0.0351 | ESSEX. |
| 310092 | | | 0.0092 | MERCER. |
| 310093 | * | * | 0.0351 | ESSEX. |
| 310096 | * | * | 0.0351 | ESSEX. |
| 310108 | * | * | 0.0350 | MIDDLESEX. |
| 310110 | | | 0.0092 | MERCER. |
| 310119 | * | * | 0.0351 | ESSEX. |
| 310123 | | | 0.0351 | ESSEX. |
| 310124 | | | 0.0350 | MIDDLESEX. |
| 320003 | | | 0.0629 | SAN MIGUEL |
| 320011 | | | 0.0442 | RIO ARRIBA. |
| 320018 | | | 0.0063 | DONA ANA. |
| 320085 | | | 0.0063 | DONA ANA. |
| 330004 | * | * | 0.0959 | ULSTER. |
| 330008 | * | * | 0.0470 | WYOMING. |
| 330027 | * | * | 0.0137 | NASSAU. |
| 330094 | * | * | 0.0778 | COLUMBIA. |
| 330106 | * | * | 0.0137 | NASSAU. |
| 330126 | * | | 0.0560 | ORANGE. |
| 330135 | * | | 0.0560 | ORANGE. |
| 330167 | | * | 0.0137 | NASSAU. |
| 330181 | | * | 0.0137 | NASSAU. |
| 330182 | * | * | 0.0137 | NASSAU. |
| 330191 | * | * | 0.0026 | WARREN. |
| 330198 | | * | 0.0137 | NASSAU. |
| 330205 | * | | 0.0560 | ORANGE. |
| 330209 | * | | 0.0560 | ORANGE. |
| 330224 | * | * | 0.0959 | ULSTER. |
| 330225 | | * | 0.0137 | NASSAU. |
| 330235 | * | * | 0.0270 | CAYUGA. |
| 330259 | | * | 0.0137 | NASSAU. |
| 330264 | * | | 0.0560 | ORANGE. |
| 330276 | | | 0.0063 | FULTON. |
| 330331 | | * | 0.0137 | NASSAU. |
| 330332 | | * | 0.0137 | NASSAU. |
| 330372 | | * | 0.0137 | NASSAU. |
| 330386 | * | * | 0.1139 | SULLIVAN. |
| 340015 | | | 0.0267 | ROWAN. |
| 340020 | | | 0.0207 | LEE. |
| 340021 | * | * | 0.0216 | CLEVELAND. |
| 340037 | | | 0.0216 | CLEVELAND. |
| 340039 | * | * | 0.0144 | IREDELL. |
| 340069 | * | * | 0.0053 | WAKE. |
| 340070 | * | * | 0.0448 | ALAMANCE. |
| 340073 | * | * | 0.0053 | WAKE. |

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007—Continued

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 340085 | | | 0.0377 | DAVIDSON. |
| 340096 | | | 0.0377 | DAVIDSON. |
| 340104 | | | 0.0216 | CLEVELAND. |
| 340114 | * | * | 0.0053 | WAKE. |
| 340126 | * | * | 0.0161 | WILSON. |
| 340127 | * | * | 0.0961 | GRANVILLE. |
| 340129 | * | * | 0.0144 | IREDELL. |
| 340133 | | | 0.0308 | MARTIN. |
| 340138 | * | * | 0.0053 | WAKE. |
| 340144 | * | * | 0.0144 | IREDELL. |
| 340145 | * | * | 0.0563 | LINCOLN. |
| 340173 | * | * | 0.0053 | WAKE. |
| 360013 | * | * | 0.0166 | SHELBY. |
| 360025 | * | * | 0.0087 | ERIE. |
| 360036 | * | * | 0.0263 | WAYNE. |
| 360065 | * | * | 0.0141 | HURON. |
| 360070 | | | 0.0028 | STARK. |
| 360078 | * | * | 0.0159 | PORTAGE. |
| 360084 | * | * | 0.0028 | STARK. |
| 360086 | * | * | 0.0168 | CLARK. |
| 360095 | * | * | 0.0087 | HANCOCK. |
| 360100 | | | 0.0028 | STARK. |
| 360107 | * | * | 0.0213 | SANDUSKY |
| 360131 | | | 0.0028 | STARK. |
| 360151 | | | 0.0028 | STARK. |
| 360156 | | | 0.0213 | SANDUSKY |
| 360175 | * | * | 0.0159 | CLINTON. |
| 360187 | * | * | 0.0168 | CLARK. |
| 360197 | * | * | 0.0092 | LOGAN. |
| 360267 | | | 0.0028 | STARK. |
| 370004 | * | * | 0.0193 | OTTAWA. |
| 370014 | * | * | 0.0831 | BRYAN. |
| 370015 | * | * | 0.0463 | MAYES. |
| 370023 | | | 0.0084 | STEPHENS. |
| 370065 | | | 0.0121 | CRAIG. |
| 370113 | * | * | 0.0205 | DELAWRE. |
| 370149 | | | 0.0356 | POTTAWATOMIE. |
| 380002 | | | 0.0130 | JOSEPHINE. |
| 380022 | * | * | 0.0201 | LINN. |
| 380029 | | | 0.0075 | MARION. |
| 380051 | | | 0.0075 | MARION. |
| 380056 | | | 0.0075 | MARION. |
| 390011 | | | 0.0012 | CAMBRIA. |
| 390030 | * | * | 0.0276 | SCHUYLKILL. |
| 390031 | * | * | 0.0276 | SCHUYLKILL. |
| 390044 | | | 0.0200 | BERKS. |
| 390046 | * | * | 0.0098 | YORK. |
| 390056 | | | 0.0042 | HUNTINGDON. |
| 390065 | * | * | 0.0501 | ADAMS. |
| 390066 | * | * | 0.0259 | LEBANON. |
| 390096 | | | 0.0200 | BERKS. |
| 390101 | | | 0.0098 | YORK. |
| 390110 | * | * | 0.0012 | CAMBRIA. |
| 390130 | | | 0.0012 | CAMBRIA. |
| 390138 | * | * | 0.0325 | FRANKLIN. |
| 390146 | * | * | 0.0053 | WARREN. |
| 390150 | * | * | 0.0206 | GREENE. |
| 390151 | * | * | 0.0325 | FRANKLIN. |
| 390162 | | | 0.0200 | NORTHAMPTON. |
| 390181 | * | * | 0.0276 | SCHUYLKILL. |
| 390183 | * | * | 0.0276 | SCHUYLKILL. |
| 390201 | * | * | 0.1127 | MONROE. |
| 390233 | | | 0.0098 | YORK. |
| 420007 | * | * | 0.0001 | SPARTANBURG. |
| 420009 | * | * | 0.0153 | OCONEE. |
| 420020 | * | * | 0.0035 | GEORGETOWN. |
| 420027 | * | * | 0.0210 | ANDERSON. |
| 420030 | * | * | 0.0103 | COLLETON. |
| 420039 | * | * | 0.0153 | UNION. |
| 420043 | | | 0.0177 | CHEROKEE. |

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007—Continued

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 420062 | | | 0.0135 | CHESTERFIELD. |
| 420068 | * | * | 0.0097 | ORANGE.BURG |
| 420070 | * | * | 0.0101 | SUMTER. |
| 420083 | * | * | 0.0001 | SPARTANBURG. |
| 420093 | | | 0.0001 | SPARTANBURG. |
| 420098 | | | 0.0035 | GEORGETOWN. |
| 440008 | * | * | 0.0663 | HENDERSON. |
| 440012 | | | 0.0016 | SULLIVAN. |
| 440017 | | | 0.0016 | SULLIVAN. |
| 440024 | * | * | 0.0387 | BRADLEY. |
| 440030 | | | 0.0056 | HAMBLEN. |
| 440035 | * | * | 0.0441 | MONTGOMERY. |
| 440047 | | | 0.0499 | GIBSON. |
| 440051 | | | 0.0104 | MC NAIRY. |
| 440056 | | | 0.0321 | JEFFERSON. |
| 440060 | * | * | 0.0499 | GIBSON. |
| 440063 | | | 0.0011 | WASHINGTON. |
| 440067 | * | * | 0.0056 | HAMBLEN. |
| 440073 | * | * | 0.0513 | MAURY. |
| 440105 | | | 0.0011 | WASHINGTON. |
| 440115 | | | 0.0499 | GIBSON. |
| 440148 | * | * | 0.0568 | DE KALB. |
| 440153 | | | 0.0007 | COCKE. |
| 440174 | | | 0.0372 | HAYWOOD. |
| 440176 | | | 0.0016 | SULLIVAN. |
| 440181 | | | 0.0407 | HARDEMAN. |
| 440184 | | | 0.0011 | WASHINGTON. |
| 440185 | * | * | 0.0387 | BRADLEY. |
| 450032 | * | * | 0.0416 | HARRISON. |
| 450039 | * | * | 0.0097 | TARRANT. |
| 450059 | * | * | 0.0073 | COMAL. |
| 450064 | * | * | 0.0097 | TARRANT. |
| 450087 | * | * | 0.0097 | TARRANT. |
| 450099 | * | * | 0.0180 | GRAY. |
| 450121 | * | * | 0.0097 | TARRANT. |
| 450135 | * | * | 0.0097 | TARRANT. |
| 450137 | * | * | 0.0097 | TARRANT. |
| 450144 | * | * | 0.0573 | ANDREWS. |
| 450163 | | | 0.0134 | KELBERG. |
| 450187 | * | * | 0.0264 | WASHINGTON. |
| 450194 | * | * | 0.0328 | CHEROKEE. |
| 450214 | * | * | 0.0368 | WHARTON. |
| 450224 | * | * | 0.0411 | WOOD. |
| 450324 | | | 0.0156 | GRAYSON. |
| 450347 | * | * | 0.0427 | WALKER. |
| 450370 | | | 0.0258 | COLORADO. |
| 450389 | * | * | 0.0881 | HENDERSON. |
| 450395 | * | * | 0.0484 | POLK. |
| 450419 | * | * | 0.0097 | TARRANT. |
| 450438 | * | * | 0.0258 | COLORADO. |
| 450447 | * | * | 0.0358 | NAVARRO. |
| 450451 | * | * | 0.0551 | SOMERVELL. |
| 450465 | | | 0.0435 | MATAGORDA. |
| 450469 | | | 0.0156 | GRAYSON. |
| 450547 | * | * | 0.0411 | WOOD. |
| 450563 | * | * | 0.0097 | TARRANT. |
| 450565 | | | 0.0486 | PALO PINTO. |
| 450596 | | | 0.0808 | HOOD. |
| 450597 | | | 0.0077 | DE WIT. |
| 450639 | * | * | 0.0097 | TARRANT. |
| 450672 | * | * | 0.0097 | TARRANT. |
| 450675 | * | * | 0.0097 | TARRANT. |
| 450677 | * | * | 0.0097 | TARRANT. |
| 450694 | * | * | 0.0368 | WHARTON. |
| 450747 | * | * | 0.0195 | ANDERSON. |
| 450755 | * | * | 0.0484 | HOCKLEY. |
| 450779 | * | * | 0.0097 | TARRANT. |
| 450813 | * | * | 0.0195 | ANDERSON. |
| 450858 | * | * | 0.0097 | TARRANT. |
| 450872 | * | * | 0.0097 | TARRANT. |

TABLE 4J.—OUT-MIGRATION ADJUSTMENT—FY 2007—Continued

| Provider No. | Reclassified between 10/1/06 and 3/31/07 | Reclassified between 4/1/07 and 9/30/2007 | Out-migration adjustment | Qualifying county name |
|---|---|---|---|---|
| 450880 | * | * | 0.0097 | TARRANT. |
| 460017 | | | 0.0392 | BOX ELDER. |
| 460039 | * | * | 0.0392 | BOX ELDER. |
| 490019 | | | 0.1240 | CULPEPER. |
| 490038 | | | 0.0022 | SMYTH. |
| 490084 | | | 0.0167 | ESSEX. |
| 490105 | * | * | 0.0022 | SMYTH. |
| 490110 | | | 0.0082 | MONTGOMERY. |
| 500003 | * | * | 0.0208 | SKAGIT. |
| 500007 | | | 0.0208 | SKAGIT. |
| 500019 | | | 0.0213 | LEWIS. |
| 500021 | * | * | 0.0055 | PIERCE. |
| 500024 | * | * | 0.0023 | THURSTON. |
| 500039 | * | * | 0.0174 | KITSAP. |
| 500041 | * | * | 0.0118 | COWLITZ. |
| 500079 | * | * | 0.0055 | PIERCE. |
| 500108 | * | * | 0.0055 | PIERCE. |
| 500129 | * | * | 0.0055 | PIERCE. |
| 500139 | * | * | 0.0023 | THURSTON. |
| 500143 | | | 0.0023 | THURSTON. |
| 510018 | * | * | 0.0209 | JACKSON. |
| 510039 | | | 0.0112 | OHIO. |
| 510047 | * | * | 0.0275 | MARION. |
| 510050 | | | 0.0112 | OHIO. |
| 510077 | * | * | 0.0021 | MINGO. |
| 520028 | * | * | 0.0157 | GREEN. |
| 520035 | | | 0.0077 | SHEBOYGAN. |
| 520044 | | | 0.0077 | SHEBOYGAN. |
| 520057 | | | 0.0118 | SAUK. |
| 520059 | * | * | 0.0200 | RACINE. |
| 520071 | * | * | 0.0239 | JEFFERSON. |
| 520095 | * | * | 0.0118 | SAUK. |
| 520096 | * | * | 0.0200 | RACINE. |
| 520102 | * | * | 0.0298 | WALWORTH |
| 520116 | * | * | 0.0239 | JEFFERSON. |
| 520132 | | | 0.0077 | SHEBOYGAN. |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 1 | Yes | No | 01 | SURG | CRANIOTOMY AGE >17 W CC | 3.5289 | 7.3 | 9.8 |
| 2 | Yes | No | 01 | SURG | CRANIOTOMY AGE >17 W/O CC | 1.9870 | 3.4 | 4.4 |
| 3 | No | No | 01 | SURG* | CRANIOTOMY AGE 0–17 | 1.9870 | 9.2 | 12.5 |
| 4 | No | No | 01 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 5 | No | No | 01 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 6 | No | No | 01 | SURG | CARPAL TUNNEL RELEASE | 0.7965 | 2.1 | 3.1 |
| 7 | Yes | Yes | 01 | SURG | PERIPH & CRANIAL NERVE & DOTHER NERV SYST PROC W CC. | 2.5775 | 6.6 | 9.5 |
| 8 | Yes | Yes | 01 | SURG | PERIPH & CRANIAL NERVE & DOTHER NERV SYST PROC W/O CC. | 1.4057 | 2.0 | 2.8 |
| 9 | No | No | 01 | MED | SPINAL DISORDERS & INJURIES | 1.4543 | 4.4 | 6.2 |
| 10 | Yes | No | 01 | MED | NERVOUS SYSTEM NEOPLASMS W CC | 1.2513 | 4.6 | 6.0 |
| 11 | Yes | No | 01 | MED | NERVOUS SYSTEM DNEOPLASMS W/O CC. | 0.8359 | 2.7 | 3.6 |
| 12 | Yes | No | 01 | MED | DEGENERATIVE NERVOUS SYSTEM DISORDERS. | 1.0105 | 4.4 | 5.6 |
| 13 | Yes | No | 01 | MED | MULTIPLE SCLEROSIS & DCEREBELLAR ATAXIA. | 0.9266 | 4.0 | 4.9 |
| 14 | Yes | No | 01 | MED | INTRACRANIAL HEMORRHAGE OR DCEREBRAL INFARCTION. | 1.2480 | 4.3 | 5.5 |
| 15 | Yes | No | 01 | MED | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT. | 0.9170 | 3.1 | 4.0 |
| 16 | Yes | No | 01 | MED | NONSPECIFIC CEREBROVASCULAR DISORDERS W CC. | 1.3632 | 5.0 | 6.4 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 17 | Yes | No | 01 | MED | NONSPECIFIC CEREBROVASCULAR ISORDERS W/O CC. | 0.6692 | 2.4 | 3.0 |
| 18 | Yes | No | 01 | MED | CRANIAL & PERIPHERAL NERVE DISORDERS W CC. | 1.0501 | 4.1 | 5.2 |
| 19 | Yes | No | 01 | MED | CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC. | 0.7128 | 2.7 | 3.4 |
| 20 | Yes | No | 01 | MED | NERVOUS SYSTEM INFECTION EXCEPT VIRAL DMENINGITIS. | 2.7596 | 8.0 | 10.3 |
| 21 | No | No | 01 | MED | VIRAL MENINGITIS | 1.4536 | 4.7 | 6.2 |
| 22 | No | No | 01 | MED | HYPERTENSIVE ENCEPHALOPATHY | 1.2386 | 3.9 | 5.0 |
| 23 | No | No | 01 | MED | NONTRAUMATIC STUPOR & COMA | 0.8423 | 3.0 | 3.9 |
| 24 | Yes | No | 01 | MED | SEIZURE & HEADACHE AGE >17 W CC | 1.0388 | 3.5 | 4.7 |
| 25 | Yes | No | 01 | MED | SEIZURE & HEADACHE AGE >17 W/O CC | 0.6436 | 2.5 | 3.1 |
| 26 | No | No | 01 | MED | SEIZURE & HEADACHE AGE 0–17 | 1.1844 | 2.6 | 3.8 |
| 27 | No | No | 01 | MED | TRAUMATIC STUPOR & COMA, COMA >1 HR. | 1.4281 | 3.1 | 4.8 |
| 28 | Yes | No | 01 | MED | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC. | 1.4037 | 4.2 | 5.7 |
| 29 | Yes | No | 01 | MED | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC. | 0.7658 | 2.6 | 3.2 |
| 30 | No | No | 01 | MED* | TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0–17. | 0.7658 | * | * |
| 31 | No | No | 01 | MED | CONCUSSION AGE >17 W CC | 0.9511 | 3.0 | 3.9 |
| 32 | No | No | 01 | MED | CONCUSSION AGE >17 W/O CC | 0.5859 | 1.8 | 2.3 |
| 33 | No | No | 01 | MED* | CONCUSSION AGE 0–17 | 0.5859 | * | * |
| 34 | Yes | No | 01 | MED | OTHER DISORDERS OF NERVOUS SYSTEM W CC. | 1.0347 | 3.6 | 4.8 |
| 35 | Yes | No | 01 | MED | OTHER DISORDERS OF NERVOUS SYSTEM W/O CC. | 0.6453 | 2.5 | 3.1 |
| 36 | No | No | 02 | SURG | RETINAL PROCEDURES | 0.7936 | 1.3 | 1.7 |
| 37 | No | No | 02 | SURG | ORBITAL PROCEDURES | 1.2193 | 2.7 | 4.1 |
| 38 | No | No | 02 | SURG | PRIMARY IRIS PROCEDURES | 0.5783 | 2.2 | 2.8 |
| 39 | No | No | 02 | SURG | LENS PROCEDURES WITH OR WITHOUT VITRECTOMY. | 0.7098 | 1.5 | 2.0 |
| 40 | No | No | 02 | SURG | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17. | 1.1061 | 3.0 | 4.1 |
| 41 | No | No | 02 | SURG* | EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0–17. | 1.1061 | * | * |
| 42 | No | No | 02 | SURG | INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS. | 0.9264 | 2.1 | 3.0 |
| 43 | No | No | 02 | MED | HYPHEMA | 0.5799 | 2.4 | 3.0 |
| 44 | No | No | 02 | MED | ACUTE MAJOR EYE INFECTIONS | 0.8191 | 3.8 | 4.8 |
| 45 | No | No | 02 | MED | NEUROLOGICAL EYE DISORDERS | 0.6809 | 2.5 | 3.0 |
| 46 | No | No | 02 | MED | OTHER DISORDERS OF THE EYE AGE >17 W CC. | 0.8135 | 3.2 | 4.2 |
| 47 | No | No | 02 | MED | OTHER DISORDERS OF THE EYE AGE >17 W/O CC. | 0.5728 | 2.4 | 3.0 |
| 48 | No | No | 02 | MED* | OTHER DISORDERS OF THE EYE AGE 0–17. | 0.5728 | * | * |
| 49 | No | No | 03 | SURG | MAJOR HEAD & NECK PROCEDURES | 1.7653 | 3.2 | 4.5 |
| 50 | No | No | 03 | SURG | SIALOADENECTOMY | 0.8292 | 1.5 | 1.9 |
| 51 | No | No | 03 | SURG | SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY. | 0.8841 | 1.9 | 2.7 |
| 52 | No | No | 03 | SURG | CLEFT LIP & PALATE REPAIR | 0.7608 | 1.4 | 1.7 |
| 53 | No | No | 03 | SURG | SINUS & MASTOID PROCEDURES AGE >17. | 1.2984 | 2.5 | 4.0 |
| 54 | No | No | 03 | SURG* | SINUS & MASTOID PROCEDURES AGE 0–17. | 1.2984 | * | * |
| 55 | No | No | 03 | SURG | MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES. | 0.9555 | 1.9 | 2.9 |
| 56 | No | No | 03 | SURG | RHINOPLASTY | 0.9535 | 1.9 | 2.7 |
| 57 | No | No | 03 | SURG | T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17. | 1.0220 | 2.1 | 3.2 |
| 58 | No | No | 03 | SURG* | T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0–17. | 1.0220 | * | * |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 59 | No | No | 03 | SURG | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17. | 0.7380 | 1.8 | 2.4 |
| 60 | No | No | 03 | SURG* | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0–17. | 0.7380 | 1.4 | 1.7 |
| 61 | No | No | 03 | SURG | MYRINGOTOMY W TUBE INSERTION AGE >17. | 1.5534 | 3.7 | 6.1 |
| 62 | No | No | 03 | SURG* | MYRINGOTOMY W TUBE INSERTION AGE 0–17. | 1.5534 | 1.3 | 1.5 |
| 63 | No | No | 03 | SURG | OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES. | 1.4153 | 3.0 | 4.5 |
| 64 | No | No | 03 | MED | EAR, NOSE, MOUTH & THROAT MALIGNANCY. | 1.2875 | 4.2 | 6.3 |
| 65 | No | No | 03 | MED | DYSEQUILIBRIUM | 0.5799 | 2.3 | 2.8 |
| 66 | No | No | 03 | MED | EPISTAXIS | 0.6790 | 2.4 | 3.1 |
| 67 | No | No | 03 | MED | EPIGLOTTITIS | 0.9830 | 2.8 | 3.7 |
| 68 | No | No | 03 | MED | OTITIS MEDIA & URI AGE >17 W CC | 0.7572 | 3.1 | 3.8 |
| 69 | No | No | 03 | MED | OTITIS MEDIA & URI AGE >17 W/O CC | 0.5706 | 2.5 | 2.9 |
| 70 | No | No | 03 | MED | OTITIS MEDIA & URI AGE 0–17 | 0.4794 | 2.0 | 2.3 |
| 71 | No | No | 03 | MED | LARYNGOTRACHEITIS | 0.9064 | 3.4 | 4.4 |
| 72 | No | No | 03 | MED | NASAL TRAUMA & DEFORMITY | 0.7502 | 2.6 | 3.3 |
| 73 | Yes | No | 03 | MED | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17. | 0.9140 | 3.3 | 4.3 |
| 74 | No | No | 03 | MED* | OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0–17. | 0.9140 | 3.3 | 3.3 |
| 75 | Yes | No | 04 | SURG | MAJOR CHEST PROCEDURES | 3.0790 | 7.4 | 9.7 |
| 76 | Yes | No | 04 | SURG | OTHER RESP SYSTEM O.R. PROCEDURES W CC. | 2.7410 | 8.2 | 10.7 |
| 77 | Yes | No | 04 | SURG | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC. | 1.1515 | 3.3 | 4.5 |
| 78 | Yes | No | 04 | MED | PULMONARY EMBOLISM | 1.3229 | 5.3 | 6.2 |
| 79 | Yes | No | 04 | MED | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC. | 1.7331 | 6.7 | 8.3 |
| 80 | Yes | No | 04 | MED | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC. | 1.0190 | 4.3 | 5.3 |
| 81 | No | No | 04 | MED* | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0–7. | 1.7331 | 5.2 | 6.2 |
| 82 | Yes | No | 04 | MED | RESPIRATORY NEOPLASMS | 1.4335 | 5.1 | 6.8 |
| 83 | Yes | No | 04 | MED | MAJOR CHEST TRAUMA W CC | 1.1185 | 4.2 | 5.3 |
| 84 | Yes | No | 04 | MED | MAJOR CHEST TRAUMA W/O CC | 0.6523 | 2.6 | 3.2 |
| 85 | Yes | No | 04 | MED | PLEURAL EFFUSION W CC | 1.2935 | 4.7 | 6.2 |
| 86 | Yes | No | 04 | MED | PLEURAL EFFUSION W/O CC | 0.7154 | 2.7 | 3.5 |
| 87 | No | No | 04 | MED | PULMONARY EDEMA & ESPIRATORY FAILURE. | 1.5310 | 4.9 | 6.4 |
| 88 | No | No | 04 | MED | CHRONIC OBSTRUCTIVE PULMONARY DISEASE. | 0.9557 | 4.0 | 4.9 |
| 89 | Yes | No | 04 | MED | SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC. | 1.1291 | 4.6 | 5.6 |
| 90 | Yes | No | 04 | MED | SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC. | 0.7043 | 3.2 | 3.7 |
| 91 | No | No | 04 | MED | SIMPLE PNEUMONIA & PLEURISY AGE 0–17. | 0.7054 | 2.5 | 3.4 |
| 92 | Yes | No | 04 | MED | INTERSTITIAL LUNG DISEASE W CC | 1.2410 | 4.8 | 6.0 |
| 93 | Yes | No | 04 | MED | INTERSTITIAL LUNG DISEASE W/O CC | 0.7539 | 3.0 | 3.8 |
| 94 | No | No | 04 | MED | PNEUMOTHORAX W CC | 1.2852 | 4.5 | 5.9 |
| 95 | No | No | 04 | MED | PNEUMOTHORAX W/O CC | 0.7018 | 2.7 | 3.4 |
| 96 | No | No | 04 | MED | BRONCHITIS & ASTHMA AGE >17 W CC | 0.8093 | 3.5 | 4.3 |
| 97 | No | No | 04 | MED | BRONCHITIS & ASTHMA AGE >17 W/O CC. | 0.6199 | 2.8 | 3.4 |
| 98 | No | No | 04 | MED | BRONCHITIS & ASTHMA AGE 0–17 | 0.6892 | 2.8 | 3.1 |
| 99 | No | No | 04 | MED | RESPIRATORY SIGNS & SYMPTOMS W CC. | 0.7101 | 2.4 | 3.1 |
| 100 | No | No | 04 | MED | RESPIRATORY SIGNS & SYMPTOMS W/O CC. | 0.5098 | 1.7 | 2.1 |
| 101 | Yes | No | 04 | MED | OTHER RESPIRATORY DSYSTEM DIAGNOSES W CC. | 0.9106 | 3.2 | 4.2 |
| 102 | Yes | No | 04 | MED | OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC. | 0.5625 | 2.0 | 2.5 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 103 | No | No | PRE | SURG | HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM. | 19.5988 | 22.2 | 35.1 |
| 104 | Yes | No | 05 | SURG | CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH. | 7.4447 | 12.8 | 15.1 |
| 105 | Yes | No | 05 | SURG | CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH. | 5.6619 | 8.4 | 10.2 |
| 106 | No | No | 05 | SURG | CORONARY BYPASS W PTCA | 5.9701 | 9.3 | 10.9 |
| 107 | Yes | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 108 | Yes | No | 05 | SURG | OTHER CARDIOTHORACIC PROCEDURES. | 5.4207 | 8.8 | 10.9 |
| 109 | Yes | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 110 | No | No | 05 | SURG | MAJOR CARDIOVASCULAR PROCEDURES W CC. | 3.6419 | 5.4 | 8.1 |
| 111 | No | No | 05 | SURG | MAJOR CARDIOVASCULAR PROCEDURES W/O CC. | 2.2318 | 2.3 | 3.1 |
| 112 | No | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 113 | Yes | No | 05 | SURG | AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE. | 3.3828 | 10.8 | 13.7 |
| 114 | Yes | No | 05 | SURG | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS. | 1.8874 | 6.6 | 8.7 |
| 115 | No | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 116 | No | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 117 | No | No | 05 | SURG | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT. | 1.2528 | 2.6 | 4.3 |
| 118 | No | No | 05 | SURG | CARDIAC PACEMAKER DEVICE REPLACEMENT. | 1.3882 | 2.0 | 3.0 |
| 119 | No | No | 05 | SURG | VEIN LIGATION & STRIPPING | 1.4787 | 3.3 | 5.4 |
| 120 | Yes | No | 05 | SURG | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES. | 2.3109 | 6.0 | 9.2 |
| 121 | Yes | No | 05 | MED | CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE. | 1.6883 | 5.2 | 6.5 |
| 122 | No | No | 05 | MED | CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE. | 0.9802 | 2.7 | 3.4 |
| 123 | No | No | 05 | MED | CIRCULATORY DISORDERS W AMI, EXPIRED. | 1.6053 | 2.9 | 4.7 |
| 124 | No | No | 05 | MED | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG. | 1.1670 | 3.3 | 4.4 |
| 125 | No | No | 05 | MED | CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG. | 0.7862 | 2.1 | 2.7 |
| 126 | Yes | No | 05 | MED | ACUTE & SUBACUTE ENDOCARDITIS | 2.5526 | 9.0 | 11.3 |
| 127 | Yes | No | 05 | MED | HEART FAILURE & SHOCK | 1.0635 | 4.1 | 5.1 |
| 128 | No | No | 05 | MED | DEEP VEIN THROMBOPHLEBITIS | 0.8850 | 4.4 | 5.2 |
| 129 | No | No | 05 | MED | CARDIAC ARREST, UNEXPLAINED | 1.1301 | 1.6 | 2.5 |
| 130 | Yes | No | 05 | MED | PERIPHERAL VASCULAR DISORDERS W CC. | 1.0637 | 4.3 | 5.5 |
| 131 | Yes | No | 05 | MED | PERIPHERAL VASCULAR DISORDERS W/O CC. | 0.6813 | 3.1 | 3.7 |
| 132 | No | No | 05 | MED | ATHEROSCLEROSIS W CC | 0.6482 | 2.2 | 2.8 |
| 133 | No | No | 05 | MED | ATHEROSCLEROSIS W/O CC | 0.5237 | 1.8 | 2.1 |
| 134 | No | No | 05 | MED | HYPERTENSION | 0.6464 | 2.5 | 3.1 |
| 135 | No | No | 05 | MED | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC. | 0.9122 | 3.3 | 4.3 |
| 136 | No | No | 05 | MED | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC. | 0.5684 | 2.1 | 2.7 |
| 137 | No | No | 05 | MED* | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0–17. | 0.9122 | * | * |
| 138 | No | No | 05 | MED | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC. | 0.8504 | 3.0 | 3.9 |
| 139 | No | No | 05 | MED | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC. | 0.5221 | 2.0 | 2.4 |
| 140 | No | No | 05 | MED | ANGINA PECTORIS | 0.5846 | 1.9 | 2.4 |
| 141 | No | No | 05 | MED | SYNCOPE & COLLAPSE W CC | 0.7009 | 2.7 | 3.4 |
| 142 | No | No | 05 | MED | SYNCOPE & COLLAPSE W/O CC | 0.5312 | 2.1 | 2.5 |
| 143 | No | No | 05 | MED | CHEST PAIN | 0.5137 | 1.7 | 2.1 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 144 | Yes | No | 05 | MED | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC. | 1.3781 | 4.2 | 5.9 |
| 145 | Yes | No | 05 | MED | OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC. | 0.5993 | 2.0 | 2.5 |
| 146 | Yes | No | 06 | SURG | RECTAL RESECTION W CC | 2.8001 | 8.4 | 9.9 |
| 147 | Yes | No | 06 | SURG | RECTAL RESECTION W/O CC | 1.5698 | 4.9 | 5.6 |
| 148 | Yes | No | 06 | SURG | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC. | 3.5831 | 9.9 | 12.1 |
| 149 | Yes | No | 06 | SURG | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC. | 1.5441 | 5.1 | 5.7 |
| 150 | Yes | No | 06 | SURG | PERITONEAL ADHESIOLYSIS W CC | 2.9172 | 8.7 | 10.8 |
| 151 | Yes | No | 06 | SURG | PERITONEAL ADHESIOLYSIS W/O CC | 1.3530 | 4.0 | 5.0 |
| 152 | No | No | 06 | SURG | MINOR SMALL & LARGE BOWEL PROCEDURES W CC. | 2.0074 | 6.5 | 7.9 |
| 153 | No | No | 06 | SURG | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC. | 1.1984 | 4.4 | 4.9 |
| 154 | Yes | No | 06 | SURG | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC. | 4.2032 | 9.7 | 13.2 |
| 155 | Yes | No | 06 | SURG | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC. | 1.3089 | 3.0 | 4.0 |
| 156 | No | No | 06 | SURG | STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0–17. | 1.3089 | 8.9 | 9.3 |
| 157 | Yes | No | 06 | SURG | ANAL & STOMAL PROCEDURES W CC | 1.4076 | 4.2 | 5.8 |
| 158 | Yes | No | 06 | SURG | ANAL & STOMAL PROCEDURES W/O CC | 0.7114 | 2.1 | 2.6 |
| 159 | No | No | 06 | SURG | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC. | 1.4745 | 3.7 | 5.1 |
| 160 | No | No | 06 | SURG | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC. | 0.8749 | 2.2 | 2.7 |
| 161 | No | No | 06 | SURG | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC. | 1.2461 | 3.2 | 4.5 |
| 162 | No | No | 06 | SURG | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC. | 0.6982 | 1.7 | 2.1 |
| 163 | No | No | 06 | SURG* | HERNIA PROCEDURES AGE 0–17 | 0.6982 | 2.3 | 2.8 |
| 164 | No | No | 06 | SURG | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC. | 2.2048 | 6.4 | 7.7 |
| 165 | No | No | 06 | SURG | APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC. | 1.1907 | 3.4 | 4.0 |
| 166 | No | No | 06 | SURG | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC. | 1.3900 | 3.2 | 4.3 |
| 167 | No | No | 06 | SURG | APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC. | 0.8536 | 1.8 | 2.1 |
| 168 | No | No | 03 | SURG | MOUTH PROCEDURES W CC | 1.3278 | 3.4 | 4.9 |
| 169 | No | No | 03 | SURG | MOUTH PROCEDURES W/O CC | 0.7643 | 1.9 | 2.4 |
| 170 | Yes | No | 06 | SURG | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC. | 2.9351 | 7.8 | 10.9 |
| 171 | Yes | No | 06 | SURG | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC. | 1.2434 | 3.1 | 4.2 |
| 172 | Yes | No | 06 | MED | DIGESTIVE MALIGNANCY W CC | 1.4585 | 5.1 | 6.9 |
| 173 | Yes | No | 06 | MED | DIGESTIVE MALIGNANCY W/O CC | 0.7562 | 2.7 | 3.5 |
| 174 | No | No | 06 | MED | G.I. HEMORRHAGE W CC | 1.1360 | 3.8 | 4.7 |
| 175 | No | No | 06 | MED | G.I. HEMORRHAGE W/O CC | 0.6295 | 2.4 | 2.9 |
| 176 | Yes | No | 06 | MED | COMPLICATED PEPTIC ULCER | 1.1757 | 4.0 | 5.1 |
| 177 | No | No | 06 | MED | UNCOMPLICATED PEPTIC ULCER W CC | 0.9595 | 3.6 | 4.4 |
| 178 | No | No | 06 | MED | UNCOMPLICATED PEPTIC ULCER W/O CC. | 0.6833 | 2.6 | 3.1 |
| 179 | No | No | 06 | MED | INFLAMMATORY BOWEL DISEASE | 1.1460 | 4.5 | 5.8 |
| 180 | Yes | No | 06 | MED | G.I. OBSTRUCTION W CC | 1.0702 | 4.1 | 5.3 |
| 181 | Yes | No | 06 | MED | G.I. OBSTRUCTION W/O CC | 0.6400 | 2.8 | 3.3 |
| 182 | No | No | 06 | MED | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC. | 0.9046 | 3.4 | 4.5 |
| 183 | No | No | 06 | MED | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC. | 0.6078 | 2.4 | 2.9 |
| 184 | No | No | 06 | MED | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0–17. | 0.8504 | 2.8 | 4.3 |
| 185 | No | No | 03 | MED | DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17. | 0.9381 | 3.3 | 4.5 |
| 186 | No | No | 03 | MED* | DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0–17. | 0.9381 | 2.6 | 3.1 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 187 | No | No | 03 | MED | DENTAL EXTRACTIONS & RESTORATIONS. | 0.8880 | 3.1 | 4.2 |
| 188 | Yes | No | 06 | MED | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC. | 1.1808 | 4.1 | 5.5 |
| 189 | Yes | No | 06 | MED | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC. | 0.6314 | 2.4 | 3.1 |
| 190 | No | No | 06 | MED | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0–17. | 1.0119 | 3.5 | 4.9 |
| 191 | Yes | No | 07 | SURG | PANCREAS, LIVER & SHUNT PROCEDURES W CC. | 3.9647 | 8.8 | 12.5 |
| 192 | Yes | No | 07 | SURG | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC. | 1.7088 | 4.2 | 5.5 |
| 193 | No | No | 07 | SURG | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC. | 3.4693 | 10.1 | 12.6 |
| 194 | No | No | 07 | SURG | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC. | 1.6583 | 5.4 | 6.4 |
| 195 | No | No | 07 | SURG | CHOLECYSTECTOMY W C.D.E. W CC | 3.0330 | 8.8 | 10.6 |
| 196 | No | No | 07 | SURG | CHOLECYSTECTOMY W C.D.E. W/O CC | 1.5984 | 4.5 | 5.3 |
| 197 | Yes | No | 07 | SURG | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC. | 2.6196 | 7.4 | 9.1 |
| 198 | Yes | No | 07 | SURG | CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC. | 1.2463 | 3.7 | 4.3 |
| 199 | No | No | 07 | SURG | HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY. | 2.3139 | 6.4 | 9.0 |
| 200 | No | No | 07 | SURG | HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY. | 3.0580 | 6.5 | 10.4 |
| 201 | No | No | 07 | SURG | OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES. | 3.6519 | 10.0 | 13.6 |
| 202 | No | No | 07 | MED | CIRRHOSIS & ALCOHOLIC HEPATITIS | 1.4205 | 4.6 | 6.2 |
| 203 | No | No | 07 | MED | MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS. | 1.3745 | 4.8 | 6.5 |
| 204 | No | No | 07 | MED | DISORDERS OF PANCREAS EXCEPT MALIGNANCY. | 1.1749 | 4.1 | 5.4 |
| 205 | Yes | No | 07 | MED | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC. | 1.2942 | 4.4 | 5.9 |
| 206 | Yes | No | 07 | MED | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC. | 0.7720 | 3.0 | 3.8 |
| 207 | No | No | 07 | MED | DISORDERS OF THE BILIARY TRACT W CC. | 1.2145 | 4.1 | 5.3 |
| 208 | No | No | 07 | MED | DISORDERS OF THE BILIARY TRACT W/O CC. | 0.6986 | 2.4 | 3.0 |
| 209 | No | No | 08 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 210 | Yes | Yes | 08 | SURG | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC. | 2.0150 | 6.0 | 6.8 |
| 211 | Yes | Yes | 08 | SURG | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC. | 1.3653 | 4.3 | 4.6 |
| 212 | No | No | 08 | SURG | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0–17. | 0.9730 | 2.2 | 2.5 |
| 213 | Yes | No | 08 | SURG | AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS. | 2.2463 | 7.1 | 9.5 |
| 214 | No | No | 08 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 215 | No | No | 08 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 216 | Yes | No | 08 | SURG | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE. | 1.7169 | 3.1 | 5.4 |
| 217 | Yes | No | 08 | SURG | WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN TISS DIS. | 3.1361 | 9.0 | 12.8 |
| 218 | Yes | No | 08 | SURG | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC. | 1.7105 | 4.4 | 5.5 |
| 219 | Yes | No | 08 | SURG | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC. | 1.1071 | 2.7 | 3.2 |
| 220 | No | No | 08 | SURG* | LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0–17. | 1.1071 | 2.6 | 4.0 |
| 221 | No | No | 08 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 222 | No | No | 08 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 223 | No | No | 08 | SURG | MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC. | 1.1303 | 2.4 | 3.3 |
| 224 | No | No | 08 | SURG | SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/O CC. | 0.8067 | 1.6 | 1.9 |
| 225 | Yes | No | 08 | SURG | FOOT PROCEDURES | 1.3235 | 3.8 | 5.4 |
| 226 | Yes | No | 08 | SURG | SOFT TISSUE PROCEDURES W CC | 1.6783 | 4.6 | 6.5 |
| 227 | Yes | No | 08 | SURG | SOFT TISSUE PROCEDURES W/O CC | 0.8719 | 2.1 | 2.6 |
| 228 | No | No | 08 | SURG | MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC. | 1.1877 | 2.9 | 4.2 |
| 229 | No | No | 08 | SURG | HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC. | 0.7617 | 2.0 | 2.5 |
| 230 | No | No | 08 | SURG | LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR. | 1.4347 | 3.6 | 5.4 |
| 231 | No | No | 08 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 232 | No | No | 08 | SURG | ARTHROSCOPY | 0.9804 | 1.9 | 2.7 |
| 233 | Yes | Yes | 08 | SURG | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC. | 1.8831 | 4.4 | 6.4 |
| 234 | Yes | Yes | 08 | SURG | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC. | 1.1441 | 1.9 | 2.7 |
| 235 | Yes | No | 08 | MED | FRACTURES OF FEMUR | 0.9366 | 3.8 | 4.9 |
| 236 | Yes | No | 08 | MED | FRACTURES OF HIP & PELVIS | 0.8791 | 3.8 | 4.5 |
| 237 | No | No | 08 | MED | SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH. | 0.7345 | 3.0 | 3.8 |
| 238 | Yes | No | 08 | MED | OSTEOMYELITIS | 1.5466 | 6.5 | 8.4 |
| 239 | Yes | No | 08 | MED | PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY. | 1.2001 | 4.9 | 6.2 |
| 240 | Yes | No | 08 | MED | CONNECTIVE TISSUE DISORDERS W CC. | 1.4523 | 4.9 | 6.5 |
| 241 | Yes | No | 08 | MED | CONNECTIVE TISSUE DISORDERS W/O CC. | 0.7172 | 3.0 | 3.6 |
| 242 | No | No | 08 | MED | SEPTIC ARTHRITIS | 1.2350 | 5.1 | 6.5 |
| 243 | No | No | 08 | MED | MEDICAL BACK PROBLEMS | 0.8680 | 3.6 | 4.5 |
| 244 | Yes | No | 08 | MED | BONE DISEASES & SPECIFIC ARTHROPATHIES W CC. | 0.8186 | 3.6 | 4.5 |
| 245 | Yes | No | 08 | MED | BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC. | 0.5581 | 2.5 | 3.1 |
| 246 | No | No | 08 | MED | NON-SPECIFIC ARTHROPATHIES | 0.6742 | 2.8 | 3.6 |
| 247 | No | No | 08 | MED | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE. | 0.6852 | 2.6 | 3.3 |
| 248 | No | No | 08 | MED | TENDONITIS, MYOSITIS & BURSITIS | 0.9368 | 3.8 | 4.8 |
| 249 | No | No | 08 | MED | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE. | 0.8157 | 2.8 | 4.0 |
| 250 | Yes | No | 08 | MED | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC. | 0.7774 | 3.2 | 3.9 |
| 251 | Yes | No | 08 | MED | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC. | 0.5561 | 2.3 | 2.8 |
| 252 | No | No | 08 | MED* | FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0–17. | 0.5561 | * | * |
| 253 | Yes | No | 08 | MED | FX, SPRN, STRN & DISL OF DUPARM, LOWLEG EX FOOT AGE >17 W CC. | 0.9049 | 3.8 | 4.6 |
| 254 | Yes | No | 08 | MED | FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/O CC. | 0.5741 | 2.6 | 3.1 |
| 255 | No | No | 08 | MED* | FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE 0–17. | 0.5741 | * | * |
| 256 | Yes | No | 08 | MED | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES. | 0.9598 | 3.9 | 5.1 |
| 257 | No | No | 09 | SURG | TOTAL MASTECTOMY FOR MALIGNANCY W CC. | 0.9016 | 2.0 | 2.6 |
| 258 | No | No | 09 | SURG | TOTAL MASTECTOMY FOR MALIGNANCY W/O CC. | 0.7045 | 1.5 | 1.7 |
| 259 | No | No | 09 | SURG | SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC. | 0.9445 | 1.8 | 2.8 |
| 260 | No | No | 09 | SURG | SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC. | 0.6437 | 1.2 | 1.4 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 261 | No | No | 09 | SURG | BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION. | 0.8875 | 1.6 | 2.2 |
| 262 | No | No | 09 | SURG | BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY. | 1.0346 | 3.2 | 4.6 |
| 263 | Yes | No | 09 | SURG | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC. | 2.2702 | 8.3 | 11.1 |
| 264 | Yes | No | 09 | SURG | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC. | 1.2644 | 4.9 | 6.4 |
| 265 | Yes | No | 09 | SURG | SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC. | 1.6907 | 4.2 | 6.7 |
| 266 | Yes | No | 09 | SURG | SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC. | 0.9200 | 2.2 | 3.0 |
| 267 | No | No | 09 | SURG | PERIANAL & PILONIDAL PROCEDURES | 0.9870 | 2.8 | 4.2 |
| 268 | No | No | 09 | SURG | SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES. | 1.2352 | 2.4 | 3.7 |
| 269 | Yes | No | 09 | SURG | OTHER SKIN, SUBCUT TISS & BREAST PROC W CC. | 1.8802 | 6.0 | 8.2 |
| 270 | Yes | No | 09 | SURG | OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC. | 0.8949 | 2.7 | 3.6 |
| 271 | Yes | No | 09 | MED | SKIN ULCERS | 1.2353 | 5.6 | 7.1 |
| 272 | Yes | No | 09 | MED | MAJOR SKIN DISORDERS W CC | 1.1364 | 4.5 | 5.9 |
| 273 | Yes | No | 09 | MED | MAJOR SKIN DISORDERS W/O CC | 0.6838 | 2.9 | 3.7 |
| 274 | No | No | 09 | MED | MALIGNANT BREAST DISORDERS W CC | 1.2180 | 4.5 | 6.2 |
| 275 | No | No | 09 | MED | MALIGNANT BREAST DISORDERS W/O CC. | 0.6697 | 2.3 | 3.3 |
| 276 | No | No | 09 | MED | NON-MALIGANT BREAST DISORDERS | 0.8441 | 3.6 | 4.6 |
| 277 | Yes | No | 09 | MED | CELLULITIS AGE >17 W CC | 1.0015 | 4.5 | 5.5 |
| 278 | Yes | No | 09 | MED | CELLULITIS AGE >17 W/O CC | 0.6817 | 3.4 | 4.0 |
| 279 | No | No | 09 | MED* | CELLULITIS AGE 0–17 | 0.6817 | 3.9 | 4.2 |
| 280 | Yes | No | 09 | MED | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC. | 0.8212 | 3.2 | 4.1 |
| 281 | Yes | No | 09 | MED | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC. | 0.5678 | 2.3 | 2.8 |
| 282 | No | No | 09 | MED* | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0–17. | 0.5678 | * | * |
| 283 | Yes | No | 09 | MED | MINOR SKIN DISORDERS W CC | 0.8525 | 3.5 | 4.6 |
| 284 | Yes | No | 09 | MED | MINOR SKIN DISORDERS W/O CC | 0.5295 | 2.3 | 2.9 |
| 285 | Yes | No | 10 | SURG | AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISORDERS. | 2.3169 | 8.1 | 10.3 |
| 286 | No | No | 10 | SURG | ADRENAL & PITUITARY PROCEDURES | 1.9369 | 3.8 | 5.2 |
| 287 | Yes | No | 10 | SURG | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS. | 2.0354 | 7.6 | 10.0 |
| 288 | No | No | 10 | SURG | O.R. PROCEDURES FOR OBESITY | 1.7332 | 2.9 | 3.7 |
| 289 | No | No | 10 | SURG | PARATHYROID PROCEDURES | 0.8548 | 1.6 | 2.4 |
| 290 | No | No | 10 | SURG | THYROID PROCEDURES | 0.8454 | 1.5 | 2.0 |
| 291 | No | No | 10 | SURG | THYROGLOSSAL PROCEDURES | 0.5867 | 1.3 | 1.5 |
| 292 | Yes | No | 10 | SURG | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC. | 2.6043 | 7.3 | 10.2 |
| 293 | Yes | No | 10 | SURG | OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC. | 1.3605 | 3.4 | 4.7 |
| 294 | Yes | No | 10 | MED | DIABETES AGE >35 | 0.8642 | 3.3 | 4.3 |
| 295 | No | No | 10 | MED | DIABETES AGE 0–35 | 0.9301 | 2.8 | 3.7 |
| 296 | Yes | No | 10 | MED | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC. | 0.9041 | 3.6 | 4.7 |
| 297 | Yes | No | 10 | MED | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC. | 0.5589 | 2.5 | 3.0 |
| 298 | No | No | 10 | MED | NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0–17. | 0.7622 | 2.5 | 3.6 |
| 299 | No | No | 10 | MED | INBORN ERRORS OF METABOLISM | 1.1353 | 3.8 | 5.1 |
| 300 | Yes | No | 10 | MED | ENDOCRINE DISORDERS W CC | 1.1666 | 4.6 | 5.9 |
| 301 | Yes | No | 10 | MED | ENDOCRINE DISORDERS W/O CC | 0.6427 | 2.7 | 3.4 |
| 302 | No | No | 11 | SURG | KIDNEY TRANSPLANT | 5.5466 | 6.8 | 8.0 |
| 303 | No | No | 11 | SURG | KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM. | 2.3084 | 5.7 | 7.3 |
| 304 | Yes | No | 11 | SURG | KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC. | 2.3631 | 6.0 | 8.5 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 305 | Yes | No | 11 | SURG | KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC. | 1.1498 | 2.5 | 3.1 |
| 306 | No | No | 11 | SURG | PROSTATECTOMY W CC | 1.3307 | 3.6 | 5.6 |
| 307 | No | No | 11 | SURG | PROSTATECTOMY W/O CC | 0.6569 | 1.7 | 2.0 |
| 308 | No | No | 11 | SURG | MINOR BLADDER PROCEDURES W CC | 1.7066 | 3.9 | 6.2 |
| 309 | No | No | 11 | SURG | MINOR BLADDER PROCEDURES W/O CC. | 0.9014 | 1.6 | 2.0 |
| 310 | No | No | 11 | SURG | TRANSURETHRAL PROCEDURES W CC | 1.1913 | 3.1 | 4.5 |
| 311 | No | No | 11 | SURG | TRANSURETHRAL PROCEDURES W/O CC. | 0.6397 | 1.5 | 1.9 |
| 312 | No | No | 11 | SURG | URETHRAL PROCEDURES, AGE >17 W CC. | 1.1947 | 3.3 | 4.9 |
| 313 | No | No | 11 | SURG | URETHRAL PROCEDURES, AGE >17 W/O CC. | 0.7523 | 1.8 | 2.4 |
| 314 | No | No | 11 | SURG* | URETHRAL PROCEDURES, AGE 0–17 | 0.7523 | 29.4 | 89.0 |
| 315 | No | No | 11 | SURG | OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES. | 1.9482 | 3.7 | 6.7 |
| 316 | Yes | No | 11 | MED | RENAL FAILURE | 1.3481 | 4.8 | 6.3 |
| 317 | No | No | 11 | MED | ADMIT FOR RENAL DIALYSIS | 0.8454 | 2.4 | 3.5 |
| 318 | No | No | 11 | MED | KIDNEY & URINARY TRACT NEOPLASMS W CC. | 1.2571 | 4.4 | 6.0 |
| 319 | No | No | 11 | MED | KIDNEY & URINARY TRACT NEOPLASMS W/O CC. | 0.6169 | 1.9 | 2.6 |
| 320 | Yes | No | 11 | MED | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC. | 0.9538 | 4.1 | 5.1 |
| 321 | Yes | No | 11 | MED | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC. | 0.6512 | 3.0 | 3.6 |
| 322 | No | No | 11 | MED | KIDNEY & URINARY TRACT INFECTIONS AGE 0–17. | 0.7212 | 3.1 | 3.6 |
| 323 | No | No | 11 | MED | URINARY STONES W CC, D&/OR ESW LITHOTRIPSY. | 0.8239 | 2.3 | 3.1 |
| 324 | No | No | 11 | MED | URINARY STONES W/O CC | 0.5233 | 1.6 | 1.8 |
| 325 | No | No | 11 | MED | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC. | 0.7334 | 2.9 | 3.7 |
| 326 | No | No | 11 | MED | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC. | 0.4932 | 2.1 | 2.6 |
| 327 | No | No | 11 | MED | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0–17. | 0.3724 | 1.8 | 2.0 |
| 328 | No | No | 11 | MED | URETHRAL STRICTURE AGE >17 W CC | 0.7346 | 2.5 | 3.4 |
| 329 | No | No | 11 | MED | URETHRAL STRICTURE AGE >17 W/O CC. | 0.4671 | 1.4 | 1.7 |
| 330 | No | No | 11 | MED* | URETHRAL STRICTURE AGE 0–17 | 0.4671 | * | * |
| 331 | Yes | No | 11 | MED | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC. | 1.1580 | 4.2 | 5.5 |
| 332 | Yes | No | 11 | MED | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC. | 0.6602 | 2.4 | 3.1 |
| 333 | No | No | 11 | MED | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0–17. | 1.1833 | 3.7 | 5.4 |
| 334 | No | No | 12 | SURG | MAJOR MALE PELVIC PROCEDURES W CC. | 1.4154 | 3.3 | 4.0 |
| 335 | No | No | 12 | SURG | MAJOR MALE PELVIC PROCEDURES W/O CC. | 1.0701 | 2.2 | 2.5 |
| 336 | No | No | 12 | SURG | TRANSURETHRAL PROSTATECTOMY W CC. | 0.8824 | 2.4 | 3.2 |
| 337 | No | No | 12 | SURG | TRANSURETHRAL PROSTATECTOMY W/O CC. | 0.5989 | 1.6 | 1.8 |
| 338 | No | No | 12 | SURG | TESTES PROCEDURES, FOR MALIGNANCY. | 1.4072 | 3.7 | 5.8 |
| 339 | No | No | 12 | SURG | TESTES PROCEDURES, NON-MALIGNANCY AGE >17. | 1.3418 | 3.3 | 5.2 |
| 340 | No | No | 12 | SURG* | TESTES PROCEDURES, NON-MALIGNANCY AGE 0–17. | 1.3418 | * | * |
| 341 | No | No | 12 | SURG | PENIS PROCEDURES | 1.2527 | 1.9 | 3.2 |
| 342 | No | No | 12 | SURG | CIRCUMCISION AGE >17 | 0.8546 | 2.3 | 3.0 |
| 343 | No | No | 12 | SURG* | CIRCUMCISION AGE 0–17 | 0.8546 | * | * |
| 344 | No | No | 12 | SURG | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY. | 1.1078 | 1.8 | 2.7 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 345 | No | No | 12 | SURG | OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY. | 1.3524 | 3.4 | 5.4 |
| 346 | No | No | 12 | MED | MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC. | 1.1351 | 4.5 | 5.9 |
| 347 | No | No | 12 | MED | MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC. | 0.5734 | 2.0 | 2.7 |
| 348 | No | No | 12 | MED | BENIGN PROSTATIC HYPERTROPHY W CC. | 0.7721 | 3.1 | 4.0 |
| 349 | No | No | 12 | MED | BENIGN PROSTATIC HYPERTROPHY W/O CC. | 0.4942 | 2.1 | 2.6 |
| 350 | No | No | 12 | MED | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM. | 0.8552 | 3.6 | 4.5 |
| 351 | No | No | 12 | MED* | STERILIZATION, MALE | 0.8690 | * | * |
| 352 | No | No | 12 | MED | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES. | 0.8690 | 3.0 | 4.2 |
| 353 | No | No | 13 | SURG | PELVIC EVISCERATION, DRADICAL HYSTERECTOMY & RADICAL VULVECTOMY. | 1.7446 | 4.5 | 6.0 |
| 354 | No | No | 13 | SURG | UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC. | 1.5594 | 4.5 | 5.6 |
| 355 | No | No | 13 | SURG | UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC. | 0.9349 | 2.8 | 3.0 |
| 356 | No | No | 13 | SURG | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES. | 0.7426 | 1.6 | 1.9 |
| 357 | No | No | 13 | SURG | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY. | 2.2785 | 6.4 | 8.0 |
| 358 | No | No | 13 | SURG | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC. | 1.1816 | 3.1 | 3.9 |
| 359 | No | No | 13 | SURG | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC. | 0.8258 | 2.1 | 2.3 |
| 360 | No | No | 13 | SURG | VAGINA, CERVIX & VULVA PROCEDURES. | 0.8803 | 2.0 | 2.5 |
| 361 | No | No | 13 | SURG | LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION. | 1.1046 | 2.1 | 3.0 |
| 362 | No | No | 13 | SURG* | ENDOSCOPIC TUBAL INTERRUPTION | 1.1046 | 1.0 | 1.0 |
| 363 | No | No | 13 | SURG | D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY. | 1.0198 | 2.8 | 4.1 |
| 364 | No | No | 13 | SURG | D&C, CONIZATION EXCEPT FOR MALIGNANCY. | 0.9331 | 3.0 | 4.2 |
| 365 | No | No | 13 | SURG | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES. | 2.0803 | 5.3 | 7.9 |
| 366 | No | No | 13 | MED | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC. | 1.2888 | 4.6 | 6.3 |
| 367 | No | No | 13 | MED | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC. | 0.5895 | 2.3 | 3.0 |
| 368 | No | No | 13 | MED | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM. | 1.2262 | 5.0 | 6.4 |
| 369 | No | No | 13 | MED | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS. | 0.6696 | 2.5 | 3.3 |
| 370 | No | No | 14 | SURG | CESAREAN SECTION W CC | 1.1080 | 4.0 | 5.0 |
| 371 | No | No | 14 | SURG | CESAREAN SECTION W/O CC | 0.7664 | 3.1 | 3.4 |
| 372 | No | No | 14 | MED | VAGINAL DELIVERY W COMPLICATING DIAGNOSES. | 0.7390 | 2.7 | 3.5 |
| 373 | No | No | 14 | MED | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES. | 0.5276 | 2.1 | 2.2 |
| 374 | No | No | 14 | SURG | VAGINAL DELIVERY W STERILIZATION &/OR D&C. | 0.7708 | 2.4 | 3.0 |
| 375 | No | No | 14 | SURG | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C. | 1.2156 | 4.0 | 6.2 |
| 376 | No | No | 14 | MED | POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE. | 0.7273 | 2.5 | 3.3 |
| 377 | No | No | 14 | SURG | POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE. | 1.5307 | 3.1 | 4.4 |
| 378 | No | No | 14 | MED | ECTOPIC PREGNANCY | 0.7782 | 1.8 | 2.2 |
| 379 | No | No | 14 | MED | THREATENED ABORTION | 0.5628 | 2.2 | 3.2 |
| 380 | No | No | 14 | MED | ABORTION W/O D&C | 0.4872 | 1.5 | 2.0 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 381 | No | No | 14 | SURG | ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY. | 0.7239 | 1.7 | 2.4 |
| 382 | No | No | 14 | MED | FALSE LABOR | 0.2783 | 1.3 | 1.5 |
| 383 | No | No | 14 | MED | OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS. | 0.6683 | 2.6 | 3.7 |
| 384 | No | No | 14 | MED | OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS. | 0.4601 | 1.7 | 2.5 |
| 385 | No | No | 15 | MED* | NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY. | 1.4095 | * | * |
| 386 | No | No | 15 | MED* | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE. | 4.648 | * | * |
| 387 | No | No | 15 | MED* | PREMATURITY W MAJOR PROBLEMS | 3.1744 | * | * |
| 388 | No | No | 15 | MED* | PREMATURITY W/O MAJOR PROBLEMS | 1.9153 | * | * |
| 389 | No | No | 15 | MED* | FULL TERM NEONATE W MAJOR PROBLEMS. | 3.2608 | 1.8 | 2.0 |
| 390 | No | No | 15 | MED* | NEONATE W OTHER SIGNIFICANT PROBLEMS. | 1.1541 | * | * |
| 391 | No | No | 15 | MED* | NORMAL NEWBORN | 0.1562 | * | * |
| 392 | No | No | 16 | SURG | SPLENECTOMY AGE >17 | 3.1188 | 6.3 | 8.8 |
| 393 | No | No | 16 | SURG* | SPLENECTOMY AGE 0—7 | 3.1188 | * | * |
| 394 | No | No | 16 | SURG | OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS. | 1.8725 | 4.4 | 7.3 |
| 395 | Yes | No | 16 | MED | RED BLOOD CELL DISORDERS AGE >17 | 0.9413 | 3.2 | 4.3 |
| 396 | No | No | 16 | MED | RED BLOOD CELL DISORDERS AGE 0–17. | 0.6888 | 2.5 | 3.0 |
| 397 | No | No | 16 | MED | COAGULATION DISORDERS | 1.3611 | 3.7 | 5.1 |
| 398 | No | No | 16 | MED | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC. | 1.2912 | 4.4 | 5.7 |
| 399 | No | No | 16 | MED | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC. | 0.7064 | 2.7 | 3.4 |
| 400 | No | No | 17 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 401 | Yes | No | 17 | SURG | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC. | 2.8703 | 8.1 | 11.2 |
| 402 | Yes | No | 17 | SURG | LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC. | 1.1380 | 2.8 | 3.9 |
| 403 | Yes | No | 17 | MED | LYMPHOMA & NON-ACUTE LEUKEMIA W CC. | 1.8986 | 5.7 | 8.0 |
| 404 | Yes | No | 17 | MED | LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC. | 0.9137 | 3.0 | 4.0 |
| 405 | No | No | 17 | MED* | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0–17. | 3.4703 | * | * |
| 406 | No | No | 17 | SURG | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC. | 2.7839 | 6.7 | 9.4 |
| 407 | No | No | 17 | SURG | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC. | 1.1617 | 2.9 | 3.5 |
| 408 | No | No | 17 | SURG | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC. | 2.1388 | 5.1 | 8.2 |
| 409 | No | No | 17 | MED | RADIOTHERAPY | 1.2059 | 4.5 | 6.0 |
| 410 | No | No | 17 | MED | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS. | 1.0178 | 2.9 | 3.8 |
| 411 | No | No | 17 | MED* | HISTORY OF MALIGNANCY W/O ENDOSCOPY. | 0.6205 | 1.6 | 2.0 |
| 412 | No | No | 17 | MED* | HISTORY OF MALIGNANCY W ENDOSCOPY. | 0.6205 | 1.4 | 1.5 |
| 413 | No | No | 17 | MED | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC. | 1.4097 | 5.1 | 6.8 |
| 414 | No | No | 17 | MED | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC. | 0.8055 | 3.0 | 4.0 |
| 415 | Yes | No | 18 | SURG | O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES. | 4.1393 | 11.0 | 14.8 |
| 416 | Yes | No | 18 | MED | SEPTICEMIA AGE >17 | 1.8340 | 5.7 | 7.6 |
| 417 | No | No | 18 | MED | SEPTICEMIA AGE 0–17 | 1.9140 | 5.2 | 6.5 |
| 418 | Yes | No | 18 | MED | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS. | 1.1938 | 4.7 | 6.1 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 419 | No | No | 18 | MED | FEVER OF UNKNOWN ORIGIN AGE >17 W CC. | 0.8951 | 3.4 | 4.4 |
| 420 | No | No | 18 | MED | FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC. | 0.6263 | 2.6 | 3.2 |
| 421 | No | No | 18 | MED | VIRAL ILLNESS AGE >17 | 0.8210 | 3.1 | 4.0 |
| 422 | No | No | 18 | MED | VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0–17. | 0.8240 | 2.6 | 3.7 |
| 423 | Yes | No | 18 | MED | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES. | 1.9053 | 5.9 | 8.2 |
| 424 | No | No | 19 | SURG | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS. | 2.3978 | 7.4 | 11.4 |
| 425 | No | No | 19 | MED | ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION. | 0.7075 | 2.6 | 3.5 |
| 426 | No | No | 19 | MED | DEPRESSIVE NEUROSES | 0.7464 | 3.2 | 4.5 |
| 427 | No | No | 19 | MED | NEUROSES EXCEPT DEPRESSIVE | 0.8104 | 3.2 | 4.7 |
| 428 | No | No | 19 | MED | DISORDERS OF PERSONALITY & IMPULSE CONTROL. | 1.1577 | 4.5 | 7.3 |
| 429 | Yes | No | 19 | MED | ORGANIC DISTURBANCES & MENTAL RETARDATION. | 0.9614 | 4.4 | 5.8 |
| 430 | Yes | No | 19 | MED | PSYCHOSES | 1.2316 | 5.9 | 8.0 |
| 431 | No | No | 19 | MED | CHILDHOOD MENTAL DISORDERS | 1.0504 | 4.3 | 6.8 |
| 432 | No | No | 19 | MED | OTHER MENTAL DISORDER DIAGNOSES | 0.7280 | 2.7 | 4.0 |
| 433 | No | No | 20 | MED | ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA. | 0.4017 | 2.1 | 2.8 |
| 434 | No | No | 20 | MED | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 435 | No | No | 20 | MED | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 436 | No | No | 20 | MED | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 437 | No | No | 20 | MED | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 438 | No | No | 20 | MED | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 439 | No | No | 21 | SURG | SKIN GRAFTS FOR INJURIES | 2.0857 | 5.4 | 8.4 |
| 440 | Yes | No | 21 | SURG | WOUND DEBRIDEMENTS FOR INJURIES | 2.0128 | 5.6 | 8.5 |
| 441 | No | No | 21 | SURG | HAND PROCEDURES FOR INJURIES | 1.0682 | 2.3 | 3.5 |
| 442 | Yes | No | 21 | SURG | OTHER O.R. PROCEDURES FOR INJURIES W CC. | 2.6213 | 5.9 | 8.9 |
| 443 | Yes | No | 21 | SURG | OTHER O.R. PROCEDURES FOR INJURIES W/O CC. | 1.0919 | 2.7 | 3.5 |
| 444 | Yes | No | 21 | MED | TRAUMATIC INJURY AGE >17 W CC | 0.8329 | 3.2 | 4.1 |
| 445 | Yes | No | 21 | MED | TRAUMATIC INJURY AGE >17 W/O CC | 0.5792 | 2.3 | 2.8 |
| 446 | No | No | 21 | MED* | TRAUMATIC INJURY AGE 0–17 | 0.5792 | * | * |
| 447 | No | No | 21 | MED | ALLERGIC REACTIONS AGE >17 | 0.6470 | 1.9 | 2.6 |
| 448 | No | No | 21 | MED* | ALLERGIC REACTIONS AGE 0–17 | 0.6470 | * | * |
| 449 | No | No | 21 | MED | POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC. | 0.9882 | 2.7 | 3.7 |
| 450 | No | No | 21 | MED | POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC. | 0.5741 | 1.6 | 2.0 |
| 451 | No | No | 21 | MED* | POISONING & TOXIC EFFECTS OF DRUGS AGE 0–17. | 0.5741 | 10.2 | 10.5 |
| 452 | No | No | 21 | MED | COMPLICATIONS OF TREATMENT W CC | 1.1377 | 3.5 | 4.9 |
| 453 | No | No | 21 | MED | COMPLICATIONS OF TREATMENT W/O CC. | 0.5867 | 2.2 | 2.8 |
| 454 | No | No | 21 | MED | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC. | 0.9136 | 3.0 | 4.1 |
| 455 | No | No | 21 | MED | OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC. | 0.5053 | 1.8 | 2.3 |
| 456 | No | No | 22 | MED | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 457 | No | No | 22 | MED | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 458 | No | No | 22 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 459 | No | No | 22 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 460 | No | No | 22 | MED | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 461 | No | No | 23 | SURG | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES. | 1.5386 | 3.3 | 5.6 |
| 462 | Yes | No | 23 | MED | REHABILITATION | 1.5753 | 8.4 | 9.9 |
| 463 | Yes | No | 23 | MED | SIGNS & SYMPTOMS W CC | 0.7661 | 3.1 | 3.9 |
| 464 | Yes | No | 23 | MED | SIGNS & SYMPTOMS W/O CC | 0.5663 | 2.4 | 2.9 |
| 465 | No | No | 23 | MED | AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS. | 0.6205 | 2.5 | 3.6 |
| 466 | No | No | 23 | MED | AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS. | 0.7848 | 2.7 | 5.0 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 467 | No | No | 23 | MED | OTHER FACTORS INFLUENCING HEALTH STATUS. | 0.5408 | 1.9 | 2.7 |
| 468 | Yes | No | | SURG | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS. | 3.8122 | 9.6 | 12.9 |
| 469 | No | No | | ** | PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS. | 0.0000 | 0.0 | 0.0 |
| 470 | No | No | | ** | UNGROUPABLE | 0.0000 | 0.0 | 0.0 |
| 471 | Yes | Yes | 08 | SURG | BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY. | 2.7365 | 4.2 | 4.6 |
| 472 | No | No | 22 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 473 | No | No | 17 | MED | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17. | 3.4703 | 7.3 | 12.7 |
| 474 | No | No | 04 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 475 | Yes | No | 04 | MED | RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT. | 3.8279 | 7.9 | 10.9 |
| 476 | No | No | | SURG | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS. | 2.1079 | 6.9 | 10.0 |
| 477 | Yes | No | | SURG | NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS. | 2.0694 | 5.9 | 8.6 |
| 478 | Yes | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 479 | No | No | 05 | SURG | OTHER VASCULAR PROCEDURES W/O CC. | 1.2715 | 1.9 | 2.6 |
| 480 | No | No | PRE | SURG | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT. | 11.7482 | 14.0 | 19.2 |
| 481 | No | No | PRE | SURG | BONE MARROW TRANSPLANT | 7.1983 | 18.7 | 22.0 |
| 482 | Yes | No | PRE | SURG | TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES. | 3.5956 | 9.4 | 11.8 |
| 483 | No | No | PRE | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 484 | No | No | 24 | SURG | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA. | 5.3652 | 8.6 | 12.8 |
| 485 | Yes | No | 24 | SURG | LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA. | 3.5846 | 8.1 | 9.9 |
| 486 | No | No | 24 | SURG | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA. | 5.1310 | 8.5 | 12.3 |
| 487 | Yes | No | 24 | MED | OTHER MULTIPLE SIGNIFICANT TRAUMA. | 2.1184 | 5.2 | 7.1 |
| 488 | No | No | 25 | SURG | HIV W EXTENSIVE O.R. PROCEDURE | 4.8181 | 12.2 | 17.5 |
| 489 | No | No | 25 | MED | HIV W MAJOR RELATED CONDITION | 1.7760 | 5.8 | 8.2 |
| 490 | No | No | 25 | MED | HIV W OR W/O OTHER RELATED CONDITION. | 1.0808 | 3.8 | 5.3 |
| 491 | No | No | 08 | SURG | MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY. | 1.5997 | 2.5 | 3.0 |
| 492 | No | No | 17 | MED | CHEMOTHERAPY W ACUTE LEUKEMIA OR W USE OF HI DOSE CHEMOAGENT. | 3.6663 | 8.9 | 13.8 |
| 493 | No | No | 07 | SURG | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC. | 1.7812 | 4.6 | 6.0 |
| 494 | No | No | 07 | SURG | LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC. | 0.9795 | 2.1 | 2.7 |
| 495 | No | No | PRE | SURG | LUNG TRANSPLANT | 10.0630 | 14.2 | 17.0 |
| 496 | No | No | 08 | SURG | COMBINED ANTERIOR/POSTERIOR SPINAL FUSION. | 5.3926 | 6.4 | 8.8 |
| 497 | Yes | Yes | 08 | SURG | SPINAL FUSION EXCEPT CERVICAL W CC. | 3.3300 | 4.8 | 5.7 |
| 498 | Yes | Yes | 08 | SURG | SPINAL FUSION EXCEPT CERVICAL W/O CC. | 2.5267 | 3.3 | 3.7 |
| 499 | No | No | 08 | SURG | BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC. | 1.3408 | 3.0 | 4.2 |
| 500 | No | No | 08 | SURG | BACK & NECK PROCEDURES DEXCEPT SPINAL FUSION W/O CC. | 0.8707 | 1.8 | 2.2 |
| 501 | Yes | No | 08 | SURG | KNEE PROCEDURES W PDX OF INFECTION W CC. | 2.7150 | 8.4 | 10.4 |
| 502 | Yes | No | 08 | SURG | KNEE PROCEDURES W PDX OF INFECTION W/O CC. | 1.5598 | 5.0 | 5.8 |
| 503 | No | No | 08 | SURG | KNEE PROCEDURES W/O PDX OF INFECTION. | 1.2375 | 3.0 | 3.9 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 504 | No | No | 22 | SURG | EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT. | 13.2723 | 21.0 | 28.3 |
| 505 | No | No | 22 | MED | EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/O SKIN GFT. | 3.0532 | 2.8 | 6.4 |
| 506 | No | No | 22 | SURG | FULL THICKNESS BURN W DSKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA. | 4.7246 | 10.9 | 15.2 |
| 507 | No | No | 22 | SURG | FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA. | 2.2603 | 5.5 | 7.8 |
| 508 | No | No | 22 | MED | FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA. | 1.6171 | 5.3 | 7.5 |
| 509 | No | No | 22 | MED | FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA. | 1.1338 | 3.7 | 5.3 |
| 510 | No | No | 22 | MED | NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA. | 1.4467 | 4.1 | 6.1 |
| 511 | No | No | 22 | MED | NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT DTRAUMA. | 0.8610 | 2.6 | 3.7 |
| 512 | No | No | PRE | SURG | SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT. | 9.9384 | 11.1 | 13.5 |
| 513 | No | No | PRE | SURG | PANCREAS TRANSPLANT | 6.5546 | 8.8 | 10.0 |
| 514 | No | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 515 | No | No | 05 | SURG | CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH. | 4.1471 | 2.2 | 3.8 |
| 516 | No | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 517 | No | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 518 | No | No | 05 | SURG | PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI. | 1.1424 | 1.8 | 2.5 |
| 519 | No | No | 08 | SURG | CERVICAL SPINAL FUSION W CC | 2.2859 | 2.9 | 4.7 |
| 520 | No | No | 08 | SURG | CERVICAL SPINAL FUSION W/O CC | 1.4721 | 1.6 | 1.9 |
| 521 | Yes | No | 20 | MED | ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC. | 0.9157 | 4.0 | 5.4 |
| 522 | Yes | No | 20 | MED | ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC. | 1.0575 | 8.1 | 10.5 |
| 523 | No | No | 20 | MED | ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC. | 0.5474 | 3.2 | 3.8 |
| 524 | No | No | 01 | MED | TRANSIENT ISCHEMIA | 0.6913 | 2.6 | 3.1 |
| 525 | No | No | 05 | SURG | OTHER HEART ASSIST SYSTEM IMPLANT. | 12.0673 | 7.7 | 14.5 |
| 526 | No | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 527 | No | No | 05 | SURG | NO LONGER VALID | 0.0000 | 0.0 | 0.0 |
| 528 | No | No | 01 | SURG | INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE. | 7.3829 | 13.3 | 16.4 |
| 529 | Yes | No | 01 | SURG | VENTRICULAR SHUNT PROCEDURES W CC. | 2.2423 | 4.7 | 7.5 |
| 530 | Yes | No | 01 | SURG | VENTRICULAR SHUNT PROCEDURES W/O CC. | 1.1697 | 2.3 | 3.0 |
| 531 | Yes | No | 01 | SURG | SPINAL PROCEDURES W CC | 3.0552 | 6.3 | 9.1 |
| 532 | Yes | No | 01 | SURG | SPINAL PROCEDURES W/O CC | 1.3777 | 2.8 | 3.6 |
| 533 | No | No | 01 | SURG | EXTRACRANIAL PROCEDURES W CC | 1.4911 | 2.3 | 3.7 |
| 534 | No | No | 01 | SURG | EXTRACRANIAL PROCEDURES W/O CC | 0.9668 | 1.4 | 1.7 |
| 535 | No | No | 05 | SURG | CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK. | 5.8951 | 6.9 | 9.2 |
| 536 | No | No | 05 | SURG | CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK. | 5.2199 | 5.5 | 7.3 |
| 537 | Yes | No | 08 | SURG | LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC. | 1.8568 | 4.7 | 6.6 |
| 538 | Yes | No | 08 | SURG | LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC. | 1.0223 | 2.2 | 2.9 |
| 539 | No | No | 17 | SURG | LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC. | 3.1235 | 6.8 | 10.5 |
| 540 | No | No | 17 | SURG | LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC. | 1.1837 | 2.6 | 3.5 |
| 541 | Yes | No | PRE | SURG | ECMO OR TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.. | 19.9990 | 36.9 | 44.1 |
| 542 | Yes | No | PRE | SURG | TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.. | 12.5966 | 27.2 | 32.6 |

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS, RELATIVE WEIGHTING FACTORS, AND GEOMETRIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

| DRG | FY 07 proposed rule post-acute care DRG | FY 07 proposed rule special pay DRG | MDC | Type | DRG title | Weights | Geometric mean LOS | Arithmetic mean LOS |
|---|---|---|---|---|---|---|---|---|
| 543 | Yes | No | 01 | SURG | CRANIOTOMY W/IMPLANT OF CHEMO AGENT OR ACUTE COMPLX CNS PDX. | 4.6474 | 8.4 | 12.0 |
| 544 | Yes | No | 08 | SURG | MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY. | 1.8941 | 4.0 | 4.4 |
| 545 | Yes | Yes | 08 | SURG | REVISION OF HIP OR KNEE REPLACEMENT. | 2.4127 | 4.5 | 5.2 |
| 546 | No | No | 08 | SURG | SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG. | 4.8421 | 6.9 | 8.7 |
| 547 | Yes | No | 05 | SURG | CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX. | 5.6862 | 10.9 | 12.4 |
| 548 | Yes | No | 05 | SURG | CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX. | 4.1762 | 8.1 | 8.9 |
| 549 | Yes | Yes | 05 | SURG | CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX. | 4.8829 | 8.7 | 10.3 |
| 550 | Yes | Yes | 05 | SURG | CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX. | 3.4598 | 6.2 | 6.8 |
| 551 | No | No | 05 | SURG | PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR. | 2.6339 | 4.2 | 6.1 |
| 552 | No | No | 05 | SURG | OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX. | 1.7670 | 2.5 | 3.5 |
| 553 | Yes | No | 05 | SURG | OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX. | 2.8371 | 6.3 | 9.3 |
| 554 | Yes | No | 05 | SURG | OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX. | 1.9483 | 3.7 | 5.6 |
| 555 | No | No | 05 | SURG | PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX. | 1.8654 | 3.4 | 4.8 |
| 556 | No | No | 05 | SURG | PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX. | 1.2241 | 1.6 | 2.0 |
| 557 | No | No | 05 | SURG | PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W MAJOR CV DX. | 2.1323 | 3.0 | 4.1 |
| 558 | No | No | 05 | SURG | PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX. | 1.4299 | 1.5 | 1.8 |
| 559 | No | No | 08 | MED | ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT. | 2.2370 | 5.4 | 6.9 |

DRGS 469 and 470 contain cases which could not be assigned to valid drgs.
Note: An asterisk in the gmlos or amlos column indicates there is no data to compute.
Note: Arithmetic mean is presented for informational purposes only.
Note: Geometric mean is used only to determine payment for transfer cases.
Note: Relative weights are based on medicare patient data and may not be appropriate for other patients.

TABLE 6A.—NEW DIAGNOSIS CODES

| Diagnosis code | Description | CC | MDC | DRG |
|---|---|---|---|---|
| 052.2 | Postvaricella myelitis | Y | 1 | 20, 543 |
| 053.14 | Herpes zoster myelitis | Y | 1 | 20, 543 |
| 054.74 | Herpes simplex myelitis | Y | 1 | 20, 543 |
| 238.71 | Essential thrombocythemia | N | 16 | 398, 399 |
| 238.72 | Low grade myelodysplastic syndrome lesions | N | 16 | 395, 396 |
| 238.73 | High grade myelodysplastic syndrome lesions | N | 16 | 395, 396 |
| 238.74 | Myelodysplastic syndrome with 5q deletion | N | 16 | 395, 396 |
| 238.75 | Myelodysplastic syndrome, unspecified | N | 16 | 395, 396 |
| 238.76 | Myelofibrosis with myeloid Metaplasia | N | 17 | 401, 402, 403, 404, 539, 540 |
| 238.79 | Other lymphatic and Hematopoietic tissues | N | 17 | 401, 402, 403, 404, 539, 540 |
| 277.30 | Amyloidosis, unspecified | N | 8 | 240, 241 |
| 277.31 | Familial Mediterranean fever | N | 8 | 240, 241 |
| 277.39 | Other amyloidosis | N | 8 | 240, 241 |
| 284.01 | Constitutional red blood cell aplasia | N | 16 | 395, 396 |
| 284.09 | Other constitutional aplastic anemia | N | 16 | 395, 396 |
| 284.1 | Pancytopenia | N | 16 | 395, 396 |

TABLE 6A.—NEW DIAGNOSIS CODES—Continued

| Diagnosis code | Description | CC | MDC | DRG |
|---|---|---|---|---|
| 284.2 | Myelophthisis | N | 17 | 401, 402, 403, 404, 539, 540 |
| 288.00 | Neutropenia, unspecified | N | 16 | 398, 399 |
| | | | 25 | 490 |
| 288.01 | Congenital neutropenia | N | 16 | 398, 399 |
| | | | 25 | 490 |
| 288.02 | Cyclic neutropenia | N | 16 | 398, 399 |
| | | | 25 | 490 |
| 288.03 | Drug induced neutropenia | N | 16 | 398, 399 |
| | | | 25 | 490 |
| 288.04 | Neutropenia due to infection | N | 16 | 398, 399 |
| | | | 25 | 490 |
| 288.09 | Other neutropenia | N | 16 | 398, 399 |
| | | | 25 | 490 |
| 288.4 | Hemophagocytic syndromes | N | 16 | 398, 399 |
| 288.50 | Leukocytopenia, unspecified | N | 16 | 398, 399 |
| 288.51 | Lymphocytopenia | N | 16 | 398, 399 |
| 288.59 | Other decreased white blood cell count | N | 16 | 398, 399 |
| 288.60 | Leukocytosis, unspecified | N | 16 | 398, 399 |
| 288.61 | Lymphocytosis (symptomatic) | N | 16 | 398, 399 |
| 288.62 | Leukemoid reaction | N | 16 | 398, 399 |
| 288.63 | Monocytosis (symptomatic) | N | 16 | 398, 399 |
| 288.64 | Plasmacytosis | N | 16 | 398, 399 |
| 288.65 | Basophilia | N | 16 | 398, 399 |
| 288.69 | Other elevated white blood cell count | N | 16 | 398, 399 |
| 289.53 | Neutropenic splenomegaly | N | 16 | 398, 399 |
| 289.83 | Myelofibrosis | N | 17 | 401, 402, 403, 404, 539, 540 |
| 323.01 | Encephalitis and encephalomyelitis in viral diseases classified elsewhere | N | 1 | 20, 543 |
| 323.02 | Myelitis in viral diseases classified elsewhere | N | 1 | 20, 543 |
| 323.41 | Other encephalitis and encephalomyelitis due to infection classified elsewhere | N | 1 | 20, 543 |
| 323.42 | Other myelitis due to infection classified elsewhere | N | 1 | 20, 543 |
| 323.51 | Encephalitis and encephalomyelitis following immunization procedures | N | 1 | 20, 543 |
| 323.52 | Myelitis following immunization procedures | N | 1 | 20, 543 |
| 323.61 | Infectious acute disseminated encephalomyelitis (ADEM) | N | 1 | 20, 543 |
| 323.62 | Other postinfectious encephalitis and encephalomyelitis | N | 1 | 20, 543 |
| 323.63 | Postinfectious myelitis | N | 1 | 20, 543 |
| 323.71 | Toxic encephalitis and encephalomyelitis | N | 1 | 34, 35, 543 |
| 323.72 | Toxic myelitis | N | 1 | 34, 35, 543 |
| 323.81 | Other causes of encephalitis and encephalomyelitis | N | 1 | 20, 543 |
| | | | 25 | 489 |
| 323.82 | Other causes of myelitis | N | 1 | 20, 543 |
| | | | 25 | 489 |
| 331.83 | Mild cognitive impairment, so stated | N | 1 | 12 |
| 333.71 | Athetoid cerebral palsy | N | 1 | 12 |
| 333.72 | Acute dystonia due to drugs | N | 1 | 34, 35 |
| 333.79 | Other acquired torsion dystonia | N | 1 | 34, 35 |
| 333.85 | Subacute dyskinesia due to drugs | N | 1 | 34, 35 |
| 338.0 | Central pain syndrome | N | 23 | 463, 464 |
| 338.11 | Acute pain due to trauma | N | 23 | 463, 464 |
| 338.12 | Acute post-thoracotomy pain | N | 23 | 463, 464 |
| 338.18 | Other acute postoperative pain | N | 23 | 463, 464 |
| 338.19 | Other acute pain | N | 23 | 463, 464 |
| 338.21 | Chronic pain due to trauma | N | 23 | 463, 464 |
| 338.22 | Chronic post-thoracotomy pain | N | 23 | 463, 464 |
| 338.28 | Other chronic postoperative pain | N | 23 | 463, 464 |
| 338.29 | Other chronic pain | N | 23 | 463, 464 |
| 338.3 | Neoplasm related pain (acute) (chronic) | N | 23 | 463, 464 |
| 338.4 | Chronic pain syndrome | N | 23 | 463, 464 |
| 341.20 | Acute (transverse) myelitis NOS | N | 1 | 20, 543 |
| 341.21 | Acute (transverse) myelitis in conditions classified elsewhere | N | 1 | 20, 543 |
| 341.22 | Idiopathic transverse myelitis | N | 1 | 20, 543 |
| 377.43 | Optic nerve hypoplasia | N | 2 | 45 |
| 379.60 | Inflammation (infection) of postprocedural bleb, unspecified | N | 2 | 46, 47, 48 |
| 379.61 | Inflammation (infection) of postprocedural bleb, stage 1 | N | 2 | 46, 47, 48 |
| 379.62 | Inflammation (infection) of postprocedural bleb, stage 2 | N | 2 | 46, 47, 48 |
| 379.63 | Inflammation (infection) of postprocedural bleb, stage 3 | N | 2 | 46, 47, 48 |
| 389.15 | Sensorineural hearing loss, unilateral | N | 3 | 73, 74 |
| 389.16 | Sensorineural hearing loss, asymmetrical | N | 3 | 73, 74 |
| 429.83 | Takotsubo syndrome | N | 5 | 144, 145 |

TABLE 6A.—NEW DIAGNOSIS CODES—Continued

| Diagnosis code | Description | CC | MDC | DRG |
|---|---|---|---|---|
| 478.11 | Nasal mucositis (ulcerative) | N | 3 | 15, 73, 74 |
| | | | | 391 [1] |
| 478.19 | Other disease of nasal cavity and sinuses | N | 3 | 73, 74 |
| | | | 15 | 391 [1] |
| 518.7 | Transfusion related acute lung injury (TRALI) | Y | 4 | 101, 102 |
| 519.11 | Acute bronchospasm | N | PRE | 482 |
| | | | 4 | 96, 97, 98 |
| 519.19 | Other diseases of trachea and bronchus | N | PRE | 482 |
| | | | 4 | 96, 97, 98 |
| 521.81 | Cracked tooth | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 521.89 | Other specific diseases of hard tissues of teeth | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.00 | Acute gingivitis, plaque induced | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.01 | Acute gingivitis, non-plaque induced | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.10 | Chronic gingivitis, plaque induced | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.11 | Chronic gingivitis, non-plaque induced | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.30 | Aggressive periodontitis, unspecified | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.31 | Aggressive periodontitis, localized | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.32 | Aggressive periodontitis, generalized | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.33 | Acute periodontitis | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.40 | Chronic periodontitis, unspecified | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.41 | Chronic periodontitis, localized | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 523.42 | Chronic periodontitis,generalized | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.60 | Unspecified unsatisfactory restoration of tooth | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.61 | Open restoration margins | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.62 | Unrepairable overhanging of dental restorative materials | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.63 | Fractured dental restorative material without loss of material | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.64 | Fractured dental restorative material with loss of material | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.65 | Contour of existing restoration of tooth biologically incompatible with oral health | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.66 | Allergy to existing dental restorative material | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.67 | Poor aesthetics of existing restoration | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 525.69 | Other unsatisfactory restoration of existing tooth | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 526.61 | Perforation of root canal space | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 526.62 | Endodontic overfill | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 526.63 | Endodontic underfill | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 526.69 | Other periradicular pathology associated with previous endodontic treatment | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 528.00 | Stomatitis and mucositis, unspecified | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 528.01 | Mucositis (ulcerative) due to antineoplastic therapy | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 528.02 | Mucositis (ulcerative) due to other drugs | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 528.09 | Other stomatitis and mucositis (ulcerative) | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 538 | Gastrointestinal mucositis (ulcerative) | N | 6 | 182, 183, 184 |
| 608.20 | Torsion of testis, unspecified | N | 12 | 352 |

TABLE 6A.—NEW DIAGNOSIS CODES—Continued

| Diagnosis code | Description | CC | MDC | DRG |
|---|---|---|---|---|
| 608.21 | Extravaginal torsion of spermatic cord | N | 12 | 352 |
| 608.22 | Intravaginal torsion of spermatic cord | N | 12 | 352 |
| 608.23 | Torsion of appendix testis | N | 12 | 352 |
| 608.24 | Torsion of appendix epididymis | N | 12 | 352 |
| 616.81 | Mucositis (ulcerative) of cervix, vagina, and vulva | N | 13 | 358, 359, 368 |
| 616.89 | Other inflammatory disease of cervix, vagina and vulva | N | 13 | 358, 359, 368 |
| 618.84 | Cervical stump prolapse | N | 13 | 358, 359, 369 |
| 629.29 | Other female genital mutilation status | N | 13 | 358, 359, 369 |
| 629.81 | Habitual aborter without current pregnancy | N | 13 | 358, 359, 368 |
| 629.89 | Other specified disorders of female genital organs | N | 13 | 358, 359, 368 |
| 649.00 | Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable. | N | 14 | 469 |
| 649.01 | Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.02 | Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.03 | Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication. | N | 14 | 383, 384 |
| 649.04 | Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication. | N | 14 | 376, 377 |
| 649.10 | Obesity complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable. | N | 14 | 469 |
| 649.11 | Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.12 | Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.13 | Obesity complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication. | N | 14 | 383, 384 |
| 649.14 | Obesity complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication. | N | 14 | 376, 377 |
| 649.20 | Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable. | N | 14 | 469 |
| 649.21 | Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.22 | Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.23 | Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication. | N | 14 | 383, 384 |
| 649.24 | Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication. | N | 14 | 376, 377 |
| 649.30 | Coagulation defects complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable. | N | 14 | 469 |
| 649.31 | Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.32 | Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.33 | Coagulation defects complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication. | N | 14 | 383, 384 |
| 649.34 | Coagulation defects complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication. | N | 14 | 376, 377 |
| 649.40 | Epilepsy complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable. | N | 14 | 469 |
| 649.41 | Epilepsy complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.42 | Epilepsy complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication. | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.43 | Epilepsy complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication. | N | 14 | 383, 384 |
| 649.44 | Epilepsy complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication. | N | 14 | 376, 377 |
| 649.50 | Spotting complicating pregnancy, unspecified as to episode of care or not applicable | N | 14 | 469 |
| 649.51 | Spotting complicating pregnancy, delivered, with or without mention of antepartum condition | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.53 | Spotting complicating pregnancy, antepartum condition or complication | N | 14 | 383, 384 |
| 649.60 | Uterine size date discrepancy, unspecified as to episode of care or not applicable | N | 14 | 469 |
| 649.61 | Uterine size date discrepancy, delivered, with or without mention of antepartum condition | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.62 | Uterine size date discrepancy, delivered, with mention of postpartum complication | N | 14 | 370, 371, 372, 373, 374, 375 |
| 649.63 | Uterine size date discrepancy, antepartum condition or complication | N | 14 | 383, 384 |
| 649.64 | Uterine size date discrepancy, postpartum condition or complication | N | 14 | 376, 377 |

TABLE 6A.—NEW DIAGNOSIS CODES—Continued

| Diagnosis code | Description | CC | MDC | DRG |
|---|---|---|---|---|
| 729.71 | Nontraumatic compartment syndrome of upper extremity | N | 8 | 248 |
| 729.72 | Nontraumatic compartment syndrome of lower extremity | N | 8 | 248 |
| 729.73 | Nontraumatic compartment syndrome of abdomen | N | 8 | 248 |
| 729.79 | Nontraumatic compartment syndrome of other sites | N | 8 | 248 |
| 731.3 | Major osseous defects | N | 8 | 244, 245 |
| 780.32 | Complex febrile convulsions | Y | 1 | 24, 25, 26 |
| 780.96 | Generalized pain | N | 23 | 463, 464 |
| 780.97 | Altered mental status | N | 23 | 463, 464 |
| 784.91 | Postnasal drip | N | 3 | 73, 74 |
| 784.99 | Other symptoms involving head and neck | N | 3 | 73, 74 |
| 788.64 | Urinary hesitancy | N | 11 | 325, 326, 327 |
| 788.65 | Straining on urination | N | 11 | 325, 326, 327 |
| 793.91 | Image test inconclusive due to excess body fat | N | 23 | 463, 464 |
| 793.99 | Other nonspecific abnormal findings on radiological and other examinations of body structure | N | 23 | 463, 464 |
| 795.06 | Papanicolaou smear of cervix with cytologic evidence of malignancy | N | 13 | 358, 359, 369 |
| 795.81 | Elevated carcinoembryonic antigen [CEA] | N | 23 | 463, 464 |
| 795.82 | Elevated cancer antigen 125 [CA 125] | N | 23 | 463, 464 |
| 795.89 | Other abnormal tumor markers | N | 23 | 463, 464 |
| 958.90 | Compartment syndrome, unspecified | N | 21 | 454, 455 |
| 958.91 | Traumatic compartment syndrome of upper extremity | N | 21 | 454, 455 |
| 958.92 | Traumatic compartment syndrome of lower extremity | N | 21 | 454, 455 |
| 958.93 | Traumatic compartment syndrome of abdomen | N | 21 | 454, 455 |
| 958.99 | Traumatic compartment syndrome of other sites | N | 21 | 454, 455 |
| 995.20 | Unspecified adverse effect of unspecified drug, medicinal and biological substance | N | 15 | 387[2], 389[2] |
| | | | 21 | 449, 450, 451 |
| 995.21 | Arthus phenomenon | N | 15 | 387[2], 389[2] |
| | | | 21 | 449, 450, 451 |
| 995.22 | Unspecified adverse effect of anesthesia | N | 15 | 387[2], 389[2] |
| | | | 21 | 449, 450, 451 |
| 995.23 | Unspecified adverse effect of insulin | N | 15 | 387[2], 389[2] |
| | | | 21 | 449, 450, 451 |
| 995.27 | Other drug allergy | N | 15 | 387[2], 389[2] |
| | | | 21 | 449, 450, 451 |
| 995.29 | Unspecified adverse effect of other drug, medicinal and biological substance | N | 15 | 387[2], 389[2] |
| | | | 21 | 449, 450, 451 |
| V18.51 | Family history, Colonic polyps | N | 23 | 467 |
| V18.59 | Family history, Other digestive disorders | N | 23 | 467 |
| V26.34 | Testing of male for genetic disease carrier status | N | 23 | 467 |
| V26.35 | Encounter for testing of male partner of habitual aborter | N | 23 | 467 |
| V26.39 | Other genetic testing of male | N | 23 | 467 |
| V45.86 | Bariatric surgery status | N | 23 | 467 |
| V58.30 | Encounter for change or removal of nonsurgical wound dressing | N | 23 | 467 |
| V58.31 | Encounter for change or removal of surgical wound dressing | N | 23 | 467 |
| V58.32 | Encounter for removal of sutures | N | 23 | 467 |
| V72.11 | Encounter for hearing examinationfollowing failed hearing screening | N | 23 | 467 |
| | | | 15 | 391[1] |
| V72.19 | Other examination of ears and hearing | N | 23 | 467 |
| | | | 15 | 391[1] |
| V82.71 | Screening for genetic disease carrier status | N | 23 | 467 |
| V82.79 | Other genetic screening | N | 23 | 467 |
| V85.51 | Body Mass Index, pediatric, less than 5th percentile for age | N | 23 | 467 |
| V85.52 | Body Mass Index, pediatric, 5th percentile to less than 85th percentile for age | N | 23 | 467 |
| V85.53 | Body Mass Index, pediatric, 85th percentile to less than 95th percentile for age | N | 23 | 467 |
| V85.54 | Body Mass Index, pediatric, greater than or equal to 95th percentile for age | N | 23 | 467 |
| V86.0 | Estrogen receptor positive status [ER+] | N | 23 | 467 |
| V86.1 | Estrogen receptor negative status [ER-] | N | 23 | 467 |

[1] On "Only secondary diagnosis" list.
[2] Principal or secondary diagnosis of major problem.

TABLE 6B.—NEW PROCEDURE CODES

| Procedure code | Description | O.R. | MDC | DRG |
|---|---|---|---|---|
| 00.44 | Procedure on vessel bifurcation | N | | |
| 00.56 | Insertion or replacement of implantable pressure sensor (lead) for intracardiac hemodynamic monitoring. | Y | 5 | 117,120[1] |
| 00.57 | Implantation or replacement of subcutaneous device for intracardiac hemodynamic monitoring. | Y | 5 | 118,120[1] |
| 37.20 | Noninvasive programmed electrical stimulation [NIPS] | N | | |

TABLE 6B.—NEW PROCEDURE CODES—Continued

| Procedure code | Description | O.R. | MDC | DRG |
|---|---|---|---|---|
| 39.74 | Endovascular removal of obstruction from head and neck vessel(s) | Y | 1<br>21<br>24 | 1, 2, 3, 543<br>442, 443<br>486 |
| 68.41 | Laparoscopic total abdominal hysterectomy | Y | 13<br>14 | 354, 355, 357,<br>358, 359<br>375 |
| 68.49 | Other and unspecified total abdominal hysterectomy | Y | 13<br>14 | 354, 355,<br>357,358, 359<br>375 |
| 68.61 | Laparoscopic radical abdominal hysterectomy | Y | 13<br>14 | 353<br>375 |
| 68.69 | Other and unspecified radical abdominal hysterectomy | Y | 13<br>14 | 353<br>375 |
| 68.71 | Laparoscopic radical vaginal hysterectomy [LRVH] | Y | 13<br>14 | 353<br>375 |
| 68.79 | Other and unspecified radical vaginal hysterectomy | Y | 13<br>14 | 353<br>375 |

[1] Assigned to DRG 120 when both Code 00.56 and Code 00.57 are reported.

TABLE 6C.—INVALID DIAGNOSIS CODES

| Diagnosis code | Description | CC | MDC | DRG |
|---|---|---|---|---|
| 238.7 | Other lymphatic and hematopoietic tissues | N | 17 | 401, 402, 403, 404, 539, 540 |
| 277.3 | Amyloidosis | N | 8 | 240, 241 |
| 284.0 | Constitutional aplastic anemia | Y | 16 | 395, 396 |
| 288.0 | Agranulocytosis | Y | 16<br>25 | 398, 399 490 |
| 323.0 | Encephalitis in viral diseases classified elsewhere | N | 1 | 20, 543 |
| 323.4 | Other encephalitis due to infection classified elsewhere | N | 1 | 20, 543 |
| 323.5 | Encephalitis following immunization procedures | N | 1 | 20, 543 |
| 323.6 | Postinfectious encephalitis | N | 1 | 20, 543 |
| 323.7 | Toxic encephalitis | N | 1 | 34, 35, 543 |
| 323.8 | Other causes of encephalitis | N | 1<br>25 | 20, 543 489 |
| 333.7 | Symptomatic torsion dystonia | N | 1 | 12 |
| 478.1 | Other diseases of nasal cavity and sinuses | N | 3<br>15 | 73, 74 391 [1] |
| 519.1 | Other diseases of trachea and bronchus, not elsewhere classified | N | PRE<br>4 | 482<br>96, 97, 98 |
| 521.8 | Other specific diseases of hard tissues of teeth | N | PRE<br>3 | 482<br>185, 186, 187 |
| 523.0 | Acute gingivitis | N | PRE<br>3 | 482<br>185, 186, 187 |
| 523.1 | Chronic gingivitis | N | PRE<br>3 | 482<br>185, 186, 187 |
| 523.3 | Acute periodontitis | N | PRE<br>3 | 482<br>185, 186, 187 |
| 523.4 | Chronic periodontitis | N | PRE<br>3 | 482<br>185, 186, 187 |
| 528.0 | Stomatitis | N | PRE<br>3 | 482<br>185, 186, 187 |
| 608.2 | Torsion of testis | N | 12 | 352 |
| 616.8 | Other specified inflammatory diseases of cervix, vagina, and vulva | N | 13 | 358, 359, 368 |
| 629.8 | Other specified disorders of female genital organs | N | 13 | 358, 359, 369 |
| 784.9 | Other symptoms involving head and neck | N | 3 | 73, 74 |
| 793.9 | Other nonspecific abnormal findings on radiological and other examinations of body structure | N | 23 | 463, 464 |
| 995.2 | Unspecified adverse effect of drug, medicinal and biological substance | N | 15<br>21 | 387 [2], 389 [2]<br>449, 450, 451 |
| V18.5 | Family history, Digestive disorders | N | 23 | 467 |
| V58.3 | Attention to surgical dressings and sutures | N | 23 | 467 |
| V72.1 | Examination of ears and hearing | N | 15<br>23 | 391 [1]<br>467 |

[1] On ''Only secondary diagnosis'' list.
[2] Principal or secondary diagnosis of major problem.

TABLE 6D.—INVALID PROCEDURE CODES

| Procedure code | Description | O.R. | MDC | DRG |
|---|---|---|---|---|
| 68.4 | Total abdominal hysterectomy | Y | 13<br>14 | 354, 355, 357, 358, 359<br>375 |
| 68.6 | Radical abdominal hysterectomy | Y | 13<br>14 | 353<br>375 |
| 68.7 | Radical vaginal hysterectomy | Y | 13<br>14 | 353<br>375 |

TABLE 6E.—REVISED DIAGNOSIS CODES

| Diagnosis code | Description | CC | MDC | DRG |
|---|---|---|---|---|
| 255.10 | Hyperaldosteronism, unspecified | N | 10 | 300, 301 |
| 285.29 | Anemia of other chronic disease | N | 16 | 395, 396 |
| 323.1 | Encephalitis, myelitis, and encephalomyelitis in rickettsial diseases classified elsewhere | N | 1 | 20, 543 |
| 323.2 | Encephalitis, myelitis, and encephalomyelitis in protozoal diseases classified elsewhere | N | 1 | 20, 543 |
| 323.9 | Unspecified causes of encephalitis, myelitis, and encephalomyelitis | N | 1<br>25 | 20, 543<br>489 |
| 333.6 | Genetic torsion dystonia | N | 1 | 12 |
| 345.40 | Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures, without mention of intractable epilepsy. | N | 1 | 24, 25, 26 |
| 345.41 | Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures, with intractable epilepsy. | Y | 1 | 24, 25, 26 |
| 345.50 | Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, without mention of intractable epilepsy. | N | 1 | 24, 25, 26 |
| 345.51 | Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, with intractable epilepsy. | Y | 1 | 24, 25, 26 |
| 345.80 | Other forms of epilepsy and recurrent seizures, without mention of intractable epilepsy | N | 1 | 24, 25, 26 |
| 345.81 | Other forms of epilepsy and recurrent seizures, with intractable epilepsy | Y | 1 | 24, 25, 26 |
| 389.11 | Sensory hearing loss, bilateral | N | 3 | 73, 74 |
| 389.12 | Neural hearing loss, bilateral | N | 3 | 73, 74 |
| 389.14 | Central hearing loss, bilateral | N | 3 | 73, 74 |
| 389.18 | Sensorineural hearing loss of combined types, bilateral | N | 3 | 73, 74 |
| 403.00 | Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified. | Y | 11 | 331, 332, 333 |
| 403.01 | Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease. | Y | PRE<br>11 | 512[1], 513[1]<br>315, 316 |
| 403.10 | Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified. | N | 11 | 331, 332, 333 |
| 403.11 | Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease. | Y | PRE<br>11 | 512[1], 513[1]<br>315, 316 |
| 403.90 | Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified. | N | 11 | 331, 332, 333 |
| 403.91 | Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease. | Y | PRE<br>11 | 512[1], 513[1]<br>315, 316 |
| 404.00 | Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified. | Y | 5 | 134 |
| 404.01 | Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified. | Y | 5<br><br><br><br><br><br>15 | 121[2], 124[3], 127, 535, 547[4], 549[4], 551[4], 553[4], 555[4], 557[4]<br>387[5], 389[5] |
| 404.02 | Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease. | Y | PRE<br>11 | 512[1], 513[1]<br>315, 316 |
| 404.03 | Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease. | Y | PRE<br>5<br><br><br><br><br><br>15 | 512[1], 513[1]<br>121[2], 124[3], 127, 535, 547[4], 549[4], 551[4], 553[4], 555[4], 557[4]<br>387[5], 389[5] |
| 404.10 | Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified. | N | 5 | 134 |

TABLE 6E.—REVISED DIAGNOSIS CODES—Continued

| Diagnosis code | Description | CC | MDC | DRG |
|---|---|---|---|---|
| 404.11 ..... | Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified. | Y | 5 | 121[2], 124[3], 127, 535, 547[4], 549[4], 551[4], 553[4], 555[4], 557[4] |
| | | | 15 | 387[5], 389[5] |
| 404.12 ..... | Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease. | Y | PRE | 512[1], 513[1] |
| | | | 11 | 315, 316 |
| 404.13 ..... | Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease. | Y | PRE | 512[1], 513[1] |
| | | | 5 | 121[2], 124[3], 127, 535, 547[4], 549[4], 551[4], 553[4], 5554, 557[4] |
| | | | 15 | 387[5], 389[5] |
| 404.90 ..... | Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified. | N | 5 | 134 |
| 404.91 ..... | Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified. | Y | 5 | 121[2], 124[3], 127, 535, 547[4], 549[4], 551[4], 553[4], 555[4], 557[4] |
| | | | 15 | 387[5], 389[5] |
| 404.92 ..... | Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease. | Y | PRE | 512[1], 513[1] |
| | | | 11 | 315, 316 |
| 404.93 ..... | Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease. | Y | PRE | 512[1], 513[1] |
| | | | 5 | 121[2], 124[3], 127, 535, 547[4], 549[4], 551[4], 553[4], 555[4], 557[4] |
| | | | 15 | 387[5], 389[5] |
| 524.21 ..... | Malocclusion, Angle's class I | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 524.22 ..... | Malocclusion, Angle's class II | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 524.23 ..... | Malocclusion, Angle's class III | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 524.35 ..... | Rotation of tooth/teeth | N | PRE | 482 |
| | | | 3 | 185, 186, 187 |
| 600.00 ..... | Hypertrophy (benign) of prostate withouturinary obstruction and other lower urinary tract (LUTS)symptoms (LUTS). | N | 12 | 348, 349 |
| 600.01 ..... | Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS). | N | 12 | 348, 349 |
| 600.20 ..... | Benign localized hyperplasia of prostate without urinary obstruction and other lower urinary tract symptoms (LUTS). | N | 12 | 348, 349 |
| 600.21 ..... | Benign localized hyperplasia of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS). | N | 12 | 348, 349 |
| 600.90 ..... | Hyperplasia of prostate, unspecified, without urinary obstruction and other lower urinary symptoms (LUTS). | N | 12 | 348, 349 |
| 600.91 ..... | Hyperplasia of prostate, unspecified, with urinary obstruction and other lower urinary symptoms (LUTS). | N | 12 | 348, 349 |
| 780.31 ..... | Febrile convulsions (simple), unspecified | Y | 1 | 15 24, 25, 26 387[5], 389[5] |
| 780.95 ..... | Excessive crying of child, adolescent, or adult | N | 23 | 463, 464 |
| 790.93 ..... | Elevated prostate specific antigen [PSA] | N | 23 | 463, 464 |
| 873.63 ..... | Tooth (broken) (fractured) (due to trauma), without mention of complication | N | 3 | 185, 186, |
| | | | 24 | 187 487 |
| 873.73 ..... | Tooth (broken) (fractured) (due to trauma), complicated | N | 3 | 185, 186, 187 |
| | | | 24 | 487 |
| 995.91 ..... | Sepsis | Y | 18 | 416, 417 |
| 995.92 ..... | Severe sepsis | Y | 18 | 416, 417 |
| 995.93 ..... | Systemic inflammatory response syndrome due to noninfectious process without acute organ dysfunction. | Y | 18 | 416, 417 |
| 995.94 ..... | Systemic inflammatory response syndrome due to noninfectious process with acute organ dysfunction. | Y | 18 | 416, 417 |
| V26.31 ..... | Testing of female for genetic disease carrier status | N | 23 | 467 |
| V26.32 ..... | Other genetic testing of female | N | 23 | 467 |

[1] Principal or secondary diagnosis.
[2] Principal or secondary diagnosis of major complication.

[3] Principal or secondary diagnosis of complex diagnosis.
[4] Principal or secondary diagnosis of major cardiovascular.
[5] Principal or secondary diagnosis of major problem.

TABLE 6F.—REVISED PROCEDURE CODE TITLES

| Procedure code | Description | O.R. | MDC | DRG |
|---|---|---|---|---|
| 37.26 ..... | Catheter based invasive electrophysiologic testing ..... | N* | 5 | 104, 518, 555, 556, 557, 558 |

*Non-O.R. code that affects DRG assignment.

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| *0519 |
| 0522 |
| *0522 |
| 0520 |
| 0521 |
| 0522 |
| 0527 |
| 0528 |
| 0529 |
| 05314 |
| 05474 |
| *0527 |
| 0522 |
| *0528 |
| 0522 |
| *0529 |
| 0522 |
| *0530 |
| 05314 |
| *05310 |
| 05314 |
| *05311 |
| 05314 |
| *05312 |
| 05314 |
| *05313 |
| 05314 |
| *05314 |
| 0522 |
| 0530 |
| 05310 |
| 05311 |
| 05312 |
| 05313 |
| 05314 |
| 05319 |
| 05379 |
| 0538 |
| 05474 |
| *05319 |
| 05314 |
| *05379 |
| 05314 |
| *0538 |
| 05314 |
| *0539 |
| 05314 |
| *05472 |
| 05314 |
| *05474 |
| 0522 |
| 0530 |
| 05310 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 05311 |
| 05312 |
| 05313 |
| 05314 |
| 05319 |
| 05379 |
| 0538 |
| 0543 |
| 0545 |
| 05471 |
| 05472 |
| 05474 |
| 05479 |
| 0548 |
| *05479 |
| 05314 |
| 05474 |
| *0548 |
| 05314 |
| 05474 |
| *0549 |
| 05314 |
| 05474 |
| *07888 |
| 0522 |
| 05314 |
| 05474 |
| *07889 |
| 0522 |
| 05314 |
| 05474 |
| *07981 |
| 0522 |
| 05314 |
| 05474 |
| *07988 |
| 0522 |
| 05314 |
| 05474 |
| *07989 |
| 0522 |
| 05314 |
| 05474 |
| *07998 |
| 0522 |
| 05314 |
| 05474 |
| *07999 |
| 0522 |
| 05314 |
| 05474 |
| *1398 |
| 0522 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 05314 |
| 05474 |
| *28401 |
| 2800 |
| 2814 |
| 2818 |
| 28241 |
| 28242 |
| 28249 |
| 28260 |
| 28261 |
| 28262 |
| 28263 |
| 28264 |
| 28268 |
| 28269 |
| 2830 |
| 28310 |
| 28311 |
| 28319 |
| 2832 |
| 2839 |
| 2848 |
| 2849 |
| 2850 |
| 2851 |
| *28409 |
| 2800 |
| 2814 |
| 2818 |
| 28241 |
| 28242 |
| 28249 |
| 28260 |
| 28261 |
| 28262 |
| 28263 |
| 28264 |
| 28268 |
| 28269 |
| 2830 |
| 28310 |
| 28311 |
| 28319 |
| 2832 |
| 2839 |
| 2848 |
| 2849 |
| 2850 |
| 2851 |
| *2841 |
| 2800 |
| 2814 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 2818 |
| 28241 |
| 28242 |
| 28249 |
| 28260 |
| 28261 |
| 28262 |
| 28263 |
| 28264 |
| 28268 |
| 28269 |
| 2830 |
| 28310 |
| 28311 |
| 28319 |
| 2832 |
| 2839 |
| 2848 |
| 2849 |
| 2850 |
| 2851 |
| *2842 |
| 2800 |
| 2814 |
| 2818 |
| 28241 |
| 28242 |
| 28249 |
| 28260 |
| 28261 |
| 28262 |
| 28263 |
| 28264 |
| 28268 |
| 28269 |
| 2830 |
| 28310 |
| 28311 |
| 28319 |
| 2832 |
| 2839 |
| 2848 |
| 2849 |
| 2850 |
| 2851 |
| *28800 |
| 2881 |
| 28981 |
| 28982 |
| *28801 |
| 2881 |
| 28981 |
| 28982 |
| *28802 |
| 2881 |
| 28981 |
| 28982 |
| *28803 |
| 2881 |
| 28981 |
| 28982 |
| *28804 |
| 2881 |
| 28981 |
| 28982 |
| *28809 |
| 2881 |
| 28981 |
| 28982 |
| *2884 |
| 2881 |
| 28981 |
| 28982 |
| *28850 |
| 2881 |
| 28981 |
| 28982 |
| *28851 |
| 2881 |
| 28981 |
| 28982 |
| *28859 |
| 2881 |
| 28981 |
| 28982 |
| *28860 |
| 2881 |
| 28981 |
| 28982 |
| *28861 |
| 2881 |
| 28981 |
| 28982 |
| *28862 |
| 2881 |
| 28981 |
| 28982 |
| *28863 |
| 2881 |
| 28981 |
| 28982 |
| *28864 |
| 2881 |
| 28981 |
| 28982 |
| *28865 |
| 2881 |
| 28981 |
| 28982 |
| *28869 |
| 2881 |
| 28981 |
| 28982 |
| *28953 |
| 2881 |
| 28981 |
| 28982 |
| *28983 |
| 2800 |
| 2814 |
| 2818 |
| 28241 |
| 28242 |
| 28249 |
| 28260 |
| 28261 |
| 28262 |
| 28263 |
| 28264 |
| 28268 |
| 28269 |
| 2830 |
| 28310 |
| 28311 |
| 28319 |
| 2832 |
| 2839 |
| 2848 |
| 2849 |
| 2850 |
| 2851 |
| 2872 |
| 28730 |
| 28731 |
| 28732 |
| 28733 |
| 28739 |
| 2874 |
| 2875 |
| 2878 |
| 2879 |
| 2881 |
| 28981 |
| 28982 |
| *32301 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32302 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32341 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32342 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32351 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32352 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32361 |
| 0522 |
| 05314 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 05474 |
| 34982 |
| *32362 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32363 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32371 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32372 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32381 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *32382 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *33183 |
| 3314 |
| *33371 |
| 7817 |
| *33372 |
| 7817 |
| *33379 |
| 7817 |
| *33385 |
| 7817 |
| *3380 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 7991 |
| 7994 |
| *33811 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *33812 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *33818 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *33819 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *33821 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| *33822 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *33828 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *33829 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *34120 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *34121 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *34122 |
| 0522 |
| 05314 |
| 05474 |
| 34982 |
| *34500 |
| 78032 |
| *34501 |
| 78032 |
| *34510 |
| 78032 |
| *34511 |
| 78032 |
| *3452 |
| 78032 |
| *3453 |
| 78032 |
| *34540 |
| 78032 |
| *34541 |
| 78032 |
| *34550 |
| 78032 |
| *34551 |
| 78032 |
| *34560 |
| 78032 |
| *34561 |
| 78032 |
| *34570 |
| 78032 |
| *34571 |
| 78032 |
| *34580 |
| 78032 |
| *34581 |
| 78032 |
| *34590 |
| 78032 |
| *34591 |
| 78032 |
| *3488 |
| 78032 |
| *3489 |
| 78032 |
| *34989 |
| 78032 |
| *3499 |
| 78032 |
| *37960 |
| 37700 |
| 37701 |
| 37702 |
| *37961 |
| 37700 |
| 37701 |
| 37702 |
| *37962 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 37700 |
| 37701 |
| 37702 |
| *37963 |
| 37700 |
| 37701 |
| 37702 |
| *5187 |
| 5187 |
| 9973 |
| *51911 |
| 51900 |
| 51901 |
| 51902 |
| 51909 |
| *51919 |
| 51900 |
| 51901 |
| 51902 |
| 51909 |
| *52800 |
| 5283 |
| *52801 |
| 5283 |
| *52802 |
| 5283 |
| *52809 |
| 5283 |
| *538 |
| 5273 |
| 5274 |
| 53021 |
| 53100 |
| 53101 |
| 53110 |
| 53111 |
| 53120 |
| 53121 |
| 53131 |
| 53140 |
| 53141 |
| 53150 |
| 53151 |
| 53160 |
| 53161 |
| 53171 |
| 53191 |
| 53200 |
| 53201 |
| 53210 |
| 53211 |
| 53220 |
| 53221 |
| 53231 |
| 53240 |
| 53241 |
| 53250 |
| 53251 |
| 53260 |
| 53261 |
| 53271 |
| 53291 |
| 53300 |
| 53301 |
| 53310 |
| 53311 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 53320 |
| 53321 |
| 53331 |
| 53340 |
| 53341 |
| 53350 |
| 53351 |
| 53360 |
| 53361 |
| 53371 |
| 53391 |
| 53400 |
| 53401 |
| 53410 |
| 53411 |
| 53420 |
| 53421 |
| 53431 |
| 53440 |
| 53441 |
| 53450 |
| 53451 |
| 53460 |
| 53461 |
| 53471 |
| 53491 |
| 5400 |
| 5401 |
| 5409 |
| 55000 |
| 55001 |
| 55002 |
| 55003 |
| 55010 |
| 55011 |
| 55012 |
| 55013 |
| 55100 |
| 55101 |
| 55102 |
| 55103 |
| 5511 |
| 55120 |
| 55121 |
| 55129 |
| 5518 |
| 5519 |
| 55200 |
| 55201 |
| 55202 |
| 55203 |
| *61681 |
| 6140 |
| 6143 |
| 6145 |
| 6150 |
| 6163 |
| 6164 |
| *61689 |
| 6140 |
| 6143 |
| 6145 |
| 6150 |
| 6163 |
| 6164 |
| *62929 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 6140 |
| 6143 |
| 6145 |
| 6150 |
| 6163 |
| 6164 |
| 6207 |
| *62981 |
| 6140 |
| 6143 |
| 6145 |
| 6150 |
| 6163 |
| 6164 |
| 6207 |
| *62989 |
| 6140 |
| 6143 |
| 6145 |
| 6150 |
| 6163 |
| 6164 |
| 6207 |
| *64900 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64901 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64902 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64903 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64904 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64910 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64911 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64912 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64913 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64914 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64920 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64921 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64922 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64923 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64924 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64930 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64931 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64932 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64933 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64934 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64940 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64941 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64942 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64943 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64944 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64950 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64951 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64953 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64960 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64961 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64962 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64963 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *64964 |
| 63400 |
| 63401 |
| 63402 |
| 63410 |
| 63411 |
| 63412 |
| 63420 |
| 63421 |
| 63422 |
| 63430 |
| 63431 |
| 63432 |
| 63440 |
| 63441 |
| 63442 |
| 63450 |
| 63451 |
| 63452 |
| 63460 |
| 63461 |
| 63462 |
| 63470 |
| 63471 |
| 63472 |
| 63480 |
| 63481 |
| 63482 |
| 63490 |
| 63491 |
| 63492 |
| 6390 |
| 6391 |
| 6392 |
| 6393 |
| 6394 |
| 6395 |
| 6396 |
| 6398 |
| 6399 |
| 64000 |
| 64001 |
| 64003 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64080 |
| 64081 |
| 64083 |
| 64090 |
| 64091 |
| 64093 |
| 64100 |
| 64101 |
| 64103 |
| 64110 |
| 64111 |
| 64113 |
| 64130 |
| 64131 |
| 64133 |
| 64180 |
| 64181 |
| 64183 |
| 64190 |
| 64191 |
| 64193 |
| 64240 |
| 64241 |
| 64242 |
| 64243 |
| 64244 |
| 64250 |
| 64251 |
| 64252 |
| 64253 |
| 64254 |
| 64260 |
| 64261 |
| 64262 |
| 64263 |
| 64264 |
| 64270 |
| 64271 |
| 64272 |
| 64273 |
| 64274 |
| 64400 |
| 64403 |
| 64410 |
| 64413 |
| 64660 |
| 64661 |
| 64662 |
| 64663 |
| 64664 |
| 64670 |
| 64671 |
| 64673 |
| 64730 |
| 64731 |
| 64732 |
| 64733 |
| 64734 |
| 64740 |
| 64741 |
| 64742 |
| 64743 |
| 64744 |
| 64800 |
| 64801 |
| 64802 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 64803 |
| 64804 |
| 64820 |
| 64821 |
| 64822 |
| 64823 |
| 64824 |
| 64830 |
| 64831 |
| 64832 |
| 64833 |
| 64834 |
| 64850 |
| 64851 |
| 64852 |
| 64853 |
| 64854 |
| 64860 |
| 64861 |
| 64862 |
| 64863 |
| 64864 |
| 65930 |
| 65931 |
| 65933 |
| 66500 |
| 66501 |
| 66503 |
| 66510 |
| 66511 |
| 66632 |
| 66634 |
| 66800 |
| 66801 |
| 66802 |
| 66803 |
| 66804 |
| 66810 |
| 66811 |
| 66812 |
| 66813 |
| 66814 |
| 66820 |
| 66821 |
| 66822 |
| 66823 |
| 66824 |
| 66880 |
| 66881 |
| 66882 |
| 66883 |
| 66884 |
| 66890 |
| 66891 |
| 66892 |
| 66893 |
| 66894 |
| 66910 |
| 66911 |
| 66912 |
| 66913 |
| 66914 |
| 66930 |
| 66932 |
| 66934 |
| 67000 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 67002 |
| 67004 |
| 67120 |
| 67121 |
| 67122 |
| 67123 |
| 67124 |
| 67130 |
| 67131 |
| 67133 |
| 67140 |
| 67142 |
| 67144 |
| 67300 |
| 67301 |
| 67302 |
| 67303 |
| 67304 |
| 67310 |
| 67311 |
| 67312 |
| 67313 |
| 67314 |
| 67320 |
| 67321 |
| 67322 |
| 67323 |
| 67324 |
| 67330 |
| 67331 |
| 67332 |
| 67333 |
| 67334 |
| 67380 |
| 67381 |
| 67382 |
| 67383 |
| 67384 |
| 67400 |
| 67401 |
| 67402 |
| 67403 |
| 67404 |
| 67410 |
| 67412 |
| 67420 |
| 67422 |
| 67424 |
| 67450 |
| 67451 |
| 67452 |
| 67453 |
| 67454 |
| 67510 |
| 67511 |
| 67512 |
| *7790 |
| 78032 |
| *7791 |
| 78032 |
| *78031 |
| 78032 |
| *78032 |
| 78031 |
| 78032 |
| 78039 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| *78039 |
| 78032 |
| *78091 |
| 78032 |
| *78092 |
| 78032 |
| *78093 |
| 78032 |
| *78094 |
| 78032 |
| *78095 |
| 78032 |
| *78096 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *78097 |
| 04082 |
| 44024 |
| 78001 |
| 78003 |
| 7801 |
| 78031 |
| 78032 |
| 78039 |
| 7817 |
| 7854 |
| 78550 |
| 78551 |
| 78552 |
| 78559 |
| 7863 |
| 78820 |
| 78829 |
| 7895 |
| 7907 |
| 7911 |
| 7913 |
| 79901 |
| 79902 |
| 7991 |
| 7994 |
| *78099 |
| 78032 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| *78864 |
| 78820 |
| 78829 |
| *78865 |
| 78820 |
| 78829 |
| *79981 |
| 78032 |
| *79989 |
| 78032 |
| *95890 |
| 80000 |
| 80001 |
| 80002 |
| 80003 |
| 80004 |
| 80005 |
| 80006 |
| 80009 |
| 80010 |
| 80011 |
| 80012 |
| 80013 |
| 80014 |
| 80015 |
| 80016 |
| 80019 |
| 80020 |
| 80021 |
| 80022 |
| 80023 |
| 80024 |
| 80025 |
| 80026 |
| 80029 |
| 80030 |
| 80031 |
| 80032 |
| 80033 |
| 80034 |
| 80035 |
| 80036 |
| 80039 |
| 80040 |
| 80041 |
| 80042 |
| 80043 |
| 80044 |
| 80045 |
| 80046 |
| 80049 |
| 80050 |
| 80051 |
| 80052 |
| 80053 |
| 80054 |
| 80055 |
| 80056 |
| 80059 |
| 80060 |
| 80061 |
| 80062 |
| 80063 |
| 80064 |
| 80065 |
| 80066 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80069 |
| 80070 |
| 80071 |
| 80072 |
| 80073 |
| 80074 |
| 80075 |
| 80076 |
| 80079 |
| 80080 |
| 80081 |
| 80082 |
| 80083 |
| 80084 |
| 80085 |
| 80086 |
| 80089 |
| 80090 |
| 80091 |
| 80092 |
| 80093 |
| 80094 |
| 80095 |
| 80096 |
| 80099 |
| 80100 |
| 80101 |
| 80102 |
| 80103 |
| 80104 |
| 80105 |
| 80106 |
| 80109 |
| 80110 |
| 80111 |
| 80112 |
| 80113 |
| 80114 |
| 80115 |
| 80116 |
| 80119 |
| 80120 |
| 80121 |
| 80122 |
| 80123 |
| 80124 |
| 80125 |
| 80126 |
| 80129 |
| 80130 |
| 80131 |
| 80132 |
| 80133 |
| 80134 |
| 80135 |
| 80136 |
| 80139 |
| 80140 |
| 80141 |
| 80142 |
| 80143 |
| 80144 |
| 80145 |
| 80146 |
| 80149 |
| 80150 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80151 |
| 80152 |
| 80153 |
| 80154 |
| 80155 |
| 80156 |
| 80159 |
| 80160 |
| 80161 |
| 80162 |
| 80163 |
| 80164 |
| 80165 |
| 80166 |
| 80169 |
| 80170 |
| 80171 |
| 80172 |
| 80173 |
| 80174 |
| 80175 |
| 80176 |
| 80179 |
| 80180 |
| 80181 |
| 80182 |
| 80183 |
| 80184 |
| 80185 |
| 80186 |
| 80189 |
| 80190 |
| 80191 |
| 80192 |
| 80193 |
| 80194 |
| 80195 |
| 80196 |
| 80199 |
| 8021 |
| 80220 |
| 80221 |
| 80222 |
| 80223 |
| 80224 |
| 80225 |
| 80226 |
| 80227 |
| 80228 |
| 80229 |
| 80230 |
| 80231 |
| 80232 |
| 80233 |
| 80234 |
| 80235 |
| 80236 |
| 80237 |
| 80238 |
| 80239 |
| 8024 |
| 8025 |
| 8026 |
| 8027 |
| 8028 |
| 8029 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80300 |
| 80301 |
| 80302 |
| 80303 |
| 80304 |
| 80305 |
| 80306 |
| 80309 |
| 80310 |
| 80311 |
| 80312 |
| 80313 |
| 80314 |
| 80315 |
| 80316 |
| 80319 |
| 80320 |
| 80321 |
| 80322 |
| 80323 |
| 80324 |
| 80325 |
| 80326 |
| 80329 |
| 80330 |
| 80331 |
| 80332 |
| 80333 |
| 80334 |
| 80335 |
| 80336 |
| 80339 |
| 80340 |
| 80341 |
| 80342 |
| 80343 |
| 80344 |
| 80345 |
| 80346 |
| 80349 |
| 80350 |
| 80351 |
| 80352 |
| 80353 |
| 80354 |
| 80355 |
| 80356 |
| 80359 |
| 80360 |
| 80361 |
| 80362 |
| 80363 |
| 80364 |
| 80365 |
| 80366 |
| 80369 |
| 80370 |
| 80371 |
| 80372 |
| 80373 |
| 80374 |
| 80375 |
| 80376 |
| 80379 |
| 80380 |
| 80381 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80382 |
| 80383 |
| 80384 |
| 80385 |
| 80386 |
| 80389 |
| 80390 |
| 80391 |
| 80392 |
| 80393 |
| 80394 |
| 80395 |
| 80396 |
| 80399 |
| 80400 |
| 80401 |
| 80402 |
| 80403 |
| 80404 |
| 80405 |
| 80406 |
| 80409 |
| 80410 |
| 80411 |
| 80412 |
| 80413 |
| 80414 |
| 80415 |
| 80416 |
| 80419 |
| 80420 |
| 80421 |
| 80422 |
| 80423 |
| 80424 |
| 80425 |
| 80426 |
| 80429 |
| 80430 |
| 80431 |
| 80432 |
| 80433 |
| 80434 |
| 80435 |
| 80436 |
| 80439 |
| 80440 |
| 80441 |
| 80442 |
| 80443 |
| 80444 |
| 80445 |
| 80446 |
| 80449 |
| 80450 |
| 80451 |
| 80452 |
| 80453 |
| 80454 |
| 80455 |
| 80456 |
| 80459 |
| 80460 |
| 80461 |
| 80462 |
| 80463 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80464 |
| 80465 |
| 80466 |
| 80469 |
| 80470 |
| 80471 |
| 80472 |
| 80473 |
| 80474 |
| 80475 |
| 80476 |
| 80479 |
| 80480 |
| 80481 |
| 80482 |
| 80483 |
| 80484 |
| 80485 |
| 80486 |
| 80489 |
| 80490 |
| 80491 |
| 80492 |
| 80493 |
| 80494 |
| 80495 |
| 80496 |
| 80499 |
| 80500 |
| 80501 |
| 80502 |
| 80503 |
| 80504 |
| 80505 |
| 80506 |
| 80507 |
| 80508 |
| 80510 |
| 80511 |
| 80512 |
| 80513 |
| 80514 |
| 80515 |
| 80516 |
| 80517 |
| 80518 |
| 8052 |
| 8053 |
| 8054 |
| 8055 |
| 8056 |
| 8057 |
| 8058 |
| 8059 |
| 80600 |
| 80601 |
| 80602 |
| 80603 |
| 80604 |
| 80605 |
| 80606 |
| 80607 |
| 80608 |
| 80609 |
| 80610 |
| 80611 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80612 |
| 80613 |
| 80614 |
| 80615 |
| 80616 |
| 80617 |
| 80618 |
| 80619 |
| 80620 |
| 80621 |
| 80622 |
| 80623 |
| 80624 |
| 80625 |
| 80626 |
| 80627 |
| 80628 |
| 80629 |
| 80630 |
| 80631 |
| 80632 |
| 80633 |
| 80634 |
| 80635 |
| 80636 |
| 80637 |
| 80638 |
| 80639 |
| 8064 |
| 8065 |
| 80660 |
| 80661 |
| 80662 |
| 80669 |
| 80670 |
| 80671 |
| 80672 |
| 80679 |
| 8068 |
| 8069 |
| 80704 |
| 80705 |
| 80706 |
| 80707 |
| 80708 |
| 80709 |
| 80710 |
| 80711 |
| 80712 |
| 80713 |
| 80714 |
| 80715 |
| 80716 |
| 80717 |
| 80718 |
| 80719 |
| 8072 |
| 8073 |
| 8074 |
| 8075 |
| 8076 |
| 8080 |
| 8081 |
| 8082 |
| 8083 |
| 80843 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80849 |
| 80851 |
| 80852 |
| 80853 |
| 80859 |
| 8088 |
| 8089 |
| 82000 |
| 82001 |
| 82002 |
| 82003 |
| 82009 |
| 82010 |
| 82011 |
| 82012 |
| 82013 |
| 82019 |
| 82020 |
| 82021 |
| 82022 |
| 82030 |
| 82031 |
| 82032 |
| 8208 |
| 8209 |
| 82100 |
| 82101 |
| 82110 |
| 82111 |
| 83900 |
| 83901 |
| 83902 |
| 83903 |
| 83904 |
| 83905 |
| 83906 |
| 83907 |
| 83908 |
| 83910 |
| 83911 |
| 83912 |
| 83913 |
| 83914 |
| 83915 |
| 83916 |
| 83917 |
| 83918 |
| 8500 |
| 85011 |
| 85012 |
| 8502 |
| 8503 |
| 8504 |
| 8505 |
| 8509 |
| 85100 |
| 85101 |
| 85102 |
| 85103 |
| 85104 |
| 85105 |
| 85106 |
| 85109 |
| 85110 |
| 85111 |
| 85112 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85113 |
| 85114 |
| 85115 |
| 85116 |
| 85119 |
| 85120 |
| 85121 |
| 85122 |
| 85123 |
| 85124 |
| 85125 |
| 85126 |
| 85129 |
| 85130 |
| 85131 |
| 85132 |
| 85133 |
| 85134 |
| 85135 |
| 85136 |
| 85139 |
| 85140 |
| 85141 |
| 85142 |
| 85143 |
| 85144 |
| 85145 |
| 85146 |
| 85149 |
| 85150 |
| 85151 |
| 85152 |
| 85153 |
| 85154 |
| 85155 |
| 85156 |
| 85159 |
| 85160 |
| 85161 |
| 85162 |
| 85163 |
| 85164 |
| 85165 |
| 85166 |
| 85169 |
| 85170 |
| 85171 |
| 85172 |
| 85173 |
| 85174 |
| 85175 |
| 85176 |
| 85179 |
| 85180 |
| 85181 |
| 85182 |
| 85183 |
| 85184 |
| 85185 |
| 85186 |
| 85189 |
| 85190 |
| 85191 |
| 85192 |
| 85193 |
| 85194 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85195 |
| 85196 |
| 85199 |
| 85200 |
| 85201 |
| 85202 |
| 85203 |
| 85204 |
| 85205 |
| 85206 |
| 85209 |
| 85210 |
| 85211 |
| 85212 |
| 85213 |
| 85214 |
| 85215 |
| 85216 |
| 85219 |
| 85220 |
| 85221 |
| 85222 |
| 85223 |
| 85224 |
| 85225 |
| 85226 |
| 85229 |
| 85230 |
| 85231 |
| 85232 |
| 85233 |
| 85234 |
| 85235 |
| 85236 |
| 85239 |
| 85240 |
| 85241 |
| 85242 |
| 85243 |
| 85244 |
| 85245 |
| 85246 |
| 85249 |
| 85250 |
| 85251 |
| 85252 |
| 85253 |
| 85254 |
| 85255 |
| 85256 |
| 85259 |
| 85300 |
| 85301 |
| 85302 |
| 85303 |
| 85304 |
| 85305 |
| 85306 |
| 85309 |
| 85310 |
| 85311 |
| 85312 |
| 85313 |
| 85314 |
| 85315 |
| 85316 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85319 |
| 85400 |
| 85401 |
| 85402 |
| 85403 |
| 85404 |
| 85405 |
| 85406 |
| 85409 |
| 85410 |
| 85411 |
| 85412 |
| 85413 |
| 85414 |
| 85415 |
| 85416 |
| 85419 |
| 8600 |
| 8601 |
| 8602 |
| 8603 |
| 8604 |
| 8605 |
| 86101 |
| 86102 |
| 86103 |
| 86110 |
| 86111 |
| 86112 |
| 86113 |
| 86122 |
| 86130 |
| 86131 |
| 86132 |
| 8621 |
| 86221 |
| 86222 |
| 86229 |
| 86231 |
| 86232 |
| 86239 |
| 8629 |
| 8631 |
| 86330 |
| 86331 |
| 86339 |
| 86350 |
| 86351 |
| 86352 |
| 86353 |
| 86354 |
| 86355 |
| 86356 |
| 86359 |
| 86390 |
| 86391 |
| 86392 |
| 86393 |
| 86394 |
| 86395 |
| 86399 |
| 86400 |
| 86401 |
| 86402 |
| 86403 |
| 86404 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 86405 |
| 86409 |
| 86410 |
| 86411 |
| 86412 |
| 86413 |
| 86414 |
| 86415 |
| 86419 |
| 86500 |
| 86501 |
| 86502 |
| 86503 |
| 86504 |
| 86509 |
| 86510 |
| 86511 |
| 86512 |
| 86513 |
| 86514 |
| 86519 |
| 86600 |
| 86601 |
| 86602 |
| 86603 |
| 86610 |
| 86611 |
| 86612 |
| 86613 |
| 8670 |
| 8671 |
| 8672 |
| 8673 |
| 8674 |
| 8675 |
| 8676 |
| 8677 |
| 8678 |
| 8679 |
| 86800 |
| 86801 |
| 86802 |
| 86803 |
| 86804 |
| 86809 |
| 86810 |
| 86811 |
| 86812 |
| 86813 |
| 86814 |
| 86819 |
| 8690 |
| 8691 |
| 8703 |
| 8704 |
| 8708 |
| 8709 |
| 8710 |
| 8711 |
| 8712 |
| 8713 |
| 8714 |
| 8719 |
| 87272 |
| 87273 |
| 87274 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 87333 |
| 8739 |
| 87400 |
| 87401 |
| 87402 |
| 87410 |
| 87411 |
| 87412 |
| 8743 |
| 8745 |
| 8750 |
| 8751 |
| 8870 |
| 8871 |
| 8872 |
| 8873 |
| 8874 |
| 8875 |
| 8876 |
| 8877 |
| 8960 |
| 8961 |
| 8962 |
| 8963 |
| 8970 |
| 8971 |
| 8972 |
| 8973 |
| 8974 |
| 8975 |
| 8976 |
| 8977 |
| 90000 |
| 90001 |
| 90002 |
| 90003 |
| 9001 |
| 90081 |
| 90082 |
| 90089 |
| 9009 |
| 9010 |
| 9011 |
| 9012 |
| 9013 |
| 90141 |
| 90142 |
| 90183 |
| 9020 |
| 90210 |
| 90211 |
| 90219 |
| 90220 |
| 90222 |
| 90223 |
| 90224 |
| 90225 |
| 90226 |
| 90227 |
| 90229 |
| 90231 |
| 90232 |
| 90233 |
| 90234 |
| 90239 |
| 90240 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 90241 |
| 90242 |
| 90249 |
| 90250 |
| 90251 |
| 90252 |
| 90253 |
| 90254 |
| 90259 |
| 90287 |
| 9251 |
| 9252 |
| 9290 |
| 95200 |
| 95201 |
| 95202 |
| 95203 |
| 95204 |
| 95205 |
| 95206 |
| 95207 |
| 95208 |
| 95209 |
| 95210 |
| 95211 |
| 95212 |
| 95213 |
| 95214 |
| 95215 |
| 95216 |
| 95217 |
| 95218 |
| 95219 |
| 9522 |
| 9523 |
| 9524 |
| 9528 |
| 9529 |
| 9530 |
| 9531 |
| 9532 |
| 9533 |
| 9534 |
| 9535 |
| 9538 |
| 9539 |
| 9580 |
| 9581 |
| 9582 |
| 9583 |
| 9584 |
| 9585 |
| 9587 |
| *95891 |
| 80000 |
| 80001 |
| 80002 |
| 80003 |
| 80004 |
| 80005 |
| 80006 |
| 80009 |
| 80010 |
| 80011 |
| 80012 |
| 80013 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80014 |
| 80015 |
| 80016 |
| 80019 |
| 80020 |
| 80021 |
| 80022 |
| 80023 |
| 80024 |
| 80025 |
| 80026 |
| 80029 |
| 80030 |
| 80031 |
| 80032 |
| 80033 |
| 80034 |
| 80035 |
| 80036 |
| 80039 |
| 80040 |
| 80041 |
| 80042 |
| 80043 |
| 80044 |
| 80045 |
| 80046 |
| 80049 |
| 80050 |
| 80051 |
| 80052 |
| 80053 |
| 80054 |
| 80055 |
| 80056 |
| 80059 |
| 80060 |
| 80061 |
| 80062 |
| 80063 |
| 80064 |
| 80065 |
| 80066 |
| 80069 |
| 80070 |
| 80071 |
| 80072 |
| 80073 |
| 80074 |
| 80075 |
| 80076 |
| 80079 |
| 80080 |
| 80081 |
| 80082 |
| 80083 |
| 80084 |
| 80085 |
| 80086 |
| 80089 |
| 80090 |
| 80091 |
| 80092 |
| 80093 |
| 80094 |
| 80095 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80096 |
| 80099 |
| 80100 |
| 80101 |
| 80102 |
| 80103 |
| 80104 |
| 80105 |
| 80106 |
| 80109 |
| 80110 |
| 80111 |
| 80112 |
| 80113 |
| 80114 |
| 80115 |
| 80116 |
| 80119 |
| 80120 |
| 80121 |
| 80122 |
| 80123 |
| 80124 |
| 80125 |
| 80126 |
| 80129 |
| 80130 |
| 80131 |
| 80132 |
| 80133 |
| 80134 |
| 80135 |
| 80136 |
| 80139 |
| 80140 |
| 80141 |
| 80142 |
| 80143 |
| 80144 |
| 80145 |
| 80146 |
| 80149 |
| 80150 |
| 80151 |
| 80152 |
| 80153 |
| 80154 |
| 80155 |
| 80156 |
| 80159 |
| 80160 |
| 80161 |
| 80162 |
| 80163 |
| 80164 |
| 80165 |
| 80166 |
| 80169 |
| 80170 |
| 80171 |
| 80172 |
| 80173 |
| 80174 |
| 80175 |
| 80176 |
| 80179 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80180 |
| 80181 |
| 80182 |
| 80183 |
| 80184 |
| 80185 |
| 80186 |
| 80189 |
| 80190 |
| 80191 |
| 80192 |
| 80193 |
| 80194 |
| 80195 |
| 80196 |
| 80199 |
| 8021 |
| 80220 |
| 80221 |
| 80222 |
| 80223 |
| 80224 |
| 80225 |
| 80226 |
| 80227 |
| 80228 |
| 80229 |
| 80230 |
| 80231 |
| 80232 |
| 80233 |
| 80234 |
| 80235 |
| 80236 |
| 80237 |
| 80238 |
| 80239 |
| 8024 |
| 8025 |
| 8026 |
| 8027 |
| 8028 |
| 8029 |
| 80300 |
| 80301 |
| 80302 |
| 80303 |
| 80304 |
| 80305 |
| 80306 |
| 80309 |
| 80310 |
| 80311 |
| 80312 |
| 80313 |
| 80314 |
| 80315 |
| 80316 |
| 80319 |
| 80320 |
| 80321 |
| 80322 |
| 80323 |
| 80324 |
| 80325 |
| 80326 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80329 |
| 80330 |
| 80331 |
| 80332 |
| 80333 |
| 80334 |
| 80335 |
| 80336 |
| 80339 |
| 80340 |
| 80341 |
| 80342 |
| 80343 |
| 80344 |
| 80345 |
| 80346 |
| 80349 |
| 80350 |
| 80351 |
| 80352 |
| 80353 |
| 80354 |
| 80355 |
| 80356 |
| 80359 |
| 80360 |
| 80361 |
| 80362 |
| 80363 |
| 80364 |
| 80365 |
| 80366 |
| 80369 |
| 80370 |
| 80371 |
| 80372 |
| 80373 |
| 80374 |
| 80375 |
| 80376 |
| 80379 |
| 80380 |
| 80381 |
| 80382 |
| 80383 |
| 80384 |
| 80385 |
| 80386 |
| 80389 |
| 80390 |
| 80391 |
| 80392 |
| 80393 |
| 80394 |
| 80395 |
| 80396 |
| 80399 |
| 80400 |
| 80401 |
| 80402 |
| 80403 |
| 80404 |
| 80405 |
| 80406 |
| 80409 |
| 80410 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80411 |
| 80412 |
| 80413 |
| 80414 |
| 80415 |
| 80416 |
| 80419 |
| 80420 |
| 80421 |
| 80422 |
| 80423 |
| 80424 |
| 80425 |
| 80426 |
| 80429 |
| 80430 |
| 80431 |
| 80432 |
| 80433 |
| 80434 |
| 80435 |
| 80436 |
| 80439 |
| 80440 |
| 80441 |
| 80442 |
| 80443 |
| 80444 |
| 80445 |
| 80446 |
| 80449 |
| 80450 |
| 80451 |
| 80452 |
| 80453 |
| 80454 |
| 80455 |
| 80456 |
| 80459 |
| 80460 |
| 80461 |
| 80462 |
| 80463 |
| 80464 |
| 80465 |
| 80466 |
| 80469 |
| 80470 |
| 80471 |
| 80472 |
| 80473 |
| 80474 |
| 80475 |
| 80476 |
| 80479 |
| 80480 |
| 80481 |
| 80482 |
| 80483 |
| 80484 |
| 80485 |
| 80486 |
| 80489 |
| 80490 |
| 80491 |
| 80492 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80493 |
| 80494 |
| 80495 |
| 80496 |
| 80499 |
| 80500 |
| 80501 |
| 80502 |
| 80503 |
| 80504 |
| 80505 |
| 80506 |
| 80507 |
| 80508 |
| 80510 |
| 80511 |
| 80512 |
| 80513 |
| 80514 |
| 80515 |
| 80516 |
| 80517 |
| 80518 |
| 8052 |
| 8053 |
| 8054 |
| 8055 |
| 8056 |
| 8057 |
| 8058 |
| 8059 |
| 80600 |
| 80601 |
| 80602 |
| 80603 |
| 80604 |
| 80605 |
| 80606 |
| 80607 |
| 80608 |
| 80609 |
| 80610 |
| 80611 |
| 80612 |
| 80613 |
| 80614 |
| 80615 |
| 80616 |
| 80617 |
| 80618 |
| 80619 |
| 80620 |
| 80621 |
| 80622 |
| 80623 |
| 80624 |
| 80625 |
| 80626 |
| 80627 |
| 80628 |
| 80629 |
| 80630 |
| 80631 |
| 80632 |
| 80633 |
| 80634 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80635 |
| 80636 |
| 80637 |
| 80638 |
| 80639 |
| 8064 |
| 8065 |
| 80660 |
| 80661 |
| 80662 |
| 80669 |
| 80670 |
| 80671 |
| 80672 |
| 80679 |
| 8068 |
| 8069 |
| 80704 |
| 80705 |
| 80706 |
| 80707 |
| 80708 |
| 80709 |
| 80710 |
| 80711 |
| 80712 |
| 80713 |
| 80714 |
| 80715 |
| 80716 |
| 80717 |
| 80718 |
| 80719 |
| 8072 |
| 8073 |
| 8074 |
| 8075 |
| 8076 |
| 8080 |
| 8081 |
| 8082 |
| 8083 |
| 80843 |
| 80849 |
| 80851 |
| 80852 |
| 80853 |
| 80859 |
| 8088 |
| 8089 |
| 82000 |
| 82001 |
| 82002 |
| 82003 |
| 82009 |
| 82010 |
| 82011 |
| 82012 |
| 82013 |
| 82019 |
| 82020 |
| 82021 |
| 82022 |
| 82030 |
| 82031 |
| 82032 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 8208 |
| 8209 |
| 82100 |
| 82101 |
| 82110 |
| 82111 |
| 83900 |
| 83901 |
| 83902 |
| 83903 |
| 83904 |
| 83905 |
| 83906 |
| 83907 |
| 83908 |
| 83910 |
| 83911 |
| 83912 |
| 83913 |
| 83914 |
| 83915 |
| 83916 |
| 83917 |
| 83918 |
| 8500 |
| 85011 |
| 85012 |
| 8502 |
| 8503 |
| 8504 |
| 8505 |
| 8509 |
| 85100 |
| 85101 |
| 85102 |
| 85103 |
| 85104 |
| 85105 |
| 85106 |
| 85109 |
| 85110 |
| 85111 |
| 85112 |
| 85113 |
| 85114 |
| 85115 |
| 85116 |
| 85119 |
| 85120 |
| 85121 |
| 85122 |
| 85123 |
| 85124 |
| 85125 |
| 85126 |
| 85129 |
| 85130 |
| 85131 |
| 85132 |
| 85133 |
| 85134 |
| 85135 |
| 85136 |
| 85139 |
| 85140 |
| 85141 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85142 |
| 85143 |
| 85144 |
| 85145 |
| 85146 |
| 85149 |
| 85150 |
| 85151 |
| 85152 |
| 85153 |
| 85154 |
| 85155 |
| 85156 |
| 85159 |
| 85160 |
| 85161 |
| 85162 |
| 85163 |
| 85164 |
| 85165 |
| 85166 |
| 85169 |
| 85170 |
| 85171 |
| 85172 |
| 85173 |
| 85174 |
| 85175 |
| 85176 |
| 85179 |
| 85180 |
| 85181 |
| 85182 |
| 85183 |
| 85184 |
| 85185 |
| 85186 |
| 85189 |
| 85190 |
| 85191 |
| 85192 |
| 85193 |
| 85194 |
| 85195 |
| 85196 |
| 85199 |
| 85200 |
| 85201 |
| 85202 |
| 85203 |
| 85204 |
| 85205 |
| 85206 |
| 85209 |
| 85210 |
| 85211 |
| 85212 |
| 85213 |
| 85214 |
| 85215 |
| 85216 |
| 85219 |
| 85220 |
| 85221 |
| 85222 |
| 85223 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85224 |
| 85225 |
| 85226 |
| 85229 |
| 85230 |
| 85231 |
| 85232 |
| 85233 |
| 85234 |
| 85235 |
| 85236 |
| 85239 |
| 85240 |
| 85241 |
| 85242 |
| 85243 |
| 85244 |
| 85245 |
| 85246 |
| 85249 |
| 85250 |
| 85251 |
| 85252 |
| 85253 |
| 85254 |
| 85255 |
| 85256 |
| 85259 |
| 85300 |
| 85301 |
| 85302 |
| 85303 |
| 85304 |
| 85305 |
| 85306 |
| 85309 |
| 85310 |
| 85311 |
| 85312 |
| 85313 |
| 85314 |
| 85315 |
| 85316 |
| 85319 |
| 85400 |
| 85401 |
| 85402 |
| 85403 |
| 85404 |
| 85405 |
| 85406 |
| 85409 |
| 85410 |
| 85411 |
| 85412 |
| 85413 |
| 85414 |
| 85415 |
| 85416 |
| 85419 |
| 8600 |
| 8601 |
| 8602 |
| 8603 |
| 8604 |
| 8605 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 86101 |
| 86102 |
| 86103 |
| 86110 |
| 86111 |
| 86112 |
| 86113 |
| 86122 |
| 86130 |
| 86131 |
| 86132 |
| 8621 |
| 86221 |
| 86222 |
| 86229 |
| 86231 |
| 86232 |
| 86239 |
| 8629 |
| 8631 |
| 86330 |
| 86331 |
| 86339 |
| 86350 |
| 86351 |
| 86352 |
| 86353 |
| 86354 |
| 86355 |
| 86356 |
| 86359 |
| 86390 |
| 86391 |
| 86392 |
| 86393 |
| 86394 |
| 86395 |
| 86399 |
| 86400 |
| 86401 |
| 86402 |
| 86403 |
| 86404 |
| 86405 |
| 86409 |
| 86410 |
| 86411 |
| 86412 |
| 86413 |
| 86414 |
| 86415 |
| 86419 |
| 86500 |
| 86501 |
| 86502 |
| 86503 |
| 86504 |
| 86509 |
| 86510 |
| 86511 |
| 86512 |
| 86513 |
| 86514 |
| 86519 |
| 86600 |
| 86601 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 86602 |
| 86603 |
| 86610 |
| 86611 |
| 86612 |
| 86613 |
| 8670 |
| 8671 |
| 8672 |
| 8673 |
| 8674 |
| 8675 |
| 8676 |
| 8677 |
| 8678 |
| 8679 |
| 86800 |
| 86801 |
| 86802 |
| 86803 |
| 86804 |
| 86809 |
| 86810 |
| 86811 |
| 86812 |
| 86813 |
| 86814 |
| 86819 |
| 8690 |
| 8691 |
| 8703 |
| 8704 |
| 8708 |
| 8709 |
| 8710 |
| 8711 |
| 8712 |
| 8713 |
| 8714 |
| 8719 |
| 87272 |
| 87273 |
| 87274 |
| 87333 |
| 8739 |
| 87400 |
| 87401 |
| 87402 |
| 87410 |
| 87411 |
| 87412 |
| 8743 |
| 8745 |
| 8750 |
| 8751 |
| 8870 |
| 8871 |
| 8872 |
| 8873 |
| 8874 |
| 8875 |
| 8876 |
| 8877 |
| 8960 |
| 8961 |
| 8962 |
| 8963 |
| 8970 |
| 8971 |
| 8972 |
| 8973 |
| 8974 |
| 8975 |
| 8976 |
| 8977 |
| 90000 |
| 90001 |
| 90002 |
| 90003 |
| 9001 |
| 90081 |
| 90082 |
| 90089 |
| 9009 |
| 9010 |
| 9011 |
| 9012 |
| 9013 |
| 90141 |
| 90142 |
| 90183 |
| 9020 |
| 90210 |
| 90211 |
| 90219 |
| 90220 |
| 90222 |
| 90223 |
| 90224 |
| 90225 |
| 90226 |
| 90227 |
| 90229 |
| 90231 |
| 90232 |
| 90233 |
| 90234 |
| 90239 |
| 90240 |
| 90241 |
| 90242 |
| 90249 |
| 90250 |
| 90251 |
| 90252 |
| 90253 |
| 90254 |
| 90259 |
| 90287 |
| 9251 |
| 9252 |
| 9290 |
| 95200 |
| 95201 |
| 95202 |
| 95203 |
| 95204 |
| 95205 |
| 95206 |
| 95207 |
| 95208 |
| 95209 |
| 95210 |
| 95211 |
| 95212 |
| 95213 |
| 95214 |
| 95215 |
| 95216 |
| 95217 |
| 95218 |
| 95219 |
| 9522 |
| 9523 |
| 9524 |
| 9528 |
| 9529 |
| 9530 |
| 9531 |
| 9532 |
| 9533 |
| 9534 |
| 9535 |
| 9538 |
| 9539 |
| 9580 |
| 9581 |
| 9582 |
| 9583 |
| 9584 |
| 9585 |
| 9587 |
| *95892 |
| 80000 |
| 80001 |
| 80002 |
| 80003 |
| 80004 |
| 80005 |
| 80006 |
| 80009 |
| 80010 |
| 80011 |
| 80012 |
| 80013 |
| 80014 |
| 80015 |
| 80016 |
| 80019 |
| 80020 |
| 80021 |
| 80022 |
| 80023 |
| 80024 |
| 80025 |
| 80026 |
| 80029 |
| 80030 |
| 80031 |
| 80032 |
| 80033 |
| 80034 |
| 80035 |
| 80036 |
| 80039 |
| 80040 |
| 80041 |
| 80042 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80043 |
| 80044 |
| 80045 |
| 80046 |
| 80049 |
| 80050 |
| 80051 |
| 80052 |
| 80053 |
| 80054 |
| 80055 |
| 80056 |
| 80059 |
| 80060 |
| 80061 |
| 80062 |
| 80063 |
| 80064 |
| 80065 |
| 80066 |
| 80069 |
| 80070 |
| 80071 |
| 80072 |
| 80073 |
| 80074 |
| 80075 |
| 80076 |
| 80079 |
| 80080 |
| 80081 |
| 80082 |
| 80083 |
| 80084 |
| 80085 |
| 80086 |
| 80089 |
| 80090 |
| 80091 |
| 80092 |
| 80093 |
| 80094 |
| 80095 |
| 80096 |
| 80099 |
| 80100 |
| 80101 |
| 80102 |
| 80103 |
| 80104 |
| 80105 |
| 80106 |
| 80109 |
| 80110 |
| 80111 |
| 80112 |
| 80113 |
| 80114 |
| 80115 |
| 80116 |
| 80119 |
| 80120 |
| 80121 |
| 80122 |
| 80123 |
| 80124 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80125 |
| 80126 |
| 80129 |
| 80130 |
| 80131 |
| 80132 |
| 80133 |
| 80134 |
| 80135 |
| 80136 |
| 80139 |
| 80140 |
| 80141 |
| 80142 |
| 80143 |
| 80144 |
| 80145 |
| 80146 |
| 80149 |
| 80150 |
| 80151 |
| 80152 |
| 80153 |
| 80154 |
| 80155 |
| 80156 |
| 80159 |
| 80160 |
| 80161 |
| 80162 |
| 80163 |
| 80164 |
| 80165 |
| 80166 |
| 80169 |
| 80170 |
| 80171 |
| 80172 |
| 80173 |
| 80174 |
| 80175 |
| 80176 |
| 80179 |
| 80180 |
| 80181 |
| 80182 |
| 80183 |
| 80184 |
| 80185 |
| 80186 |
| 80189 |
| 80190 |
| 80191 |
| 80192 |
| 80193 |
| 80194 |
| 80195 |
| 80196 |
| 80199 |
| 8021 |
| 80220 |
| 80221 |
| 80222 |
| 80223 |
| 80224 |
| 80225 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80226 |
| 80227 |
| 80228 |
| 80229 |
| 80230 |
| 80231 |
| 80232 |
| 80233 |
| 80234 |
| 80235 |
| 80236 |
| 80237 |
| 80238 |
| 80239 |
| 8024 |
| 8025 |
| 8026 |
| 8027 |
| 8028 |
| 8029 |
| 80300 |
| 80301 |
| 80302 |
| 80303 |
| 80304 |
| 80305 |
| 80306 |
| 80309 |
| 80310 |
| 80311 |
| 80312 |
| 80313 |
| 80314 |
| 80315 |
| 80316 |
| 80319 |
| 80320 |
| 80321 |
| 80322 |
| 80323 |
| 80324 |
| 80325 |
| 80326 |
| 80329 |
| 80330 |
| 80331 |
| 80332 |
| 80333 |
| 80334 |
| 80335 |
| 80336 |
| 80339 |
| 80340 |
| 80341 |
| 80342 |
| 80343 |
| 80344 |
| 80345 |
| 80346 |
| 80349 |
| 80350 |
| 80351 |
| 80352 |
| 80353 |
| 80354 |
| 80355 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80356 |
| 80359 |
| 80360 |
| 80361 |
| 80362 |
| 80363 |
| 80364 |
| 80365 |
| 80366 |
| 80369 |
| 80370 |
| 80371 |
| 80372 |
| 80373 |
| 80374 |
| 80375 |
| 80376 |
| 80379 |
| 80380 |
| 80381 |
| 80382 |
| 80383 |
| 80384 |
| 80385 |
| 80386 |
| 80389 |
| 80390 |
| 80391 |
| 80392 |
| 80393 |
| 80394 |
| 80395 |
| 80396 |
| 80399 |
| 80400 |
| 80401 |
| 80402 |
| 80403 |
| 80404 |
| 80405 |
| 80406 |
| 80409 |
| 80410 |
| 80411 |
| 80412 |
| 80413 |
| 80414 |
| 80415 |
| 80416 |
| 80419 |
| 80420 |
| 80421 |
| 80422 |
| 80423 |
| 80424 |
| 80425 |
| 80426 |
| 80429 |
| 80430 |
| 80431 |
| 80432 |
| 80433 |
| 80434 |
| 80435 |
| 80436 |
| 80439 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80440 |
| 80441 |
| 80442 |
| 80443 |
| 80444 |
| 80445 |
| 80446 |
| 80449 |
| 80450 |
| 80451 |
| 80452 |
| 80453 |
| 80454 |
| 80455 |
| 80456 |
| 80459 |
| 80460 |
| 80461 |
| 80462 |
| 80463 |
| 80464 |
| 80465 |
| 80466 |
| 80469 |
| 80470 |
| 80471 |
| 80472 |
| 80473 |
| 80474 |
| 80475 |
| 80476 |
| 80479 |
| 80480 |
| 80481 |
| 80482 |
| 80483 |
| 80484 |
| 80485 |
| 80486 |
| 80489 |
| 80490 |
| 80491 |
| 80492 |
| 80493 |
| 80494 |
| 80495 |
| 80496 |
| 80499 |
| 80500 |
| 80501 |
| 80502 |
| 80503 |
| 80504 |
| 80505 |
| 80506 |
| 80507 |
| 80508 |
| 80510 |
| 80511 |
| 80512 |
| 80513 |
| 80514 |
| 80515 |
| 80516 |
| 80517 |
| 80518 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 8052 |
| 8053 |
| 8054 |
| 8055 |
| 8056 |
| 8057 |
| 8058 |
| 8059 |
| 80600 |
| 80601 |
| 80602 |
| 80603 |
| 80604 |
| 80605 |
| 80606 |
| 80607 |
| 80608 |
| 80609 |
| 80610 |
| 80611 |
| 80612 |
| 80613 |
| 80614 |
| 80615 |
| 80616 |
| 80617 |
| 80618 |
| 80619 |
| 80620 |
| 80621 |
| 80622 |
| 80623 |
| 80624 |
| 80625 |
| 80626 |
| 80627 |
| 80628 |
| 80629 |
| 80630 |
| 80631 |
| 80632 |
| 80633 |
| 80634 |
| 80635 |
| 80636 |
| 80637 |
| 80638 |
| 80639 |
| 8064 |
| 8065 |
| 80660 |
| 80661 |
| 80662 |
| 80669 |
| 80670 |
| 80671 |
| 80672 |
| 80679 |
| 8068 |
| 8069 |
| 80704 |
| 80705 |
| 80706 |
| 80707 |
| 80708 |
| 80709 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80710 |
| 80711 |
| 80712 |
| 80713 |
| 80714 |
| 80715 |
| 80716 |
| 80717 |
| 80718 |
| 80719 |
| 8072 |
| 8073 |
| 8074 |
| 8075 |
| 8076 |
| 8080 |
| 8081 |
| 8082 |
| 8083 |
| 80843 |
| 80849 |
| 80851 |
| 80852 |
| 80853 |
| 80859 |
| 8088 |
| 8089 |
| 82000 |
| 82001 |
| 82002 |
| 82003 |
| 82009 |
| 82010 |
| 82011 |
| 82012 |
| 82013 |
| 82019 |
| 82020 |
| 82021 |
| 82022 |
| 82030 |
| 82031 |
| 82032 |
| 8208 |
| 8209 |
| 82100 |
| 82101 |
| 82110 |
| 82111 |
| 83900 |
| 83901 |
| 83902 |
| 83903 |
| 83904 |
| 83905 |
| 83906 |
| 83907 |
| 83908 |
| 83910 |
| 83911 |
| 83912 |
| 83913 |
| 83914 |
| 83915 |
| 83916 |
| 83917 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 83918 |
| 8500 |
| 85011 |
| 85012 |
| 8502 |
| 8503 |
| 8504 |
| 8505 |
| 8509 |
| 85100 |
| 85101 |
| 85102 |
| 85103 |
| 85104 |
| 85105 |
| 85106 |
| 85109 |
| 85110 |
| 85111 |
| 85112 |
| 85113 |
| 85114 |
| 85115 |
| 85116 |
| 85119 |
| 85120 |
| 85121 |
| 85122 |
| 85123 |
| 85124 |
| 85125 |
| 85126 |
| 85129 |
| 85130 |
| 85131 |
| 85132 |
| 85133 |
| 85134 |
| 85135 |
| 85136 |
| 85139 |
| 85140 |
| 85141 |
| 85142 |
| 85143 |
| 85144 |
| 85145 |
| 85146 |
| 85149 |
| 85150 |
| 85151 |
| 85152 |
| 85153 |
| 85154 |
| 85155 |
| 85156 |
| 85159 |
| 85160 |
| 85161 |
| 85162 |
| 85163 |
| 85164 |
| 85165 |
| 85166 |
| 85169 |
| 85170 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85171 |
| 85172 |
| 85173 |
| 85174 |
| 85175 |
| 85176 |
| 85179 |
| 85180 |
| 85181 |
| 85182 |
| 85183 |
| 85184 |
| 85185 |
| 85186 |
| 85189 |
| 85190 |
| 85191 |
| 85192 |
| 85193 |
| 85194 |
| 85195 |
| 85196 |
| 85199 |
| 85200 |
| 85201 |
| 85202 |
| 85203 |
| 85204 |
| 85205 |
| 85206 |
| 85209 |
| 85210 |
| 85211 |
| 85212 |
| 85213 |
| 85214 |
| 85215 |
| 85216 |
| 85219 |
| 85220 |
| 85221 |
| 85222 |
| 85223 |
| 85224 |
| 85225 |
| 85226 |
| 85229 |
| 85230 |
| 85231 |
| 85232 |
| 85233 |
| 85234 |
| 85235 |
| 85236 |
| 85239 |
| 85240 |
| 85241 |
| 85242 |
| 85243 |
| 85244 |
| 85245 |
| 85246 |
| 85249 |
| 85250 |
| 85251 |
| 85252 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85253 |
| 85254 |
| 85255 |
| 85256 |
| 85259 |
| 85300 |
| 85301 |
| 85302 |
| 85303 |
| 85304 |
| 85305 |
| 85306 |
| 85309 |
| 85310 |
| 85311 |
| 85312 |
| 85313 |
| 85314 |
| 85315 |
| 85316 |
| 85319 |
| 85400 |
| 85401 |
| 85402 |
| 85403 |
| 85404 |
| 85405 |
| 85406 |
| 85409 |
| 85410 |
| 85411 |
| 85412 |
| 85413 |
| 85414 |
| 85415 |
| 85416 |
| 85419 |
| 8600 |
| 8601 |
| 8602 |
| 8603 |
| 8604 |
| 8605 |
| 86101 |
| 86102 |
| 86103 |
| 86110 |
| 86111 |
| 86112 |
| 86113 |
| 86122 |
| 86130 |
| 86131 |
| 86132 |
| 8621 |
| 86221 |
| 86222 |
| 86229 |
| 86231 |
| 86232 |
| 86239 |
| 8629 |
| 8631 |
| 86330 |
| 86331 |
| 86339 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 86350 |
| 86351 |
| 86352 |
| 86353 |
| 86354 |
| 86355 |
| 86356 |
| 86359 |
| 86390 |
| 86391 |
| 86392 |
| 86393 |
| 86394 |
| 86395 |
| 86399 |
| 86400 |
| 86401 |
| 86402 |
| 86403 |
| 86404 |
| 86405 |
| 86409 |
| 86410 |
| 86411 |
| 86412 |
| 86413 |
| 86414 |
| 86415 |
| 86419 |
| 86500 |
| 86501 |
| 86502 |
| 86503 |
| 86504 |
| 86509 |
| 86510 |
| 86511 |
| 86512 |
| 86513 |
| 86514 |
| 86519 |
| 86600 |
| 86601 |
| 86602 |
| 86603 |
| 86610 |
| 86611 |
| 86612 |
| 86613 |
| 8670 |
| 8671 |
| 8672 |
| 8673 |
| 8674 |
| 8675 |
| 8676 |
| 8677 |
| 8678 |
| 8679 |
| 86800 |
| 86801 |
| 86802 |
| 86803 |
| 86804 |
| 86809 |
| 86810 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 86811 |
| 86812 |
| 86813 |
| 86814 |
| 86819 |
| 8690 |
| 8691 |
| 8703 |
| 8704 |
| 8708 |
| 8709 |
| 8710 |
| 8711 |
| 8712 |
| 8713 |
| 8714 |
| 8719 |
| 87272 |
| 87273 |
| 87274 |
| 87333 |
| 8739 |
| 87400 |
| 87401 |
| 87402 |
| 87410 |
| 87411 |
| 87412 |
| 8743 |
| 8745 |
| 8750 |
| 8751 |
| 8870 |
| 8871 |
| 8872 |
| 8873 |
| 8874 |
| 8875 |
| 8876 |
| 8877 |
| 8960 |
| 8961 |
| 8962 |
| 8963 |
| 8970 |
| 8971 |
| 8972 |
| 8973 |
| 8974 |
| 8975 |
| 8976 |
| 8977 |
| 90000 |
| 90001 |
| 90002 |
| 90003 |
| 9001 |
| 90081 |
| 90082 |
| 90089 |
| 9009 |
| 9010 |
| 9011 |
| 9012 |
| 9013 |
| 90141 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 90142 |
| 90183 |
| 9020 |
| 90210 |
| 90211 |
| 90219 |
| 90220 |
| 90222 |
| 90223 |
| 90224 |
| 90225 |
| 90226 |
| 90227 |
| 90229 |
| 90231 |
| 90232 |
| 90233 |
| 90234 |
| 90239 |
| 90240 |
| 90241 |
| 90242 |
| 90249 |
| 90250 |
| 90251 |
| 90252 |
| 90253 |
| 90254 |
| 90259 |
| 90287 |
| 9251 |
| 9252 |
| 9290 |
| 95200 |
| 95201 |
| 95202 |
| 95203 |
| 95204 |
| 95205 |
| 95206 |
| 95207 |
| 95208 |
| 95209 |
| 95210 |
| 95211 |
| 95212 |
| 95213 |
| 95214 |
| 95215 |
| 95216 |
| 95217 |
| 95218 |
| 95219 |
| 9522 |
| 9523 |
| 9524 |
| 9528 |
| 9529 |
| 9530 |
| 9531 |
| 9532 |
| 9533 |
| 9534 |
| 9535 |
| 9538 |
| 9539 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 9580 |
| 9581 |
| 9582 |
| 9583 |
| 9584 |
| 9585 |
| 9587 |
| *95893 |
| 80000 |
| 80001 |
| 80002 |
| 80003 |
| 80004 |
| 80005 |
| 80006 |
| 80009 |
| 80010 |
| 80011 |
| 80012 |
| 80013 |
| 80014 |
| 80015 |
| 80016 |
| 80019 |
| 80020 |
| 80021 |
| 80022 |
| 80023 |
| 80024 |
| 80025 |
| 80026 |
| 80029 |
| 80030 |
| 80031 |
| 80032 |
| 80033 |
| 80034 |
| 80035 |
| 80036 |
| 80039 |
| 80040 |
| 80041 |
| 80042 |
| 80043 |
| 80044 |
| 80045 |
| 80046 |
| 80049 |
| 80050 |
| 80051 |
| 80052 |
| 80053 |
| 80054 |
| 80055 |
| 80056 |
| 80059 |
| 80060 |
| 80061 |
| 80062 |
| 80063 |
| 80064 |
| 80065 |
| 80066 |
| 80069 |
| 80070 |
| 80071 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80072 |
| 80073 |
| 80074 |
| 80075 |
| 80076 |
| 80079 |
| 80080 |
| 80081 |
| 80082 |
| 80083 |
| 80084 |
| 80085 |
| 80086 |
| 80089 |
| 80090 |
| 80091 |
| 80092 |
| 80093 |
| 80094 |
| 80095 |
| 80096 |
| 80099 |
| 80100 |
| 80101 |
| 80102 |
| 80103 |
| 80104 |
| 80105 |
| 80106 |
| 80109 |
| 80110 |
| 80111 |
| 112 |
| 80113 |
| 80114 |
| 80115 |
| 80116 |
| 80119 |
| 80120 |
| 80121 |
| 80122 |
| 80123 |
| 80124 |
| 80125 |
| 80126 |
| 80129 |
| 80130 |
| 80131 |
| 80132 |
| 80133 |
| 80134 |
| 80135 |
| 80136 |
| 80139 |
| 80140 |
| 80141 |
| 80142 |
| 80143 |
| 80144 |
| 80145 |
| 80146 |
| 80149 |
| 80150 |
| 80151 |
| 80152 |
| 80153 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80154 |
| 80155 |
| 80156 |
| 80159 |
| 80160 |
| 80161 |
| 80162 |
| 80163 |
| 80164 |
| 80165 |
| 80166 |
| 80169 |
| 80170 |
| 80171 |
| 80172 |
| 80173 |
| 80174 |
| 80175 |
| 80176 |
| 80179 |
| 80180 |
| 80181 |
| 80182 |
| 80183 |
| 80184 |
| 80185 |
| 80186 |
| 80189 |
| 80190 |
| 80191 |
| 80192 |
| 80193 |
| 80194 |
| 80195 |
| 80196 |
| 80199 |
| 8021 |
| 80220 |
| 80221 |
| 80222 |
| 80223 |
| 80224 |
| 80225 |
| 80226 |
| 80227 |
| 80228 |
| 80229 |
| 80230 |
| 80231 |
| 80232 |
| 80233 |
| 80234 |
| 80235 |
| 80236 |
| 80237 |
| 80238 |
| 80239 |
| 8024 |
| 8025 |
| 8026 |
| 8027 |
| 8028 |
| 8029 |
| 80300 |
| 80301 |
| 80302 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80303 |
| 80304 |
| 80305 |
| 80306 |
| 80309 |
| 80310 |
| 80311 |
| 80312 |
| 80313 |
| 80314 |
| 80315 |
| 80316 |
| 80319 |
| 80320 |
| 80321 |
| 80322 |
| 80323 |
| 80324 |
| 80325 |
| 80326 |
| 80329 |
| 80330 |
| 80331 |
| 80332 |
| 80333 |
| 80334 |
| 80335 |
| 80336 |
| 80339 |
| 80340 |
| 80341 |
| 80342 |
| 80343 |
| 80344 |
| 80345 |
| 80346 |
| 80349 |
| 80350 |
| 80351 |
| 80352 |
| 80353 |
| 80354 |
| 80355 |
| 80356 |
| 80359 |
| 80360 |
| 80361 |
| 80362 |
| 80363 |
| 80364 |
| 80365 |
| 80366 |
| 80369 |
| 80370 |
| 80371 |
| 80372 |
| 80373 |
| 80374 |
| 80375 |
| 80376 |
| 80379 |
| 80380 |
| 80381 |
| 80382 |
| 80383 |
| 80384 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80385 |
| 80386 |
| 80389 |
| 80390 |
| 80391 |
| 80392 |
| 80393 |
| 80394 |
| 80395 |
| 80396 |
| 80399 |
| 80400 |
| 80401 |
| 80402 |
| 80403 |
| 80404 |
| 80405 |
| 80406 |
| 80409 |
| 80410 |
| 80411 |
| 80412 |
| 80413 |
| 80414 |
| 80415 |
| 80416 |
| 80419 |
| 80420 |
| 80421 |
| 80422 |
| 80423 |
| 80424 |
| 80425 |
| 80426 |
| 80429 |
| 80430 |
| 80431 |
| 80432 |
| 80433 |
| 80434 |
| 80435 |
| 80436 |
| 80439 |
| 80440 |
| 80441 |
| 80442 |
| 80443 |
| 80444 |
| 80445 |
| 80446 |
| 80449 |
| 80450 |
| 80451 |
| 80452 |
| 80453 |
| 80454 |
| 80455 |
| 80456 |
| 80459 |
| 80460 |
| 80461 |
| 80462 |
| 80463 |
| 80464 |
| 80465 |
| 80466 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80469 |
| 80470 |
| 80471 |
| 80472 |
| 80473 |
| 80474 |
| 80475 |
| 80476 |
| 80479 |
| 80480 |
| 80481 |
| 80482 |
| 80483 |
| 80484 |
| 80485 |
| 80486 |
| 80489 |
| 80490 |
| 80491 |
| 80492 |
| 80493 |
| 80494 |
| 80495 |
| 80496 |
| 80499 |
| 80500 |
| 80501 |
| 80502 |
| 80503 |
| 80504 |
| 80505 |
| 80506 |
| 80507 |
| 80508 |
| 80510 |
| 80511 |
| 80512 |
| 80513 |
| 80514 |
| 80515 |
| 80516 |
| 80517 |
| 80518 |
| 8052 |
| 8053 |
| 8054 |
| 8055 |
| 8056 |
| 8057 |
| 8058 |
| 8059 |
| 80600 |
| 80601 |
| 80602 |
| 80603 |
| 80604 |
| 80605 |
| 80606 |
| 80607 |
| 80608 |
| 80609 |
| 80610 |
| 80611 |
| 80612 |
| 80613 |
| 80614 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80615 |
| 80616 |
| 80617 |
| 80618 |
| 80619 |
| 80620 |
| 80621 |
| 80622 |
| 80623 |
| 80624 |
| 80625 |
| 80626 |
| 80627 |
| 80628 |
| 80629 |
| 80630 |
| 80631 |
| 80632 |
| 80633 |
| 80634 |
| 80635 |
| 80636 |
| 80637 |
| 80638 |
| 80639 |
| 8064 |
| 8065 |
| 80660 |
| 80661 |
| 80662 |
| 80669 |
| 80670 |
| 80671 |
| 80672 |
| 80679 |
| 8068 |
| 8069 |
| 80704 |
| 80705 |
| 80706 |
| 80707 |
| 80708 |
| 80709 |
| 80710 |
| 80711 |
| 80712 |
| 80713 |
| 80714 |
| 80715 |
| 80716 |
| 80717 |
| 80718 |
| 80719 |
| 8072 |
| 8073 |
| 8074 |
| 8075 |
| 8076 |
| 8080 |
| 8081 |
| 8082 |
| 8083 |
| 80843 |
| 80849 |
| 80851 |
| 80852 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80853 |
| 80859 |
| 8088 |
| 8089 |
| 82000 |
| 82001 |
| 82002 |
| 82003 |
| 82009 |
| 82010 |
| 82011 |
| 82012 |
| 82013 |
| 82019 |
| 82020 |
| 82021 |
| 82022 |
| 82030 |
| 82031 |
| 82032 |
| 8208 |
| 8209 |
| 82100 |
| 82101 |
| 82110 |
| 82111 |
| 83900 |
| 83901 |
| 83902 |
| 83903 |
| 83904 |
| 83905 |
| 83906 |
| 83907 |
| 83908 |
| 83910 |
| 83911 |
| 83912 |
| 83913 |
| 83914 |
| 83915 |
| 83916 |
| 83917 |
| 83918 |
| 8500 |
| 85011 |
| 85012 |
| 8502 |
| 8503 |
| 8504 |
| 8505 |
| 8509 |
| 85100 |
| 85101 |
| 85102 |
| 85103 |
| 85104 |
| 85105 |
| 85106 |
| 85109 |
| 85110 |
| 85111 |
| 85112 |
| 85113 |
| 85114 |
| 85115 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85116 |
| 85119 |
| 85120 |
| 85121 |
| 85122 |
| 85123 |
| 85124 |
| 85125 |
| 85126 |
| 85129 |
| 85130 |
| 85131 |
| 85132 |
| 85133 |
| 85134 |
| 85135 |
| 85136 |
| 85139 |
| 85140 |
| 85141 |
| 85142 |
| 85143 |
| 85144 |
| 85145 |
| 85146 |
| 85149 |
| 85150 |
| 85151 |
| 85152 |
| 85153 |
| 85154 |
| 85155 |
| 85156 |
| 85159 |
| 85160 |
| 85161 |
| 85162 |
| 85163 |
| 85164 |
| 85165 |
| 85166 |
| 85169 |
| 85170 |
| 85171 |
| 85172 |
| 85173 |
| 85174 |
| 85175 |
| 85176 |
| 85179 |
| 85180 |
| 85181 |
| 85182 |
| 85183 |
| 85184 |
| 85185 |
| 85186 |
| 85189 |
| 85190 |
| 85191 |
| 85192 |
| 85193 |
| 85194 |
| 85195 |
| 85196 |
| 85199 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85200 |
| 85201 |
| 85202 |
| 85203 |
| 85204 |
| 85205 |
| 85206 |
| 85209 |
| 85210 |
| 85211 |
| 85212 |
| 85213 |
| 85214 |
| 85215 |
| 85216 |
| 85219 |
| 85220 |
| 85221 |
| 85222 |
| 85223 |
| 85224 |
| 85225 |
| 85226 |
| 85229 |
| 85230 |
| 85231 |
| 85232 |
| 85233 |
| 85234 |
| 85235 |
| 85236 |
| 85239 |
| 85240 |
| 85241 |
| 85242 |
| 85243 |
| 85244 |
| 85245 |
| 85246 |
| 85249 |
| 85250 |
| 85251 |
| 85252 |
| 85253 |
| 85254 |
| 85255 |
| 85256 |
| 85259 |
| 85300 |
| 85301 |
| 85302 |
| 85303 |
| 85304 |
| 85305 |
| 85306 |
| 85309 |
| 85310 |
| 85311 |
| 85312 |
| 85313 |
| 85314 |
| 85315 |
| 85316 |
| 85319 |
| 85400 |
| 85401 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85402 |
| 85403 |
| 85404 |
| 85405 |
| 85406 |
| 85409 |
| 85410 |
| 85411 |
| 85412 |
| 85413 |
| 85414 |
| 85415 |
| 85416 |
| 85419 |
| 8600 |
| 8601 |
| 8602 |
| 8603 |
| 8604 |
| 8605 |
| 86101 |
| 86102 |
| 86103 |
| 86110 |
| 86111 |
| 86112 |
| 86113 |
| 86122 |
| 86130 |
| 86131 |
| 86132 |
| 8621 |
| 86221 |
| 86222 |
| 86229 |
| 86231 |
| 86232 |
| 86239 |
| 8629 |
| 8631 |
| 86330 |
| 86331 |
| 86339 |
| 86350 |
| 86351 |
| 86352 |
| 86353 |
| 86354 |
| 86355 |
| 86356 |
| 86359 |
| 86390 |
| 86391 |
| 86392 |
| 86393 |
| 86394 |
| 86395 |
| 86399 |
| 86400 |
| 86401 |
| 86402 |
| 86403 |
| 86404 |
| 86405 |
| 86409 |
| 86410 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 86411 |
| 86412 |
| 86413 |
| 86414 |
| 86415 |
| 86419 |
| 86500 |
| 86501 |
| 86502 |
| 86503 |
| 86504 |
| 86509 |
| 86510 |
| 86511 |
| 86512 |
| 86513 |
| 86514 |
| 86519 |
| 86600 |
| 86601 |
| 86602 |
| 86603 |
| 86610 |
| 86611 |
| 86612 |
| 86613 |
| 8670 |
| 8671 |
| 8672 |
| 8673 |
| 8674 |
| 8675 |
| 8676 |
| 8677 |
| 8678 |
| 8679 |
| 86800 |
| 86801 |
| 86802 |
| 86803 |
| 86804 |
| 86809 |
| 86810 |
| 86811 |
| 86812 |
| 86813 |
| 86814 |
| 86819 |
| 8690 |
| 8691 |
| 8703 |
| 8704 |
| 8708 |
| 8709 |
| 8710 |
| 8711 |
| 8712 |
| 8713 |
| 8714 |
| 8719 |
| 87272 |
| 87273 |
| 87274 |
| 87333 |
| 8739 |
| 87400 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 87401 |
| 87402 |
| 87410 |
| 87411 |
| 87412 |
| 8743 |
| 8745 |
| 8750 |
| 8751 |
| 8870 |
| 8871 |
| 8872 |
| 8873 |
| 8874 |
| 8875 |
| 8876 |
| 8877 |
| 8960 |
| 8961 |
| 8962 |
| 8963 |
| 8970 |
| 8971 |
| 8972 |
| 8973 |
| 8974 |
| 8975 |
| 8976 |
| 8977 |
| 90000 |
| 90001 |
| 90002 |
| 90003 |
| 9001 |
| 90081 |
| 90082 |
| 90089 |
| 9009 |
| 9010 |
| 9011 |
| 9012 |
| 9013 |
| 90141 |
| 90142 |
| 90183 |
| 9020 |
| 90210 |
| 90211 |
| 90219 |
| 90220 |
| 90222 |
| 90223 |
| 90224 |
| 90225 |
| 90226 |
| 90227 |
| 90229 |
| 90231 |
| 90232 |
| 90233 |
| 90234 |
| 90239 |
| 90240 |
| 90241 |
| 90242 |
| 90249 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 90250 |
| 90251 |
| 90252 |
| 90253 |
| 90254 |
| 90259 |
| 90287 |
| 9251 |
| 9252 |
| 9290 |
| 95200 |
| 95201 |
| 95202 |
| 95203 |
| 95204 |
| 95205 |
| 95206 |
| 95207 |
| 95208 |
| 95209 |
| 95210 |
| 95211 |
| 95212 |
| 95213 |
| 95214 |
| 95215 |
| 95216 |
| 95217 |
| 95218 |
| 95219 |
| 9522 |
| 9523 |
| 9524 |
| 9528 |
| 9529 |
| 9530 |
| 9531 |
| 9532 |
| 9533 |
| 9534 |
| 9535 |
| 9538 |
| 9539 |
| 9580 |
| 9581 |
| 9582 |
| 9583 |
| 9584 |
| 9585 |
| 9587 |
| *95899 |
| 80000 |
| 80001 |
| 80002 |
| 80003 |
| 80004 |
| 80005 |
| 80006 |
| 80009 |
| 80010 |
| 80011 |
| 80012 |
| 80013 |
| 80014 |
| 80015 |
| 80016 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80019 |
| 80020 |
| 80021 |
| 80022 |
| 80023 |
| 80024 |
| 80025 |
| 80026 |
| 80029 |
| 80030 |
| 80031 |
| 80032 |
| 80033 |
| 80034 |
| 80035 |
| 80036 |
| 80039 |
| 80040 |
| 80041 |
| 80042 |
| 80043 |
| 80044 |
| 80045 |
| 80046 |
| 80049 |
| 80050 |
| 80051 |
| 80052 |
| 80053 |
| 80054 |
| 80055 |
| 80056 |
| 80059 |
| 80060 |
| 80061 |
| 80062 |
| 80063 |
| 80064 |
| 80065 |
| 80066 |
| 80069 |
| 80070 |
| 80071 |
| 80072 |
| 80073 |
| 80074 |
| 80075 |
| 80076 |
| 80079 |
| 80080 |
| 80081 |
| 80082 |
| 80083 |
| 80084 |
| 80085 |
| 80086 |
| 80089 |
| 80090 |
| 80091 |
| 80092 |
| 80093 |
| 80094 |
| 80095 |
| 80096 |
| 80099 |
| 80100 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80101 |
| 80102 |
| 80103 |
| 80104 |
| 80105 |
| 80106 |
| 80109 |
| 80110 |
| 80111 |
| 80112 |
| 80113 |
| 80114 |
| 80115 |
| 80116 |
| 80119 |
| 80120 |
| 80121 |
| 80122 |
| 80123 |
| 80124 |
| 80125 |
| 80126 |
| 80129 |
| 80130 |
| 80131 |
| 80132 |
| 80133 |
| 80134 |
| 80135 |
| 80136 |
| 80139 |
| 80140 |
| 80141 |
| 80142 |
| 80143 |
| 80144 |
| 80145 |
| 80146 |
| 80149 |
| 80150 |
| 80151 |
| 80152 |
| 80153 |
| 80154 |
| 80155 |
| 80156 |
| 80159 |
| 80160 |
| 80161 |
| 80162 |
| 80163 |
| 80164 |
| 80165 |
| 80166 |
| 80169 |
| 80170 |
| 80171 |
| 80172 |
| 80173 |
| 80174 |
| 80175 |
| 80176 |
| 80179 |
| 80180 |
| 80181 |
| 80182 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80183 |
| 80184 |
| 80185 |
| 80186 |
| 80189 |
| 80190 |
| 80191 |
| 80192 |
| 80193 |
| 80194 |
| 80195 |
| 80196 |
| 80199 |
| 8021 |
| 80220 |
| 80221 |
| 80222 |
| 80223 |
| 80224 |
| 80225 |
| 80226 |
| 80227 |
| 80228 |
| 80229 |
| 80230 |
| 80231 |
| 80232 |
| 80233 |
| 80234 |
| 80235 |
| 80236 |
| 80237 |
| 80238 |
| 80239 |
| 8024 |
| 8025 |
| 8026 |
| 8027 |
| 8028 |
| 8029 |
| 80300 |
| 80301 |
| 80302 |
| 80303 |
| 80304 |
| 80305 |
| 80306 |
| 80309 |
| 80310 |
| 80311 |
| 80312 |
| 80313 |
| 80314 |
| 80315 |
| 80316 |
| 80319 |
| 80320 |
| 80321 |
| 80322 |
| 80323 |
| 80324 |
| 80325 |
| 80326 |
| 80329 |
| 80330 |
| 80331 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80332 |
| 80333 |
| 80334 |
| 80335 |
| 80336 |
| 80339 |
| 80340 |
| 80341 |
| 80342 |
| 80343 |
| 80344 |
| 80345 |
| 80346 |
| 80349 |
| 80350 |
| 80351 |
| 80352 |
| 80353 |
| 80354 |
| 80355 |
| 80356 |
| 80359 |
| 80360 |
| 80361 |
| 80362 |
| 80363 |
| 80364 |
| 80365 |
| 80366 |
| 80369 |
| 80370 |
| 80371 |
| 80372 |
| 80373 |
| 80374 |
| 80375 |
| 80376 |
| 80379 |
| 80380 |
| 80381 |
| 80382 |
| 80383 |
| 80384 |
| 80385 |
| 80386 |
| 80389 |
| 80390 |
| 80391 |
| 80392 |
| 80393 |
| 80394 |
| 80395 |
| 80396 |
| 80399 |
| 80400 |
| 80401 |
| 80402 |
| 80403 |
| 80404 |
| 80405 |
| 80406 |
| 80409 |
| 80410 |
| 80411 |
| 80412 |
| 80413 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80414 |
| 80415 |
| 80416 |
| 80419 |
| 80420 |
| 80421 |
| 80422 |
| 80423 |
| 80424 |
| 80425 |
| 80426 |
| 80429 |
| 80430 |
| 80431 |
| 80432 |
| 80433 |
| 80434 |
| 80435 |
| 80436 |
| 80439 |
| 80440 |
| 80441 |
| 80442 |
| 80443 |
| 80444 |
| 80445 |
| 80446 |
| 80449 |
| 80450 |
| 80451 |
| 80452 |
| 80453 |
| 80454 |
| 80455 |
| 80456 |
| 80459 |
| 80460 |
| 80461 |
| 80462 |
| 80463 |
| 80464 |
| 80465 |
| 80466 |
| 80469 |
| 80470 |
| 80471 |
| 80472 |
| 80473 |
| 80474 |
| 80475 |
| 80476 |
| 80479 |
| 80480 |
| 80481 |
| 80482 |
| 80483 |
| 80484 |
| 80485 |
| 80486 |
| 80489 |
| 80490 |
| 80491 |
| 80492 |
| 80493 |
| 80494 |
| 80495 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80496 |
| 80499 |
| 80500 |
| 80501 |
| 80502 |
| 80503 |
| 80504 |
| 80505 |
| 80506 |
| 80507 |
| 80508 |
| 80510 |
| 80511 |
| 80512 |
| 80513 |
| 80514 |
| 80515 |
| 80516 |
| 80517 |
| 80518 |
| 8052 |
| 8053 |
| 8054 |
| 8055 |
| 8056 |
| 8057 |
| 8058 |
| 8059 |
| 80600 |
| 80601 |
| 80602 |
| 80603 |
| 80604 |
| 80605 |
| 80606 |
| 80607 |
| 80608 |
| 80609 |
| 80610 |
| 80611 |
| 80612 |
| 80613 |
| 80614 |
| 80615 |
| 80616 |
| 80617 |
| 80618 |
| 80619 |
| 80620 |
| 80621 |
| 80622 |
| 80623 |
| 80624 |
| 80625 |
| 80626 |
| 80627 |
| 80628 |
| 80629 |
| 80630 |
| 80631 |
| 80632 |
| 80633 |
| 80634 |
| 80635 |
| 80636 |
| 80637 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 80638 |
| 80639 |
| 8064 |
| 8065 |
| 80660 |
| 80661 |
| 80662 |
| 80669 |
| 80670 |
| 80671 |
| 80672 |
| 80679 |
| 8068 |
| 8069 |
| 80704 |
| 80705 |
| 80706 |
| 80707 |
| 80708 |
| 80709 |
| 80710 |
| 80711 |
| 80712 |
| 80713 |
| 80714 |
| 80715 |
| 80716 |
| 80717 |
| 80718 |
| 80719 |
| 8072 |
| 8073 |
| 8074 |
| 8075 |
| 8076 |
| 8080 |
| 8081 |
| 8082 |
| 8083 |
| 80843 |
| 80849 |
| 80851 |
| 80852 |
| 80853 |
| 80859 |
| 8088 |
| 8089 |
| 82000 |
| 82001 |
| 82002 |
| 82003 |
| 82009 |
| 82010 |
| 82011 |
| 82012 |
| 82013 |
| 82019 |
| 82020 |
| 82021 |
| 82022 |
| 82030 |
| 82031 |
| 82032 |
| 8208 |
| 8209 |
| 82100 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 82101 |
| 82110 |
| 82111 |
| 83900 |
| 83901 |
| 83902 |
| 83903 |
| 83904 |
| 83905 |
| 83906 |
| 83907 |
| 83908 |
| 83910 |
| 83911 |
| 83912 |
| 83913 |
| 83914 |
| 83915 |
| 83916 |
| 83917 |
| 83918 |
| 8500 |
| 85011 |
| 85012 |
| 8502 |
| 8503 |
| 8504 |
| 8505 |
| 8509 |
| 85100 |
| 85101 |
| 85102 |
| 85103 |
| 85104 |
| 85105 |
| 85106 |
| 85109 |
| 85110 |
| 85111 |
| 85112 |
| 85113 |
| 85114 |
| 85115 |
| 85116 |
| 85119 |
| 85120 |
| 85121 |
| 85122 |
| 85123 |
| 85124 |
| 85125 |
| 85126 |
| 85129 |
| 85130 |
| 85131 |
| 85132 |
| 85133 |
| 85134 |
| 85135 |
| 85136 |
| 85139 |
| 85140 |
| 85141 |
| 85142 |
| 85143 |
| 85144 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85145 |
| 85146 |
| 85149 |
| 85150 |
| 85151 |
| 85152 |
| 85153 |
| 85154 |
| 85155 |
| 85156 |
| 85159 |
| 85160 |
| 85161 |
| 85162 |
| 85163 |
| 85164 |
| 85165 |
| 85166 |
| 85169 |
| 85170 |
| 85171 |
| 85172 |
| 85173 |
| 85174 |
| 85175 |
| 85176 |
| 85179 |
| 85180 |
| 85181 |
| 85182 |
| 85183 |
| 85184 |
| 85185 |
| 85186 |
| 85189 |
| 85190 |
| 85191 |
| 85192 |
| 85193 |
| 85194 |
| 85195 |
| 85196 |
| 85199 |
| 85200 |
| 85201 |
| 85202 |
| 85203 |
| 85204 |
| 85205 |
| 85206 |
| 85209 |
| 85210 |
| 85211 |
| 85212 |
| 85213 |
| 85214 |
| 85215 |
| 85216 |
| 85219 |
| 85220 |
| 85221 |
| 85222 |
| 85223 |
| 85224 |
| 85225 |
| 85226 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 85229 |
| 85230 |
| 85231 |
| 85232 |
| 85233 |
| 85234 |
| 85235 |
| 85236 |
| 85239 |
| 85240 |
| 85241 |
| 85242 |
| 85243 |
| 85244 |
| 85245 |
| 85246 |
| 85249 |
| 85250 |
| 85251 |
| 85252 |
| 85253 |
| 85254 |
| 85255 |
| 85256 |
| 85259 |
| 85300 |
| 85301 |
| 85302 |
| 85303 |
| 85304 |
| 85305 |
| 85306 |
| 85309 |
| 85310 |
| 85311 |
| 85312 |
| 85313 |
| 85314 |
| 85315 |
| 85316 |
| 85319 |
| 85400 |
| 85401 |
| 85402 |
| 85403 |
| 85404 |
| 85405 |
| 85406 |
| 85409 |
| 85410 |
| 85411 |
| 85412 |
| 85413 |
| 85414 |
| 85415 |
| 85416 |
| 85419 |
| 8600 |
| 8601 |
| 8602 |
| 8603 |
| 8604 |
| 8605 |
| 86101 |
| 86102 |
| 86103 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 86110 |
| 86111 |
| 86112 |
| 86113 |
| 86122 |
| 86130 |
| 86131 |
| 86132 |
| 8621 |
| 86221 |
| 86222 |
| 86229 |
| 86231 |
| 86232 |
| 86239 |
| 8629 |
| 8631 |
| 86330 |
| 86331 |
| 86339 |
| 86350 |
| 86351 |
| 86352 |
| 86353 |
| 86354 |
| 86355 |
| 86356 |
| 86359 |
| 86390 |
| 86391 |
| 86392 |
| 86393 |
| 86394 |
| 86395 |
| 86399 |
| 86400 |
| 86401 |
| 86402 |
| 86403 |
| 86404 |
| 86405 |
| 86409 |
| 86410 |
| 86411 |
| 86412 |
| 86413 |
| 86414 |
| 86415 |
| 86419 |
| 86500 |
| 86501 |
| 86502 |
| 86503 |
| 86504 |
| 86509 |
| 86510 |
| 86511 |
| 86512 |
| 86513 |
| 86514 |
| 86519 |
| 86600 |
| 86601 |
| 86602 |
| 86603 |
| 86610 |

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 86611 |
| 86612 |
| 86613 |
| 8670 |
| 8671 |
| 8672 |
| 8673 |
| 8674 |
| 8675 |
| 8676 |
| 8677 |
| 8678 |
| 8679 |
| 86800 |
| 86801 |
| 86802 |
| 86803 |
| 86804 |
| 86809 |
| 86810 |
| 86811 |
| 86812 |
| 86813 |
| 86814 |
| 86819 |
| 8690 |
| 8691 |
| 8703 |
| 8704 |
| 8708 |
| 8709 |
| 8710 |
| 8711 |
| 8712 |
| 8713 |
| 8714 |
| 8719 |
| 87272 |
| 87273 |
| 87274 |
| 87333 |
| 8739 |
| 87400 |
| 87401 |
| 87402 |
| 87410 |
| 87411 |
| 87412 |
| 8743 |
| 8745 |
| 8750 |
| 8751 |
| 8870 |
| 8871 |
| 8872 |
| 8873 |
| 8874 |
| 8875 |
| 8876 |
| 8877 |
| 8960 |
| 8961 |
| 8962 |
| 8963 |
| 8970 |
| 8971 |

## TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 8972 |
| 8973 |
| 8974 |
| 8975 |
| 8976 |
| 8977 |
| 90000 |
| 90001 |
| 90002 |
| 90003 |
| 9001 |
| 90081 |
| 90082 |
| 90089 |
| 9009 |
| 9010 |
| 9011 |
| 9012 |
| 9013 |
| 90141 |
| 90142 |
| 90183 |
| 9020 |
| 90210 |
| 90211 |
| 90219 |
| 90220 |
| 90222 |
| 90223 |
| 90224 |
| 90225 |
| 90226 |
| 90227 |
| 90229 |
| 90231 |
| 90232 |
| 90233 |
| 90234 |
| 90239 |
| 90240 |
| 90241 |
| 90242 |
| 90249 |
| 90250 |
| 90251 |
| 90252 |
| 90253 |
| 90254 |
| 90259 |
| 90287 |
| 9251 |
| 9252 |
| 9290 |
| 95200 |
| 95201 |
| 95202 |
| 95203 |
| 95204 |
| 95205 |
| 95206 |
| 95207 |
| 95208 |
| 95209 |
| 95210 |
| 95211 |
| 95212 |

## TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 95213 |
| 95214 |
| 95215 |
| 95216 |
| 95217 |
| 95218 |
| 95219 |
| 9522 |
| 9523 |
| 9524 |
| 9528 |
| 9529 |
| 9530 |
| 9531 |
| 9532 |
| 9533 |
| 9534 |
| 9535 |
| 9538 |
| 9539 |
| 9580 |
| 9581 |
| 9582 |
| 9583 |
| 9584 |
| 9585 |
| 9587 |
| *9973 |
| 5187 |
| *99791 |
| 5187 |
| *99799 |
| 5187 |
| *99881 |
| 5187 |
| *99883 |
| 5187 |
| *99889 |
| 5187 |
| *9989 |
| 5187 |

## TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST

[CCs that are deleted from the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| *2800 |
| 2840 |
| *2801 |
| 2840 |
| *2808 |
| 2840 |
| *2809 |
| 2840 |
| *2810 |
| 2840 |
| *2811 |
| 2840 |
| *2812 |

## TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST—Continued

[CCs that are deleted from the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 2840 |
| *2813 |
| 2840 |
| *2814 |
| 2840 |
| *2818 |
| 2840 |
| *2819 |
| 2840 |
| *2820 |
| 2840 |
| *2821 |
| 2840 |
| *2822 |
| 2840 |
| *2823 |
| 2840 |
| *28241 |
| 2840 |
| *28242 |
| 2840 |
| *28249 |
| 2840 |
| *2825 |
| 2840 |
| *28260 |
| 2840 |
| *28261 |
| 2840 |
| *28262 |
| 2840 |
| *28263 |
| 2840 |
| *28264 |
| 2840 |
| *28268 |
| 2840 |
| *28269 |
| 2840 |
| *2827 |
| 2840 |
| *2828 |
| 2840 |
| *2829 |
| 2840 |
| *2830 |
| 2840 |
| *28310 |
| 2840 |
| *28311 |
| 2840 |
| *28319 |
| 2840 |
| *2832 |
| 2840 |
| *2839 |
| 2840 |
| *2840 |
| 2800 |
| 2814 |
| 2818 |
| 28241 |
| 28242 |
| 28249 |
| 28260 |
| 28261 |

TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST—Continued

[CCs that are deleted from the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 28262 |
| 28263 |
| 28264 |
| 28268 |
| 28269 |
| 2830 |
| 28310 |
| 28311 |
| 28319 |
| 2832 |
| 2839 |
| 2840 |
| 2848 |
| 2849 |
| 2850 |
| 2851 |
| *2848 |
| 2840 |
| *2849 |
| 2840 |
| *2850 |
| 2840 |
| *2851 |
| 2840 |
| *28521 |
| 2840 |
| *28522 |
| 2840 |
| *28529 |
| 2840 |
| *2858 |
| 2840 |
| *2859 |
| 2840 |

TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST—Continued

[CCs that are deleted from the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| *2880 |
| 2880 |
| 2881 |
| 28981 |
| 28982 |
| *2881 |
| 2880 |
| *2882 |
| 2880 |
| *2883 |
| 2880 |
| *2888 |
| 2880 |
| *2889 |
| 2880 |
| *28981 |
| 2840 |
| 2880 |
| *28982 |
| 2840 |
| 2880 |
| *28989 |
| 2840 |
| 2880 |
| *2899 |
| 2840 |
| 2880 |
| *3230 |
| 34982 |
| *3234 |
| 34982 |
| *3235 |
| 34982 |
| *3236 |

TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST—Continued

[CCs that are deleted from the list, effective October 1, 2006, are included in this table. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

| |
|---|
| 34982 |
| *3237 |
| 34982 |
| *3238 |
| 34982 |
| *3337 |
| 7817 |
| *5173 |
| 2840 |
| *5191 |
| 51900 |
| 51901 |
| 51902 |
| 51909 |
| *5280 |
| 5283 |
| *6168 |
| 6140 |
| 6143 |
| 6145 |
| 6150 |
| 6163 |
| 6164 |
| *6298 |
| 6140 |
| 6143 |
| 6145 |
| 6150 |
| 6163 |
| 6164 |
| 6207 |

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V23.0

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 1 | 24,336 | 9.6056 | 2 | 4 | 7 | 12 | 19 |
| 2 | 10,279 | 4.3955 | 1 | 2 | 4 | 6 | 8 |
| 3 | 2 | 12.5000 | 4 | 4 | 21 | 21 | 21 |
| 6 | 291 | 3.0619 | 1 | 1 | 2 | 4 | 7 |
| 7 | 14,913 | 9.2679 | 2 | 4 | 7 | 12 | 19 |
| 8 | 3,415 | 2.7628 | 1 | 1 | 2 | 3 | 6 |
| 9 | 1,761 | 6.0023 | 1 | 3 | 4 | 7 | 11 |
| 10 | 19,577 | 5.9190 | 2 | 3 | 4 | 7 | 12 |
| 11 | 3,075 | 3.5463 | 1 | 2 | 3 | 5 | 7 |
| 12 | 56,255 | 5.3867 | 2 | 3 | 4 | 6 | 10 |
| 13 | 7,499 | 4.8481 | 2 | 3 | 4 | 6 | 8 |
| 14 | 278,220 | 5.3760 | 2 | 3 | 4 | 7 | 10 |
| 15 | 20,045 | 4.0130 | 1 | 2 | 3 | 5 | 8 |
| 16 | 17,338 | 6.2840 | 2 | 3 | 5 | 8 | 12 |
| 17 | 2,968 | 3.0387 | 1 | 1 | 2 | 4 | 6 |
| 18 | 33,376 | 5.1560 | 2 | 3 | 4 | 6 | 10 |
| 19 | 8,423 | 3.3765 | 1 | 2 | 3 | 4 | 6 |
| 20 | 6,408 | 9.8262 | 3 | 5 | 8 | 13 | 19 |
| 21 | 2,205 | 6.2036 | 2 | 3 | 5 | 8 | 12 |
| 22 | 3,151 | 5.0232 | 2 | 2 | 4 | 6 | 10 |
| 23 | 10,668 | 3.8978 | 1 | 2 | 3 | 5 | 7 |
| 24 | 63,283 | 4.6436 | 1 | 2 | 3 | 6 | 9 |
| 25 | 27,276 | 3.1226 | 1 | 2 | 3 | 4 | 6 |
| 26 | 24 | 3.7917 | 1 | 1 | 2 | 5 | 9 |
| 27 | 5,925 | 4.7406 | 1 | 1 | 3 | 6 | 10 |

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V23.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 28 | 19,839 | 5.5783 | 1 | 2 | 4 | 7 | 11 |
| 29 | 6,500 | 3.2209 | 1 | 1 | 3 | 4 | 6 |
| 31 | 4,967 | 3.9088 | 1 | 2 | 3 | 5 | 7 |
| 32 | 1,857 | 2.2752 | 1 | 1 | 2 | 3 | 4 |
| 34 | 27,466 | 4.7076 | 1 | 2 | 4 | 6 | 9 |
| 35 | 7,830 | 3.0425 | 1 | 1 | 3 | 4 | 6 |
| 36 | 1,207 | 1.6694 | 1 | 1 | 1 | 1 | 3 |
| 37 | 1,233 | 4.0706 | 1 | 1 | 3 | 5 | 9 |
| 38 | 49 | 2.8367 | 1 | 1 | 2 | 3 | 6 |
| 39 | 362 | 2.0193 | 1 | 1 | 1 | 2 | 4 |
| 40 | 1,252 | 4.1262 | 1 | 1 | 4 | 5 | 7 |
| 42 | 941 | 3.0595 | 1 | 1 | 2 | 4 | 7 |
| 43 | 123 | 2.9431 | 1 | 1 | 2 | 4 | 5 |
| 44 | 1,311 | 4.7414 | 2 | 3 | 4 | 6 | 9 |
| 45 | 2,766 | 3.0387 | 1 | 2 | 2 | 4 | 6 |
| 46 | 3,942 | 4.1870 | 1 | 2 | 3 | 5 | 8 |
| 47 | 1,322 | 3.0242 | 1 | 1 | 2 | 4 | 6 |
| 49 | 2,415 | 4.5172 | 1 | 2 | 3 | 5 | 9 |
| 50 | 2,025 | 1.8652 | 1 | 1 | 1 | 2 | 3 |
| 51 | 192 | 2.6979 | 1 | 1 | 1 | 3 | 6 |
| 52 | 317 | 1.7003 | 1 | 1 | 1 | 2 | 3 |
| 53 | 2,138 | 3.9995 | 1 | 1 | 2 | 5 | 9 |
| 55 | 1,367 | 2.8983 | 1 | 1 | 2 | 3 | 6 |
| 56 | 450 | 2.6800 | 1 | 1 | 2 | 3 | 5 |
| 57 | 881 | 3.1510 | 1 | 1 | 2 | 3 | 7 |
| 59 | 127 | 2.3780 | 1 | 1 | 2 | 3 | 5 |
| 60 | 3 | 1.6667 | 1 | 1 | 1 | 3 | 3 |
| 61 | 222 | 6.0541 | 1 | 1 | 4 | 8 | 13 |
| 62 | 4 | 1.5000 | 1 | 1 | 1 | 1 | 3 |
| 63 | 2,826 | 4.5467 | 1 | 1 | 3 | 6 | 10 |
| 64 | 3,252 | 6.2232 | 1 | 2 | 4 | 8 | 13 |
| 65 | 40,702 | 2.7629 | 1 | 1 | 2 | 3 | 5 |
| 66 | 8,210 | 3.1097 | 1 | 1 | 2 | 4 | 6 |
| 67 | 379 | 3.6992 | 1 | 2 | 3 | 5 | 8 |
| 68 | 19,066 | 3.8447 | 1 | 2 | 3 | 5 | 7 |
| 69 | 5,201 | 2.9435 | 1 | 2 | 3 | 4 | 5 |
| 70 | 23 | 2.3478 | 1 | 1 | 2 | 3 | 4 |
| 71 | 71 | 4.3380 | 1 | 2 | 3 | 5 | 8 |
| 72 | 1,341 | 3.3057 | 1 | 2 | 3 | 4 | 6 |
| 73 | 9,967 | 4.2892 | 1 | 2 | 3 | 5 | 8 |
| 74 | 3 | 3.3333 | 3 | 3 | 3 | 4 | 4 |
| 75 | 46,673 | 9.5853 | 3 | 5 | 7 | 12 | 19 |
| 76 | 47,942 | 10.4748 | 3 | 5 | 8 | 13 | 19 |
| 77 | 2,086 | 4.5005 | 1 | 2 | 4 | 6 | 9 |
| 78 | 49,512 | 6.0951 | 2 | 4 | 5 | 7 | 10 |
| 79 | 160,409 | 8.0438 | 3 | 4 | 7 | 10 | 15 |
| 80 | 7,190 | 5.2405 | 2 | 3 | 4 | 7 | 10 |
| 81 | 6 | 6.1667 | 2 | 3 | 5 | 8 | 8 |
| 82 | 63,099 | 6.6687 | 2 | 3 | 5 | 9 | 13 |
| 83 | 7,053 | 5.1999 | 2 | 3 | 4 | 6 | 10 |
| 84 | 1,379 | 3.1407 | 1 | 2 | 3 | 4 | 6 |
| 85 | 22,193 | 6.1053 | 2 | 3 | 5 | 8 | 12 |
| 86 | 1,726 | 3.4936 | 1 | 2 | 3 | 5 | 7 |
| 87 | 96,631 | 6.3599 | 2 | 3 | 5 | 8 | 12 |
| 88 | 427,997 | 4.8483 | 2 | 3 | 4 | 6 | 9 |
| 89 | 555,221 | 5.5216 | 2 | 3 | 5 | 7 | 10 |
| 90 | 43,748 | 3.7105 | 2 | 2 | 3 | 5 | 6 |
| 91 | 53 | 3.4151 | 1 | 1 | 2 | 4 | 6 |
| 92 | 16,534 | 5.9330 | 2 | 3 | 5 | 7 | 11 |
| 93 | 1,446 | 3.7420 | 1 | 2 | 3 | 5 | 7 |
| 94 | 13,561 | 5.8975 | 2 | 3 | 5 | 8 | 12 |
| 95 | 1,568 | 3.3846 | 1 | 2 | 3 | 4 | 6 |
| 96 | 60,151 | 4.2912 | 2 | 2 | 4 | 5 | 8 |
| 97 | 27,006 | 3.3549 | 1 | 2 | 3 | 4 | 6 |
| 98 | 13 | 3.0769 | 2 | 2 | 2 | 4 | 6 |
| 99 | 21,448 | 3.1000 | 1 | 1 | 2 | 4 | 6 |
| 100 | 6,432 | 2.1206 | 1 | 1 | 2 | 3 | 4 |
| 101 | 23,374 | 4.1844 | 1 | 2 | 3 | 5 | 8 |
| 102 | 4,920 | 2.5317 | 1 | 1 | 2 | 3 | 5 |

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V23.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 103 | 859 | 34.9488 | 8 | 11 | 22 | 45 | 76 |
| 104 | 20,084 | 14.6532 | 6 | 8 | 12 | 18 | 26 |
| 105 | 32,527 | 9.9333 | 4 | 6 | 8 | 11 | 18 |
| 106 | 3,427 | 10.9311 | 5 | 7 | 9 | 13 | 18 |
| 108 | 8,740 | 10.7237 | 4 | 6 | 9 | 13 | 20 |
| 110 | 57,543 | 8.0134 | 1 | 3 | 6 | 10 | 16 |
| 111 | 10,746 | 3.1084 | 1 | 1 | 2 | 5 | 6 |
| 113 | 34,591 | 12.5649 | 4 | 6 | 10 | 15 | 24 |
| 114 | 7,940 | 8.3304 | 2 | 4 | 7 | 11 | 16 |
| 117 | 5,332 | 4.2815 | 1 | 1 | 2 | 5 | 9 |
| 118 | 7,631 | 3.0250 | 1 | 1 | 2 | 4 | 7 |
| 119 | 965 | 5.3751 | 1 | 1 | 3 | 7 | 13 |
| 120 | 33,340 | 8.9613 | 1 | 3 | 6 | 12 | 19 |
| 121 | 150,106 | 6.2060 | 2 | 3 | 5 | 8 | 12 |
| 122 | 54,557 | 3.3059 | 1 | 1 | 3 | 4 | 6 |
| 123 | 29,530 | 4.7386 | 1 | 1 | 3 | 6 | 11 |
| 124 | 120,235 | 4.3915 | 1 | 2 | 3 | 6 | 9 |
| 125 | 92,072 | 2.7033 | 1 | 1 | 2 | 3 | 5 |
| 126 | 5,417 | 10.6799 | 3 | 6 | 9 | 13 | 20 |
| 127 | 668,008 | 5.0818 | 2 | 3 | 4 | 6 | 9 |
| 128 | 4,229 | 5.1726 | 2 | 3 | 5 | 6 | 9 |
| 129 | 3,511 | 2.5483 | 1 | 1 | 1 | 2 | 5 |
| 130 | 87,632 | 5.3553 | 1 | 3 | 4 | 7 | 10 |
| 131 | 22,947 | 3.6999 | 1 | 2 | 3 | 5 | 6 |
| 132 | 101,483 | 2.7988 | 1 | 1 | 2 | 3 | 5 |
| 133 | 5,883 | 2.1321 | 1 | 1 | 2 | 3 | 4 |
| 134 | 40,294 | 3.0936 | 1 | 2 | 2 | 4 | 6 |
| 135 | 7,172 | 4.2876 | 1 | 2 | 3 | 5 | 8 |
| 136 | 936 | 2.6880 | 1 | 1 | 2 | 3 | 5 |
| 138 | 206,196 | 3.8775 | 1 | 2 | 3 | 5 | 7 |
| 139 | 74,082 | 2.4272 | 1 | 1 | 2 | 3 | 4 |
| 140 | 31,544 | 2.4063 | 1 | 1 | 2 | 3 | 4 |
| 141 | 123,475 | 3.4314 | 1 | 2 | 3 | 4 | 6 |
| 142 | 49,367 | 2.4888 | 1 | 1 | 2 | 3 | 5 |
| 143 | 238,376 | 2.0951 | 1 | 1 | 2 | 3 | 4 |
| 144 | 104,952 | 5.8085 | 1 | 2 | 4 | 7 | 12 |
| 145 | 5,728 | 2.5513 | 1 | 1 | 2 | 3 | 5 |
| 146 | 10,226 | 9.7570 | 4 | 6 | 8 | 11 | 17 |
| 147 | 2,608 | 5.5498 | 2 | 4 | 5 | 7 | 9 |
| 148 | 132,689 | 11.9313 | 5 | 6 | 9 | 15 | 22 |
| 149 | 19,473 | 5.6473 | 3 | 4 | 5 | 7 | 8 |
| 150 | 22,894 | 10.7215 | 4 | 6 | 9 | 13 | 19 |
| 151 | 5,368 | 5.0183 | 1 | 2 | 4 | 7 | 9 |
| 152 | 5,000 | 7.9332 | 3 | 5 | 7 | 9 | 14 |
| 153 | 1,947 | 4.8639 | 2 | 3 | 5 | 6 | 7 |
| 154 | 26,973 | 12.9702 | 3 | 6 | 10 | 16 | 25 |
| 155 | 5,995 | 3.9585 | 1 | 2 | 3 | 6 | 8 |
| 156 | 4 | 9.2500 | 7 | 7 | 8 | 8 | 14 |
| 157 | 8,294 | 5.6907 | 1 | 2 | 4 | 7 | 11 |
| 158 | 3,710 | 2.6447 | 1 | 1 | 2 | 3 | 5 |
| 159 | 19,181 | 5.0884 | 1 | 2 | 4 | 6 | 10 |
| 160 | 11,929 | 2.6554 | 1 | 1 | 2 | 3 | 5 |
| 161 | 10,141 | 4.5089 | 1 | 2 | 3 | 6 | 9 |
| 162 | 4,954 | 2.0838 | 1 | 1 | 2 | 3 | 4 |
| 163 | 4 | 2.7500 | 1 | 1 | 2 | 3 | 5 |
| 164 | 5,972 | 7.6911 | 3 | 4 | 7 | 9 | 13 |
| 165 | 2,447 | 4.0016 | 2 | 2 | 4 | 5 | 7 |
| 166 | 5,128 | 4.3235 | 1 | 2 | 3 | 5 | 8 |
| 167 | 4,877 | 2.1300 | 1 | 1 | 2 | 3 | 4 |
| 168 | 1,532 | 4.8570 | 1 | 2 | 3 | 6 | 10 |
| 169 | 772 | 2.3964 | 1 | 1 | 2 | 3 | 5 |
| 170 | 17,895 | 10.7070 | 2 | 5 | 8 | 13 | 21 |
| 171 | 1,404 | 4.1695 | 1 | 2 | 3 | 5 | 8 |
| 172 | 33,137 | 6.7936 | 2 | 3 | 5 | 8 | 13 |
| 173 | 2,230 | 3.5309 | 1 | 1 | 3 | 4 | 7 |
| 174 | 261,063 | 4.6851 | 2 | 3 | 4 | 6 | 8 |
| 175 | 29,906 | 2.8557 | 1 | 2 | 2 | 4 | 5 |
| 176 | 14,599 | 5.0884 | 2 | 3 | 4 | 6 | 9 |
| 177 | 7,657 | 4.4324 | 2 | 2 | 4 | 5 | 8 |

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V23.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 178 | 2,550 | 3.0761 | 1 | 2 | 3 | 4 | 5 |
| 179 | 14,661 | 5.7827 | 2 | 3 | 4 | 7 | 11 |
| 180 | 91,338 | 5.2551 | 2 | 3 | 4 | 6 | 10 |
| 181 | 25,241 | 3.3112 | 1 | 2 | 3 | 4 | 6 |
| 182 | 297,097 | 4.4814 | 1 | 2 | 3 | 6 | 8 |
| 183 | 81,861 | 2.8942 | 1 | 1 | 2 | 4 | 5 |
| 184 | 76 | 4.3421 | 1 | 2 | 3 | 4 | 8 |
| 185 | 6,243 | 4.4810 | 1 | 2 | 3 | 6 | 9 |
| 186 | 7 | 3.1429 | 1 | 2 | 2 | 3 | 5 |
| 187 | 645 | 4.2016 | 1 | 2 | 3 | 6 | 8 |
| 188 | 93,582 | 5.4542 | 1 | 2 | 4 | 7 | 11 |
| 189 | 13,160 | 3.0575 | 1 | 1 | 2 | 4 | 6 |
| 190 | 63 | 4.8730 | 1 | 2 | 3 | 6 | 8 |
| 191 | 10,550 | 12.3736 | 3 | 6 | 9 | 15 | 25 |
| 192 | 1,376 | 5.5094 | 1 | 3 | 5 | 7 | 9 |
| 193 | 4,039 | 12.5519 | 5 | 7 | 10 | 15 | 23 |
| 194 | 463 | 6.3672 | 2 | 4 | 6 | 8 | 11 |
| 195 | 2,835 | 10.5661 | 4 | 6 | 9 | 13 | 18 |
| 196 | 595 | 5.3647 | 2 | 3 | 5 | 7 | 10 |
| 197 | 16,352 | 9.0237 | 3 | 5 | 7 | 11 | 16 |
| 198 | 4,110 | 4.3275 | 2 | 3 | 4 | 5 | 7 |
| 199 | 1,478 | 9.0068 | 2 | 4 | 7 | 12 | 19 |
| 200 | 1,014 | 10.3156 | 1 | 3 | 7 | 13 | 21 |
| 201 | 2,707 | 13.5670 | 3 | 6 | 10 | 17 | 27 |
| 202 | 27,516 | 6.1369 | 2 | 3 | 5 | 8 | 12 |
| 203 | 32,333 | 6.4419 | 2 | 3 | 5 | 8 | 13 |
| 204 | 69,207 | 5.3851 | 2 | 3 | 4 | 6 | 10 |
| 205 | 32,741 | 5.8448 | 2 | 3 | 4 | 7 | 12 |
| 206 | 2,042 | 3.7958 | 1 | 2 | 3 | 5 | 7 |
| 207 | 38,339 | 5.2460 | 1 | 2 | 4 | 7 | 10 |
| 208 | 9,538 | 2.9494 | 1 | 1 | 2 | 4 | 6 |
| 210 | 126,376 | 6.6274 | 3 | 4 | 5 | 8 | 11 |
| 211 | 25,712 | 4.5900 | 3 | 3 | 4 | 5 | 7 |
| 212 | 10 | 2.5000 | 1 | 2 | 2 | 4 | 4 |
| 213 | 9,459 | 8.9875 | 2 | 4 | 7 | 11 | 18 |
| 216 | 19,928 | 5.3145 | 1 | 1 | 3 | 7 | 13 |
| 217 | 15,593 | 12.1150 | 3 | 5 | 8 | 15 | 24 |
| 218 | 29,975 | 5.3809 | 2 | 3 | 4 | 7 | 10 |
| 219 | 21,059 | 3.1663 | 1 | 2 | 3 | 4 | 5 |
| 220 | 2 | 4.0000 | 1 | 1 | 7 | 7 | 7 |
| 223 | 12,649 | 3.2641 | 1 | 1 | 2 | 4 | 7 |
| 224 | 9,937 | 1.9359 | 1 | 1 | 1 | 2 | 3 |
| 225 | 6,246 | 5.2730 | 1 | 2 | 4 | 7 | 11 |
| 226 | 6,736 | 6.3550 | 1 | 3 | 4 | 8 | 13 |
| 227 | 4,868 | 2.6313 | 1 | 1 | 2 | 3 | 5 |
| 228 | 2,680 | 4.1981 | 1 | 1 | 3 | 5 | 9 |
| 229 | 1,123 | 2.4880 | 1 | 1 | 2 | 3 | 5 |
| 230 | 2,459 | 5.4254 | 1 | 2 | 4 | 7 | 11 |
| 232 | 568 | 2.7394 | 1 | 1 | 2 | 3 | 6 |
| 233 | 18,412 | 6.3241 | 1 | 2 | 5 | 8 | 13 |
| 234 | 9,074 | 2.6676 | 1 | 1 | 1 | 3 | 6 |
| 235 | 4,753 | 4.6749 | 1 | 2 | 4 | 6 | 8 |
| 236 | 41,727 | 4.4100 | 1 | 3 | 4 | 5 | 8 |
| 237 | 1,918 | 3.7873 | 1 | 2 | 3 | 5 | 7 |
| 238 | 9,766 | 8.0468 | 2 | 4 | 6 | 10 | 15 |
| 239 | 40,272 | 6.0349 | 2 | 3 | 5 | 7 | 11 |
| 240 | 12,903 | 6.4095 | 2 | 3 | 5 | 8 | 12 |
| 241 | 2,833 | 3.6287 | 1 | 2 | 3 | 4 | 6 |
| 242 | 2,729 | 6.4723 | 2 | 3 | 5 | 8 | 12 |
| 243 | 100,743 | 4.4942 | 1 | 2 | 4 | 6 | 8 |
| 244 | 17,027 | 4.4384 | 1 | 2 | 4 | 6 | 8 |
| 245 | 5,905 | 3.1160 | 1 | 1 | 3 | 4 | 6 |
| 246 | 1,407 | 3.5586 | 1 | 2 | 3 | 4 | 7 |
| 247 | 21,432 | 3.2912 | 1 | 2 | 3 | 4 | 6 |
| 248 | 16,495 | 4.8125 | 2 | 3 | 4 | 6 | 9 |
| 249 | 13,445 | 3.9212 | 1 | 1 | 3 | 5 | 8 |
| 250 | 4,144 | 3.8446 | 1 | 2 | 3 | 5 | 7 |
| 251 | 2,068 | 2.7964 | 1 | 1 | 3 | 3 | 5 |
| 252 | 1 | 1.0000 | 1 | 1 | 1 | 1 | 1 |

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V23.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 253 | 24,751 | 4.5342 | 2 | 3 | 4 | 5 | 8 |
| 254 | 9,993 | 3.0679 | 1 | 2 | 3 | 4 | 5 |
| 255 | 1 | 1.0000 | 1 | 1 | 1 | 1 | 1 |
| 256 | 7,608 | 4.9628 | 1 | 2 | 4 | 6 | 9 |
| 257 | 13,094 | 2.5466 | 1 | 1 | 2 | 3 | 5 |
| 258 | 11,391 | 1.6969 | 1 | 1 | 1 | 2 | 3 |
| 259 | 2,658 | 2.8503 | 1 | 1 | 1 | 3 | 7 |
| 260 | 2,432 | 1.4030 | 1 | 1 | 1 | 1 | 2 |
| 261 | 1,570 | 2.1949 | 1 | 1 | 1 | 2 | 4 |
| 262 | 599 | 4.6194 | 1 | 2 | 3 | 6 | 9 |
| 263 | 22,466 | 10.4537 | 3 | 5 | 7 | 13 | 20 |
| 264 | 3,905 | 6.2453 | 2 | 3 | 5 | 7 | 11 |
| 265 | 4,011 | 6.5410 | 1 | 2 | 4 | 8 | 14 |
| 266 | 2,221 | 3.0360 | 1 | 1 | 2 | 4 | 6 |
| 267 | 273 | 4.2125 | 1 | 1 | 3 | 5 | 9 |
| 268 | 994 | 3.6579 | 1 | 1 | 2 | 4 | 7 |
| 269 | 11,015 | 7.9966 | 2 | 3 | 6 | 10 | 15 |
| 270 | 2,568 | 3.5927 | 1 | 1 | 3 | 5 | 7 |
| 271 | 21,705 | 6.7812 | 2 | 3 | 5 | 8 | 12 |
| 272 | 6,079 | 5.8138 | 2 | 3 | 4 | 7 | 11 |
| 273 | 1,267 | 3.7119 | 1 | 2 | 3 | 5 | 7 |
| 274 | 2,242 | 6.1704 | 1 | 3 | 5 | 8 | 12 |
| 275 | 180 | 3.2056 | 1 | 1 | 2 | 4 | 7 |
| 276 | 1,623 | 4.6161 | 1 | 2 | 4 | 6 | 8 |
| 277 | 119,318 | 5.4224 | 2 | 3 | 4 | 7 | 10 |
| 278 | 33,958 | 3.9963 | 2 | 2 | 3 | 5 | 7 |
| 279 | 6 | 4.1667 | 2 | 3 | 5 | 5 | 5 |
| 280 | 19,321 | 3.9877 | 1 | 2 | 3 | 5 | 7 |
| 281 | 6,560 | 2.8002 | 1 | 1 | 2 | 4 | 5 |
| 283 | 6,782 | 4.5823 | 1 | 2 | 3 | 6 | 9 |
| 284 | 1,870 | 2.9128 | 1 | 1 | 2 | 4 | 5 |
| 285 | 8,034 | 9.8114 | 3 | 5 | 8 | 12 | 18 |
| 286 | 2,859 | 5.1784 | 2 | 2 | 4 | 6 | 10 |
| 287 | 5,418 | 9.5314 | 3 | 5 | 7 | 11 | 17 |
| 288 | 11,270 | 3.7031 | 1 | 2 | 3 | 4 | 6 |
| 289 | 6,334 | 2.3892 | 1 | 1 | 1 | 2 | 5 |
| 290 | 11,872 | 2.0299 | 1 | 1 | 1 | 2 | 3 |
| 291 | 59 | 1.4915 | 1 | 1 | 1 | 1 | 2 |
| 292 | 7,563 | 10.0186 | 2 | 4 | 8 | 12 | 19 |
| 293 | 319 | 4.6865 | 1 | 2 | 3 | 6 | 9 |
| 294 | 97,793 | 4.2386 | 1 | 2 | 3 | 5 | 8 |
| 295 | 4,360 | 3.6961 | 1 | 2 | 3 | 4 | 7 |
| 296 | 247,607 | 4.6431 | 1 | 2 | 4 | 6 | 9 |
| 297 | 42,717 | 3.0296 | 1 | 2 | 3 | 4 | 5 |
| 298 | 110 | 3.5545 | 1 | 1 | 2 | 4 | 6 |
| 299 | 1,544 | 5.1101 | 1 | 2 | 4 | 6 | 10 |
| 300 | 21,677 | 5.8069 | 2 | 3 | 5 | 7 | 11 |
| 301 | 3,920 | 3.3571 | 1 | 2 | 3 | 4 | 6 |
| 302 | 10,267 | 7.9781 | 4 | 5 | 6 | 9 | 14 |
| 303 | 24,561 | 7.2806 | 3 | 4 | 6 | 8 | 14 |
| 304 | 14,043 | 8.3545 | 2 | 3 | 6 | 10 | 17 |
| 305 | 3,003 | 3.1052 | 1 | 2 | 3 | 4 | 6 |
| 306 | 5,792 | 5.5830 | 1 | 2 | 3 | 8 | 13 |
| 307 | 1,943 | 2.0314 | 1 | 1 | 2 | 2 | 3 |
| 308 | 6,673 | 6.1560 | 1 | 2 | 4 | 8 | 14 |
| 309 | 3,268 | 1.9819 | 1 | 1 | 1 | 2 | 4 |
| 310 | 25,310 | 4.4992 | 1 | 2 | 3 | 6 | 10 |
| 311 | 5,873 | 1.8502 | 1 | 1 | 1 | 2 | 3 |
| 312 | 1,322 | 4.9448 | 1 | 2 | 3 | 6 | 11 |
| 313 | 502 | 2.3845 | 1 | 1 | 2 | 3 | 5 |
| 314 | 2 | 89.0000 | 5 | 5 | 173 | 173 | 173 |
| 315 | 34,708 | 6.7296 | 1 | 1 | 4 | 9 | 16 |
| 316 | 204,595 | 6.1566 | 2 | 3 | 5 | 8 | 12 |
| 317 | 2,698 | 3.4959 | 1 | 1 | 2 | 4 | 7 |
| 318 | 5,901 | 5.9548 | 1 | 3 | 4 | 8 | 12 |
| 319 | 386 | 2.5466 | 1 | 1 | 2 | 3 | 5 |
| 320 | 225,362 | 4.9903 | 2 | 3 | 4 | 6 | 9 |
| 321 | 32,132 | 3.5412 | 1 | 2 | 3 | 4 | 6 |
| 322 | 67 | 3.5821 | 2 | 2 | 3 | 4 | 6 |

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V23.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 323 | 20,435 | 3.1085 | 1 | 1 | 2 | 4 | 6 |
| 324 | 4,625 | 1.8461 | 1 | 1 | 1 | 2 | 3 |
| 325 | 9,915 | 3.7382 | 1 | 2 | 3 | 5 | 7 |
| 326 | 2,596 | 2.5559 | 1 | 1 | 2 | 3 | 5 |
| 327 | 11 | 2.0000 | 1 | 1 | 2 | 2 | 3 |
| 328 | 574 | 3.3885 | 1 | 1 | 3 | 4 | 7 |
| 329 | 55 | 1.6727 | 1 | 1 | 1 | 2 | 3 |
| 331 | 56,928 | 5.4050 | 1 | 2 | 4 | 7 | 10 |
| 332 | 4,148 | 3.0668 | 1 | 1 | 2 | 4 | 6 |
| 333 | 242 | 5.3719 | 1 | 2 | 4 | 6 | 10 |
| 334 | 9,483 | 4.0363 | 1 | 2 | 3 | 5 | 7 |
| 335 | 12,125 | 2.4941 | 1 | 2 | 2 | 3 | 4 |
| 336 | 28,106 | 3.2238 | 1 | 1 | 2 | 4 | 7 |
| 337 | 21,429 | 1.8439 | 1 | 1 | 2 | 2 | 3 |
| 338 | 670 | 5.7910 | 1 | 2 | 4 | 8 | 13 |
| 339 | 1,226 | 5.1835 | 1 | 2 | 3 | 7 | 11 |
| 340 | 1 | 2.0000 | 2 | 2 | 2 | 2 | 2 |
| 341 | 3,118 | 3.2049 | 1 | 1 | 1 | 3 | 7 |
| 342 | 455 | 3.0440 | 1 | 1 | 2 | 3 | 6 |
| 344 | 2,346 | 2.7289 | 1 | 1 | 1 | 3 | 7 |
| 345 | 1,393 | 5.4113 | 1 | 2 | 3 | 7 | 12 |
| 346 | 4,007 | 5.8982 | 2 | 3 | 4 | 7 | 11 |
| 347 | 247 | 2.7126 | 1 | 1 | 2 | 4 | 6 |
| 348 | 4,275 | 4.0044 | 1 | 2 | 3 | 5 | 8 |
| 349 | 556 | 2.6529 | 1 | 1 | 2 | 3 | 5 |
| 350 | 7,277 | 4.5139 | 2 | 2 | 4 | 6 | 8 |
| 352 | 1,176 | 4.1896 | 1 | 2 | 3 | 5 | 9 |
| 353 | 3,076 | 6.0039 | 2 | 3 | 4 | 7 | 11 |
| 354 | 7,559 | 5.5536 | 2 | 3 | 4 | 6 | 10 |
| 355 | 4,995 | 3.0162 | 2 | 2 | 3 | 3 | 4 |
| 356 | 22,243 | 1.8699 | 1 | 1 | 2 | 2 | 3 |
| 357 | 5,525 | 8.0443 | 3 | 4 | 6 | 10 | 15 |
| 358 | 20,877 | 3.8586 | 2 | 2 | 3 | 4 | 7 |
| 359 | 28,606 | 2.3498 | 1 | 2 | 2 | 3 | 3 |
| 360 | 14,265 | 2.5481 | 1 | 1 | 2 | 3 | 4 |
| 361 | 288 | 2.9688 | 1 | 1 | 2 | 3 | 7 |
| 362 | 2 | 1.0000 | 1 | 1 | 1 | 1 | 1 |
| 363 | 1,979 | 4.0889 | 1 | 2 | 2 | 4 | 9 |
| 364 | 1,367 | 4.1895 | 1 | 2 | 3 | 5 | 8 |
| 365 | 1,607 | 7.8363 | 2 | 3 | 5 | 10 | 16 |
| 366 | 4,664 | 6.2281 | 2 | 3 | 5 | 8 | 12 |
| 367 | 449 | 3.0356 | 1 | 1 | 2 | 4 | 6 |
| 368 | 4,156 | 6.3780 | 2 | 3 | 5 | 8 | 12 |
| 369 | 3,783 | 3.2495 | 1 | 1 | 2 | 4 | 6 |
| 370 | 2,212 | 5.0190 | 2 | 3 | 4 | 5 | 7 |
| 371 | 2,662 | 3.3933 | 2 | 3 | 3 | 4 | 4 |
| 372 | 1,355 | 3.4635 | 2 | 2 | 2 | 3 | 5 |
| 373 | 5,213 | 2.2486 | 1 | 2 | 2 | 3 | 3 |
| 374 | 153 | 2.9739 | 2 | 2 | 2 | 3 | 4 |
| 375 | 13 | 6.2308 | 1 | 2 | 3 | 7 | 15 |
| 376 | 474 | 3.2911 | 1 | 2 | 2 | 4 | 7 |
| 377 | 111 | 4.4414 | 1 | 2 | 3 | 6 | 9 |
| 378 | 204 | 2.1716 | 1 | 1 | 2 | 3 | 4 |
| 379 | 486 | 3.1914 | 1 | 1 | 2 | 3 | 6 |
| 380 | 111 | 1.9910 | 1 | 1 | 1 | 2 | 4 |
| 381 | 172 | 2.4186 | 1 | 1 | 1 | 2 | 5 |
| 382 | 51 | 1.4510 | 1 | 1 | 1 | 1 | 3 |
| 383 | 2,816 | 3.6364 | 1 | 1 | 2 | 4 | 7 |
| 384 | 147 | 2.4966 | 1 | 1 | 1 | 3 | 4 |
| 387 | 1 | 9.0000 | 9 | 9 | 9 | 9 | 9 |
| 389 | 3 | 2.0000 | 1 | 1 | 2 | 3 | 3 |
| 392 | 2,121 | 8.8237 | 2 | 4 | 6 | 11 | 19 |
| 394 | 2,760 | 7.2779 | 1 | 2 | 5 | 9 | 16 |
| 395 | 115,737 | 4.2702 | 1 | 2 | 3 | 5 | 8 |
| 396 | 20 | 2.9500 | 1 | 2 | 3 | 3 | 4 |
| 397 | 16,460 | 5.1170 | 1 | 2 | 4 | 6 | 10 |
| 398 | 18,608 | 5.7065 | 2 | 3 | 4 | 7 | 11 |
| 399 | 1,644 | 3.3802 | 1 | 2 | 3 | 4 | 6 |
| 401 | 6,443 | 11.0118 | 2 | 5 | 8 | 14 | 22 |

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V23.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 402 | 1,341 | 3.8926 | 1 | 1 | 3 | 5 | 9 |
| 403 | 31,520 | 7.8447 | 2 | 3 | 6 | 10 | 16 |
| 404 | 3,629 | 3.9862 | 1 | 2 | 3 | 5 | 8 |
| 406 | 2,301 | 9.4198 | 2 | 4 | 7 | 12 | 20 |
| 407 | 608 | 3.5049 | 1 | 2 | 3 | 5 | 6 |
| 408 | 1,941 | 8.1891 | 1 | 2 | 5 | 11 | 19 |
| 409 | 1,735 | 5.9873 | 2 | 3 | 4 | 6 | 12 |
| 410 | 29,030 | 3.7625 | 1 | 2 | 3 | 5 | 6 |
| 411 | 5 | 2.0000 | 1 | 1 | 1 | 3 | 4 |
| 412 | 8 | 1.5000 | 1 | 1 | 1 | 2 | 2 |
| 413 | 5,728 | 6.7263 | 2 | 3 | 5 | 9 | 13 |
| 414 | 481 | 4.0520 | 1 | 2 | 3 | 5 | 7 |
| 415 | 55,707 | 14.0947 | 4 | 6 | 11 | 17 | 27 |
| 416 | 287,777 | 7.4539 | 2 | 3 | 6 | 9 | 14 |
| 417 | 33 | 6.5455 | 2 | 3 | 5 | 8 | 12 |
| 418 | 29,900 | 6.0648 | 2 | 3 | 5 | 7 | 11 |
| 419 | 17,739 | 4.3418 | 1 | 2 | 3 | 5 | 8 |
| 420 | 3,054 | 3.1673 | 1 | 2 | 3 | 4 | 6 |
| 421 | 13,253 | 4.0073 | 1 | 2 | 3 | 5 | 7 |
| 422 | 77 | 3.6753 | 1 | 2 | 2 | 4 | 7 |
| 423 | 9,078 | 8.0063 | 2 | 3 | 6 | 10 | 16 |
| 424 | 1,034 | 11.3598 | 2 | 4 | 8 | 14 | 23 |
| 425 | 13,110 | 3.4657 | 1 | 1 | 3 | 4 | 7 |
| 426 | 4,246 | 4.3243 | 1 | 2 | 3 | 5 | 8 |
| 427 | 1,575 | 4.6387 | 1 | 2 | 3 | 5 | 8 |
| 428 | 831 | 7.2972 | 1 | 2 | 4 | 7 | 13 |
| 429 | 24,106 | 5.5073 | 2 | 3 | 4 | 6 | 10 |
| 430 | 75,207 | 7.7972 | 2 | 3 | 6 | 9 | 14 |
| 431 | 338 | 6.8402 | 1 | 2 | 4 | 7 | 12 |
| 432 | 401 | 4.0449 | 1 | 1 | 3 | 4 | 8 |
| 433 | 5,146 | 2.9195 | 1 | 1 | 2 | 3 | 6 |
| 439 | 1,750 | 8.5280 | 1 | 3 | 5 | 10 | 17 |
| 440 | 5,181 | 8.1670 | 2 | 3 | 5 | 9 | 16 |
| 441 | 687 | 3.4731 | 1 | 1 | 2 | 4 | 7 |
| 442 | 18,533 | 8.6498 | 2 | 3 | 6 | 10 | 18 |
| 443 | 3,572 | 3.5269 | 1 | 1 | 3 | 5 | 7 |
| 444 | 6,005 | 4.0206 | 1 | 2 | 3 | 5 | 7 |
| 445 | 2,261 | 2.8178 | 1 | 1 | 2 | 4 | 5 |
| 447 | 6,342 | 2.5732 | 1 | 1 | 2 | 3 | 5 |
| 449 | 40,821 | 3.6926 | 1 | 1 | 3 | 4 | 7 |
| 450 | 7,412 | 1.9899 | 1 | 1 | 1 | 2 | 4 |
| 451 | 2 | 10.5000 | 8 | 8 | 13 | 13 | 13 |
| 452 | 28,666 | 4.9275 | 1 | 2 | 3 | 6 | 10 |
| 453 | 5,381 | 2.7640 | 1 | 1 | 2 | 3 | 5 |
| 454 | 4,755 | 4.1085 | 1 | 2 | 3 | 5 | 8 |
| 455 | 885 | 2.3017 | 1 | 1 | 2 | 3 | 4 |
| 461 | 2,271 | 5.5685 | 1 | 1 | 3 | 7 | 12 |
| 462 | 7,873 | 9.5382 | 4 | 5 | 7 | 10 | 12 |
| 463 | 32,987 | 3.8751 | 1 | 2 | 3 | 5 | 7 |
| 464 | 7,681 | 2.9046 | 1 | 1 | 2 | 4 | 5 |
| 465 | 171 | 3.6023 | 1 | 1 | 2 | 5 | 8 |
| 466 | 1,250 | 4.7560 | 1 | 1 | 2 | 5 | 8 |
| 467 | 1,037 | 2.6914 | 1 | 1 | 2 | 3 | 6 |
| 468 | 51,814 | 12.5399 | 3 | 6 | 10 | 16 | 24 |
| 471 | 16,680 | 4.8562 | 3 | 3 | 4 | 5 | 8 |
| 473 | 8,558 | 12.4167 | 2 | 3 | 7 | 17 | 32 |
| 475 | 119,967 | 10.6391 | 2 | 5 | 9 | 14 | 20 |
| 476 | 2,841 | 9.9335 | 1 | 4 | 8 | 14 | 19 |
| 477 | 28,081 | 8.5088 | 1 | 3 | 7 | 11 | 17 |
| 479 | 27,608 | 2.5529 | 1 | 1 | 2 | 3 | 5 |
| 480 | 884 | 19.1618 | 6 | 8 | 13 | 23 | 39 |
| 481 | 1,183 | 22.0211 | 12 | 16 | 20 | 24 | 33 |
| 482 | 5,078 | 11.2115 | 4 | 6 | 9 | 13 | 20 |
| 484 | 456 | 12.7741 | 2 | 5 | 10 | 17 | 26 |
| 485 | 3,658 | 9.4672 | 4 | 5 | 7 | 11 | 17 |
| 486 | 2,607 | 12.1952 | 2 | 5 | 10 | 16 | 25 |
| 487 | 4,878 | 6.8569 | 1 | 3 | 5 | 9 | 14 |
| 488 | 823 | 17.4836 | 4 | 7 | 13 | 21 | 35 |
| 489 | 13,668 | 8.1512 | 2 | 3 | 6 | 10 | 16 |

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V23.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 490 | 5,341 | 5.3026 | 1 | 2 | 4 | 7 | 10 |
| 491 | 22,698 | 3.0177 | 1 | 2 | 2 | 3 | 5 |
| 492 | 3,897 | 13.8111 | 3 | 5 | 6 | 23 | 32 |
| 493 | 60,917 | 6.0332 | 2 | 3 | 5 | 8 | 11 |
| 494 | 24,482 | 2.6885 | 1 | 1 | 2 | 4 | 5 |
| 495 | 336 | 17.0417 | 8 | 10 | 13 | 20 | 33 |
| 496 | 3,710 | 8.7685 | 3 | 4 | 6 | 10 | 18 |
| 497 | 31,247 | 5.6724 | 3 | 3 | 5 | 6 | 9 |
| 498 | 21,409 | 3.6627 | 2 | 3 | 3 | 4 | 6 |
| 499 | 35,214 | 4.1547 | 1 | 2 | 3 | 5 | 8 |
| 500 | 46,705 | 2.1886 | 1 | 1 | 2 | 3 | 4 |
| 501 | 3,172 | 9.8373 | 4 | 5 | 8 | 12 | 18 |
| 502 | 756 | 5.7315 | 2 | 3 | 5 | 7 | 10 |
| 503 | 5,863 | 3.9168 | 1 | 2 | 3 | 5 | 7 |
| 504 | 191 | 28.1885 | 8 | 13 | 24 | 36 | 51 |
| 505 | 180 | 6.3611 | 1 | 1 | 2 | 7 | 15 |
| 506 | 964 | 15.2656 | 3 | 7 | 12 | 20 | 30 |
| 507 | 323 | 7.7895 | 1 | 3 | 6 | 10 | 15 |
| 508 | 663 | 7.4087 | 1 | 3 | 5 | 9 | 15 |
| 509 | 157 | 5.2038 | 1 | 2 | 3 | 6 | 11 |
| 510 | 1,798 | 6.0801 | 1 | 2 | 4 | 7 | 12 |
| 511 | 636 | 3.6840 | 1 | 1 | 2 | 5 | 8 |
| 512 | 530 | 13.5491 | 6 | 8 | 10 | 14 | 25 |
| 513 | 213 | 10.0235 | 5 | 7 | 8 | 11 | 17 |
| 515 | 58,194 | 3.8449 | 1 | 1 | 2 | 5 | 9 |
| 518 | 23,656 | 2.4643 | 1 | 1 | 1 | 3 | 5 |
| 519 | 12,546 | 4.6720 | 1 | 1 | 3 | 6 | 11 |
| 520 | 16,538 | 1.9346 | 1 | 1 | 1 | 2 | 4 |
| 521 | 32,469 | 5.4433 | 2 | 3 | 4 | 7 | 11 |
| 522 | 5,805 | 9.2951 | 4 | 4 | 7 | 12 | 17 |
| 523 | 15,604 | 3.8646 | 1 | 2 | 3 | 5 | 6 |
| 524 | 109,168 | 3.1419 | 1 | 2 | 3 | 4 | 6 |
| 525 | 203 | 13.8719 | 1 | 3 | 7 | 17 | 35 |
| 528 | 1,841 | 16.2960 | 6 | 9 | 14 | 21 | 29 |
| 529 | 5,110 | 7.2626 | 1 | 2 | 4 | 9 | 16 |
| 530 | 3,374 | 2.9452 | 1 | 1 | 2 | 3 | 6 |
| 531 | 4,874 | 8.9241 | 2 | 4 | 7 | 11 | 18 |
| 532 | 2,832 | 3.6335 | 1 | 1 | 3 | 5 | 7 |
| 533 | 46,528 | 3.6527 | 1 | 1 | 2 | 4 | 8 |
| 534 | 42,555 | 1.7237 | 1 | 1 | 1 | 2 | 3 |
| 535 | 8,766 | 9.2450 | 2 | 4 | 8 | 12 | 17 |
| 536 | 8,191 | 7.2792 | 2 | 3 | 6 | 9 | 14 |
| 537 | 8,953 | 6.4996 | 1 | 3 | 5 | 8 | 13 |
| 538 | 5,456 | 2.9041 | 1 | 1 | 2 | 4 | 6 |
| 539 | 4,954 | 10.5365 | 2 | 4 | 7 | 14 | 23 |
| 540 | 1,493 | 3.5050 | 1 | 1 | 3 | 4 | 7 |
| 541 | 25,010 | 41.5518 | 16 | 23 | 34 | 50 | 73 |
| 542 | 23,224 | 30.4308 | 11 | 17 | 25 | 37 | 53 |
| 543 | 5,478 | 11.7158 | 2 | 5 | 9 | 16 | 24 |
| 544 | 445,170 | 4.3989 | 3 | 3 | 4 | 5 | 7 |
| 545 | 43,505 | 5.0296 | 3 | 3 | 4 | 6 | 8 |
| 546 | 2,348 | 8.7709 | 3 | 4 | 7 | 10 | 16 |
| 547 | 32,613 | 12.1280 | 6 | 8 | 10 | 14 | 20 |
| 548 | 32,131 | 8.7786 | 5 | 6 | 8 | 10 | 13 |
| 549 | 13,102 | 10.1125 | 5 | 6 | 8 | 12 | 18 |
| 550 | 34,474 | 6.7767 | 4 | 5 | 6 | 8 | 10 |
| 551 | 53,809 | 6.0733 | 1 | 2 | 5 | 8 | 12 |
| 552 | 81,920 | 3.4753 | 1 | 1 | 2 | 5 | 7 |
| 553 | 39,195 | 9.0732 | 1 | 3 | 7 | 12 | 19 |
| 554 | 77,181 | 5.5751 | 1 | 2 | 4 | 7 | 12 |
| 555 | 37,296 | 4.8187 | 1 | 2 | 3 | 6 | 10 |
| 556 | 18,962 | 2.0159 | 1 | 1 | 1 | 2 | 4 |
| 557 | 123,883 | 4.1057 | 1 | 2 | 3 | 5 | 8 |
| 558 | 192,407 | 1.8118 | 1 | 1 | 1 | 2 | 4 |
| 559 | 2,889 | 6.8463 | 2 | 3 | 5 | 8 | 13 |
| | 12,149,409 | | | | | | |

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V24.0

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 1 | 24,342 | 9.6035 | 2 | 4 | 7 | 12 | 19 |
| 2 | 10,268 | 4.3919 | 1 | 2 | 4 | 6 | 8 |
| 3 | 2 | 12.5000 | 4 | 4 | 21 | 21 | 21 |
| 6 | 291 | 3.0619 | 1 | 1 | 2 | 4 | 7 |
| 7 | 14,937 | 9.2561 | 2 | 4 | 7 | 12 | 19 |
| 8 | 3,419 | 2.7640 | 1 | 1 | 2 | 3 | 6 |
| 9 | 1,762 | 6.0335 | 1 | 3 | 4 | 7 | 11 |
| 10 | 19,573 | 5.9187 | 2 | 3 | 4 | 7 | 12 |
| 11 | 3,070 | 3.5476 | 1 | 2 | 3 | 5 | 7 |
| 12 | 57,060 | 5.4770 | 2 | 3 | 4 | 6 | 10 |
| 13 | 7,489 | 4.8484 | 2 | 3 | 4 | 6 | 8 |
| 14 | 278,444 | 5.3747 | 2 | 3 | 4 | 7 | 10 |
| 15 | 19,998 | 4.0114 | 1 | 2 | 3 | 5 | 7 |
| 16 | 17,374 | 6.2850 | 2 | 3 | 5 | 8 | 12 |
| 17 | 2,960 | 3.0372 | 1 | 1 | 2 | 4 | 6 |
| 18 | 33,407 | 5.1537 | 2 | 3 | 4 | 6 | 10 |
| 19 | 8,413 | 3.3808 | 1 | 2 | 3 | 4 | 6 |
| 20 | 6,389 | 9.8455 | 3 | 5 | 8 | 12 | 18 |
| 21 | 2,204 | 6.1892 | 2 | 3 | 5 | 8 | 12 |
| 22 | 3,158 | 5.0130 | 2 | 2 | 4 | 6 | 10 |
| 23 | 10,736 | 3.9275 | 1 | 2 | 3 | 5 | 7 |
| 24 | 63,274 | 4.6447 | 1 | 2 | 3 | 6 | 9 |
| 25 | 27,221 | 3.1235 | 1 | 2 | 3 | 4 | 6 |
| 26 | 24 | 3.7917 | 1 | 1 | 2 | 5 | 9 |
| 27 | 5,910 | 4.7389 | 1 | 1 | 3 | 6 | 10 |
| 28 | 19,811 | 5.5762 | 1 | 2 | 4 | 7 | 11 |
| 29 | 6,491 | 3.2169 | 1 | 1 | 3 | 4 | 6 |
| 31 | 4,963 | 3.9079 | 1 | 2 | 3 | 5 | 7 |
| 32 | 1,854 | 2.2681 | 1 | 1 | 2 | 3 | 4 |
| 34 | 27,481 | 4.7113 | 1 | 2 | 4 | 6 | 9 |
| 35 | 7,817 | 3.0380 | 1 | 1 | 3 | 4 | 6 |
| 36 | 1,207 | 1.6827 | 1 | 1 | 1 | 1 | 3 |
| 37 | 1,228 | 4.0847 | 1 | 1 | 3 | 5 | 9 |
| 38 | 49 | 2.8367 | 1 | 1 | 2 | 3 | 6 |
| 39 | 361 | 2.0305 | 1 | 1 | 1 | 2 | 4 |
| 40 | 1,251 | 4.1431 | 1 | 1 | 4 | 5 | 7 |
| 42 | 943 | 3.0403 | 1 | 1 | 2 | 4 | 7 |
| 43 | 123 | 2.9512 | 1 | 1 | 2 | 4 | 5 |
| 44 | 1,298 | 4.7473 | 2 | 3 | 4 | 6 | 8 |
| 45 | 2,761 | 3.0315 | 1 | 2 | 2 | 4 | 6 |
| 46 | 3,930 | 4.1880 | 1 | 2 | 3 | 5 | 8 |
| 47 | 1,310 | 3.0069 | 1 | 1 | 2 | 4 | 6 |
| 49 | 2,417 | 4.5122 | 1 | 2 | 3 | 5 | 9 |
| 50 | 2,024 | 1.8656 | 1 | 1 | 1 | 2 | 3 |
| 51 | 191 | 2.6859 | 1 | 1 | 1 | 3 | 6 |
| 52 | 316 | 1.7025 | 1 | 1 | 1 | 2 | 3 |
| 53 | 2,144 | 4.0005 | 1 | 1 | 2 | 5 | 9 |
| 55 | 1,365 | 2.8864 | 1 | 1 | 2 | 3 | 6 |
| 56 | 451 | 2.6674 | 1 | 1 | 2 | 3 | 5 |
| 57 | 882 | 3.1610 | 1 | 1 | 2 | 3 | 7 |
| 59 | 127 | 2.3780 | 1 | 1 | 2 | 3 | 5 |
| 60 | 3 | 1.6667 | 1 | 1 | 1 | 3 | 3 |
| 61 | 222 | 6.0541 | 1 | 1 | 4 | 8 | 13 |
| 62 | 4 | 1.5000 | 1 | 1 | 1 | 1 | 3 |
| 63 | 2,819 | 4.5413 | 1 | 1 | 3 | 6 | 10 |
| 64 | 3,237 | 6.2252 | 1 | 2 | 4 | 8 | 13 |
| 65 | 40,692 | 2.7630 | 1 | 1 | 2 | 3 | 5 |
| 66 | 8,202 | 3.1099 | 1 | 1 | 2 | 4 | 6 |
| 67 | 378 | 3.6958 | 1 | 2 | 3 | 5 | 8 |
| 68 | 19,016 | 3.8478 | 1 | 2 | 3 | 5 | 7 |
| 69 | 5,160 | 2.9453 | 1 | 2 | 3 | 4 | 5 |
| 70 | 23 | 2.3478 | 1 | 1 | 2 | 3 | 4 |
| 71 | 70 | 4.3429 | 1 | 2 | 3 | 5 | 7 |
| 72 | 1,338 | 3.3169 | 1 | 2 | 3 | 4 | 6 |
| 73 | 9,943 | 4.2956 | 1 | 2 | 3 | 5 | 8 |
| 74 | 3 | 3.3333 | 3 | 3 | 3 | 4 | 4 |
| 75 | 46,669 | 9.5793 | 3 | 5 | 7 | 12 | 19 |
| 76 | 48,046 | 10.4814 | 3 | 5 | 8 | 13 | 20 |
| 77 | 2,086 | 4.4971 | 1 | 2 | 4 | 6 | 9 |

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V24.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 78 | 49,542 | 6.0974 | 2 | 4 | 5 | 7 | 10 |
| 79 | 160,422 | 8.0472 | 3 | 4 | 7 | 10 | 15 |
| 80 | 7,151 | 5.2225 | 2 | 3 | 4 | 6 | 9 |
| 81 | 6 | 6.1667 | 2 | 3 | 5 | 8 | 8 |
| 82 | 63,105 | 6.6705 | 2 | 3 | 5 | 9 | 13 |
| 83 | 7,054 | 5.2007 | 2 | 3 | 4 | 6 | 10 |
| 84 | 1,379 | 3.1378 | 1 | 2 | 3 | 4 | 6 |
| 85 | 22,190 | 6.1035 | 2 | 3 | 5 | 8 | 12 |
| 86 | 1,719 | 3.4607 | 1 | 2 | 3 | 5 | 7 |
| 87 | 96,722 | 6.3636 | 2 | 3 | 5 | 8 | 12 |
| 88 | 428,131 | 4.8522 | 2 | 3 | 4 | 6 | 9 |
| 89 | 554,927 | 5.5242 | 2 | 3 | 5 | 7 | 10 |
| 90 | 143,397 | 3.7046 | 2 | 2 | 3 | 5 | 6 |
| 91 | 53 | 3.4151 | 1 | 1 | 2 | 4 | 6 |
| 92 | 16,515 | 5.9398 | 2 | 3 | 5 | 7 | 11 |
| 93 | 1,431 | 3.7519 | 1 | 2 | 3 | 5 | 7 |
| 94 | 13,559 | 5.9001 | 2 | 3 | 5 | 8 | 12 |
| 95 | 1,567 | 3.3854 | 1 | 2 | 3 | 4 | 6 |
| 96 | 60,067 | 4.2943 | 2 | 2 | 4 | 5 | 8 |
| 97 | 26,938 | 3.3583 | 1 | 2 | 3 | 4 | 6 |
| 98 | 13 | 3.0769 | 2 | 2 | 2 | 4 | 6 |
| 99 | 21,398 | 3.0985 | 1 | 1 | 2 | 4 | 6 |
| 100 | 6,411 | 2.1093 | 1 | 1 | 2 | 3 | 4 |
| 101 | 23,326 | 4.1821 | 1 | 2 | 3 | 5 | 8 |
| 102 | 4,896 | 2.5353 | 1 | 1 | 2 | 3 | 5 |
| 103 | 859 | 34.9488 | 8 | 11 | 22 | 45 | 76 |
| 104 | 20,062 | 14.6431 | 6 | 8 | 12 | 18 | 26 |
| 105 | 32,513 | 9.9310 | 4 | 6 | 8 | 11 | 18 |
| 106 | 3,425 | 10.9323 | 5 | 7 | 9 | 13 | 18 |
| 108 | 8,715 | 10.7177 | 4 | 6 | 9 | 13 | 19 |
| 110 | 57,507 | 8.0074 | 1 | 3 | 6 | 10 | 16 |
| 111 | 10,723 | 3.1038 | 1 | 1 | 2 | 4 | 6 |
| 113 | 34,611 | 12.5574 | 4 | 6 | 10 | 15 | 24 |
| 114 | 7,947 | 8.3434 | 2 | 4 | 7 | 11 | 16 |
| 117 | 5,333 | 4.2738 | 1 | 1 | 2 | 5 | 9 |
| 118 | 7,615 | 3.0223 | 1 | 1 | 2 | 4 | 7 |
| 119 | 964 | 5.3932 | 1 | 1 | 3 | 7 | 13 |
| 120 | 33,418 | 8.9638 | 1 | 3 | 6 | 12 | 19 |
| 121 | 150,021 | 6.2025 | 2 | 3 | 5 | 8 | 12 |
| 122 | 54,501 | 3.3056 | 1 | 1 | 3 | 4 | 6 |
| 123 | 29,532 | 4.7330 | 1 | 1 | 3 | 6 | 11 |
| 124 | 120,245 | 4.3891 | 1 | 2 | 3 | 6 | 9 |
| 125 | 92,047 | 2.7024 | 1 | 1 | 2 | 3 | 5 |
| 126 | 5,419 | 10.7123 | 3 | 6 | 9 | 13 | 20 |
| 127 | 668,127 | 5.0831 | 2 | 3 | 4 | 6 | 9 |
| 128 | 4,228 | 5.1824 | 2 | 3 | 5 | 6 | 9 |
| 129 | 3,516 | 2.5444 | 1 | 1 | 1 | 2 | 5 |
| 130 | 87,532 | 5.3515 | 1 | 3 | 4 | 7 | 10 |
| 131 | 22,847 | 3.7023 | 1 | 2 | 3 | 5 | 6 |
| 132 | 101,519 | 2.8000 | 1 | 1 | 2 | 3 | 5 |
| 133 | 5,861 | 2.1435 | 1 | 1 | 2 | 3 | 4 |
| 134 | 40,204 | 3.0925 | 1 | 2 | 2 | 4 | 6 |
| 135 | 7,152 | 4.2875 | 1 | 2 | 3 | 5 | 8 |
| 136 | 934 | 2.6938 | 1 | 1 | 2 | 3 | 5 |
| 138 | 206,178 | 3.8766 | 1 | 2 | 3 | 5 | 7 |
| 139 | 73,962 | 2.4279 | 1 | 1 | 2 | 3 | 4 |
| 140 | 31,440 | 2.4072 | 1 | 1 | 2 | 3 | 4 |
| 141 | 123,506 | 3.4313 | 1 | 2 | 3 | 4 | 6 |
| 142 | 49,357 | 2.4907 | 1 | 1 | 2 | 3 | 4 |
| 143 | 238,140 | 2.0969 | 1 | 1 | 2 | 3 | 4 |
| 144 | 105,005 | 5.8109 | 1 | 2 | 4 | 7 | 12 |
| 145 | 5,713 | 2.5452 | 1 | 1 | 2 | 3 | 5 |
| 146 | 10,240 | 9.7635 | 4 | 6 | 8 | 11 | 17 |
| 147 | 2,600 | 5.5485 | 2 | 4 | 5 | 7 | 8 |
| 148 | 132,760 | 11.9306 | 5 | 6 | 9 | 15 | 22 |
| 149 | 19,451 | 5.6456 | 3 | 4 | 5 | 7 | 8 |
| 150 | 22,923 | 10.7178 | 4 | 6 | 9 | 13 | 19 |
| 151 | 5,379 | 5.0134 | 1 | 2 | 4 | 7 | 9 |
| 152 | 5,000 | 7.9154 | 3 | 5 | 7 | 9 | 14 |

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V24.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 153 | 1,943 | 4.8636 | 2 | 3 | 5 | 6 | 7 |
| 154 | 26,986 | 12.9751 | 3 | 6 | 10 | 16 | 25 |
| 155 | 5,993 | 3.9580 | 1 | 2 | 3 | 6 | 8 |
| 156 | 4 | 9.2500 | 7 | 7 | 8 | 8 | 14 |
| 157 | 8,303 | 5.6904 | 1 | 2 | 4 | 7 | 11 |
| 158 | 3,703 | 2.6425 | 1 | 1 | 2 | 3 | 5 |
| 159 | 19,177 | 5.0870 | 1 | 2 | 4 | 6 | 10 |
| 160 | 11,919 | 2.6539 | 1 | 1 | 2 | 3 | 5 |
| 161 | 10,150 | 4.5100 | 1 | 2 | 3 | 6 | 9 |
| 162 | 4,955 | 2.0852 | 1 | 1 | 2 | 3 | 4 |
| 163 | 4 | 2.7500 | 1 | 1 | 2 | 3 | 5 |
| 164 | 5,979 | 7.6887 | 3 | 4 | 7 | 9 | 14 |
| 165 | 2,445 | 4.0045 | 2 | 2 | 4 | 5 | 7 |
| 166 | 5,128 | 4.3249 | 1 | 2 | 3 | 5 | 8 |
| 167 | 4,888 | 2.1291 | 1 | 1 | 2 | 3 | 4 |
| 168 | 1,531 | 4.8537 | 1 | 2 | 3 | 6 | 10 |
| 169 | 771 | 2.3904 | 1 | 1 | 2 | 3 | 5 |
| 170 | 17,892 | 10.6930 | 2 | 5 | 8 | 13 | 21 |
| 171 | 1,402 | 4.1676 | 1 | 2 | 3 | 5 | 8 |
| 172 | 33,088 | 6.7832 | 2 | 3 | 5 | 8 | 13 |
| 173 | 2,201 | 3.4993 | 1 | 1 | 3 | 4 | 7 |
| 174 | 261,230 | 4.6845 | 2 | 3 | 4 | 6 | 8 |
| 175 | 29,881 | 2.8559 | 1 | 2 | 2 | 4 | 5 |
| 176 | 14,624 | 5.0844 | 2 | 3 | 4 | 6 | 9 |
| 177 | 7,655 | 4.4286 | 2 | 2 | 4 | 5 | 8 |
| 178 | 2,554 | 3.0779 | 1 | 2 | 3 | 4 | 5 |
| 179 | 14,667 | 5.7799 | 2 | 3 | 4 | 7 | 11 |
| 180 | 91,385 | 5.2542 | 2 | 3 | 4 | 6 | 10 |
| 181 | 25,208 | 3.3076 | 1 | 2 | 3 | 4 | 6 |
| 182 | 297,098 | 4.4827 | 1 | 2 | 3 | 6 | 8 |
| 183 | 81,695 | 2.8952 | 1 | 1 | 2 | 4 | 5 |
| 184 | 76 | 4.3421 | 1 | 2 | 3 | 4 | 8 |
| 185 | 6,238 | 4.4833 | 1 | 2 | 3 | 6 | 9 |
| 186 | 7 | 3.1429 | 1 | 2 | 2 | 3 | 5 |
| 187 | 640 | 4.1984 | 1 | 2 | 3 | 6 | 8 |
| 188 | 93,553 | 5.4513 | 1 | 2 | 4 | 7 | 11 |
| 189 | 13,057 | 3.0531 | 1 | 1 | 2 | 4 | 6 |
| 190 | 63 | 4.8730 | 1 | 2 | 3 | 6 | 8 |
| 191 | 10,552 | 12.3500 | 3 | 6 | 9 | 15 | 25 |
| 192 | 1,376 | 5.4964 | 1 | 3 | 5 | 7 | 9 |
| 193 | 4,034 | 12.5473 | 5 | 7 | 10 | 15 | 23 |
| 194 | 463 | 6.3672 | 2 | 4 | 6 | 8 | 11 |
| 195 | 2,835 | 10.5686 | 4 | 6 | 9 | 13 | 18 |
| 196 | 594 | 5.3468 | 2 | 3 | 5 | 7 | 10 |
| 197 | 16,367 | 9.0180 | 3 | 5 | 7 | 11 | 16 |
| 198 | 4,102 | 4.3206 | 2 | 3 | 4 | 5 | 7 |
| 199 | 1,473 | 8.9885 | 2 | 4 | 7 | 12 | 19 |
| 200 | 1,013 | 10.3416 | 1 | 3 | 7 | 13 | 21 |
| 201 | 2,713 | 13.5584 | 3 | 6 | 10 | 17 | 27 |
| 202 | 27,472 | 6.1313 | 2 | 3 | 5 | 8 | 12 |
| 203 | 32,349 | 6.4399 | 2 | 3 | 5 | 8 | 13 |
| 204 | 69,238 | 5.3850 | 2 | 3 | 4 | 6 | 10 |
| 205 | 32,709 | 5.8510 | 2 | 3 | 4 | 7 | 11 |
| 206 | 2,040 | 3.8103 | 1 | 2 | 3 | 5 | 7 |
| 207 | 38,281 | 5.2408 | 1 | 2 | 4 | 7 | 10 |
| 208 | 9,447 | 2.9451 | 1 | 1 | 2 | 4 | 5 |
| 210 | 126,388 | 6.6248 | 3 | 4 | 6 | 8 | 11 |
| 211 | 25,730 | 4.5898 | 3 | 3 | 4 | 5 | 7 |
| 212 | 10 | 2.5000 | 1 | 2 | 2 | 4 | 4 |
| 213 | 9,465 | 8.9718 | 2 | 4 | 7 | 11 | 18 |
| 216 | 19,942 | 5.3156 | 1 | 1 | 3 | 7 | 13 |
| 217 | 15,610 | 12.0976 | 3 | 5 | 8 | 15 | 24 |
| 218 | 30,001 | 5.3765 | 2 | 3 | 4 | 7 | 10 |
| 219 | 21,067 | 3.1625 | 1 | 2 | 3 | 4 | 5 |
| 220 | 2 | 4.0000 | 1 | 1 | 7 | 7 | 7 |
| 223 | 12,657 | 3.2634 | 1 | 1 | 2 | 4 | 7 |
| 224 | 9,940 | 1.9360 | 1 | 1 | 1 | 2 | 3 |
| 225 | 6,246 | 5.2789 | 1 | 2 | 4 | 7 | 11 |
| 226 | 6,748 | 6.3594 | 1 | 3 | 4 | 8 | 13 |

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V24.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 227 | 4,864 | 2.6301 | 1 | 1 | 2 | 3 | 5 |
| 228 | 2,673 | 4.1968 | 1 | 1 | 3 | 5 | 9 |
| 229 | 1,118 | 2.4875 | 1 | 1 | 2 | 3 | 5 |
| 230 | 2,464 | 5.4180 | 1 | 2 | 4 | 7 | 11 |
| 232 | 569 | 2.7346 | 1 | 1 | 2 | 3 | 6 |
| 233 | 18,441 | 6.3221 | 1 | 2 | 5 | 8 | 13 |
| 234 | 9,076 | 2.6644 | 1 | 1 | 1 | 3 | 6 |
| 235 | 4,745 | 4.6565 | 1 | 2 | 4 | 6 | 8 |
| 236 | 41,690 | 4.4064 | 1 | 3 | 4 | 5 | 8 |
| 237 | 1,918 | 3.7904 | 1 | 2 | 3 | 5 | 7 |
| 238 | 9,728 | 8.0118 | 2 | 4 | 6 | 10 | 15 |
| 239 | 40,288 | 6.0331 | 2 | 3 | 5 | 7 | 11 |
| 240 | 12,888 | 6.4250 | 2 | 3 | 5 | 8 | 12 |
| 241 | 2,812 | 3.6348 | 1 | 2 | 3 | 4 | 6 |
| 242 | 2,724 | 6.4589 | 2 | 3 | 5 | 8 | 12 |
| 243 | 100,724 | 4.4958 | 1 | 2 | 4 | 6 | 8 |
| 244 | 16,990 | 4.4383 | 1 | 2 | 4 | 5 | 8 |
| 245 | 5,860 | 3.1056 | 1 | 1 | 3 | 4 | 6 |
| 246 | 1,400 | 3.5536 | 1 | 2 | 3 | 4 | 7 |
| 247 | 21,406 | 3.2872 | 1 | 2 | 3 | 4 | 6 |
| 248 | 16,433 | 4.8139 | 2 | 3 | 4 | 6 | 9 |
| 249 | 13,453 | 3.9550 | 1 | 1 | 3 | 5 | 8 |
| 250 | 4,139 | 3.8425 | 1 | 2 | 3 | 5 | 7 |
| 251 | 2,049 | 2.8019 | 1 | 1 | 3 | 3 | 5 |
| 252 | 1 | 1.0000 | 1 | 1 | 1 | 1 | 1 |
| 253 | 24,733 | 4.5276 | 2 | 3 | 4 | 5 | 8 |
| 254 | 9,965 | 3.0711 | 1 | 2 | 3 | 4 | 5 |
| 255 | 1 | 1.0000 | 1 | 1 | 1 | 1 | 1 |
| 256 | 7,577 | 4.9555 | 1 | 2 | 4 | 6 | 9 |
| 257 | 13,101 | 2.5513 | 1 | 1 | 2 | 3 | 5 |
| 258 | 11,379 | 1.6977 | 1 | 1 | 1 | 2 | 3 |
| 259 | 2,656 | 2.8407 | 1 | 1 | 1 | 3 | 7 |
| 260 | 2,435 | 1.4049 | 1 | 1 | 1 | 1 | 2 |
| 261 | 1,573 | 2.1933 | 1 | 1 | 1 | 2 | 4 |
| 262 | 596 | 4.6393 | 1 | 2 | 3 | 6 | 9 |
| 263 | 22,506 | 10.4499 | 3 | 5 | 7 | 13 | 20 |
| 264 | 3,901 | 6.2153 | 2 | 3 | 5 | 7 | 11 |
| 265 | 4,014 | 6.5399 | 1 | 2 | 4 | 8 | 14 |
| 266 | 2,220 | 3.0171 | 1 | 1 | 2 | 4 | 6 |
| 267 | 272 | 4.2132 | 1 | 1 | 3 | 5 | 8 |
| 268 | 992 | 3.6563 | 1 | 1 | 2 | 4 | 7 |
| 269 | 11,031 | 7.9837 | 2 | 3 | 6 | 10 | 15 |
| 270 | 2,565 | 3.5977 | 1 | 1 | 3 | 5 | 7 |
| 271 | 21,624 | 6.7865 | 2 | 3 | 5 | 8 | 12 |
| 272 | 6,071 | 5.8122 | 2 | 3 | 4 | 7 | 11 |
| 273 | 1,263 | 3.7126 | 1 | 2 | 3 | 5 | 7 |
| 274 | 2,223 | 6.1858 | 1 | 3 | 5 | 8 | 12 |
| 275 | 173 | 3.3064 | 1 | 1 | 2 | 4 | 6 |
| 276 | 1,615 | 4.6136 | 1 | 2 | 4 | 6 | 8 |
| 277 | 119,112 | 5.4229 | 2 | 3 | 4 | 7 | 10 |
| 278 | 33,788 | 3.9930 | 2 | 2 | 3 | 5 | 7 |
| 279 | 6 | 4.1667 | 2 | 3 | 5 | 5 | 5 |
| 280 | 19,291 | 3.9889 | 1 | 2 | 3 | 5 | 7 |
| 281 | 6,530 | 2.8018 | 1 | 1 | 2 | 4 | 5 |
| 283 | 6,765 | 4.5808 | 1 | 2 | 3 | 6 | 9 |
| 284 | 1,856 | 2.9230 | 1 | 1 | 2 | 4 | 5 |
| 285 | 8,029 | 9.8162 | 3 | 5 | 8 | 12 | 18 |
| 286 | 2,853 | 5.1854 | 2 | 2 | 4 | 6 | 10 |
| 287 | 5,440 | 9.5362 | 3 | 5 | 7 | 11 | 18 |
| 288 | 11,290 | 3.7006 | 1 | 2 | 3 | 4 | 6 |
| 289 | 6,337 | 2.3926 | 1 | 1 | 1 | 2 | 5 |
| 290 | 11,858 | 2.0279 | 1 | 1 | 1 | 2 | 3 |
| 291 | 59 | 1.4915 | 1 | 1 | 1 | 1 | 2 |
| 292 | 7,564 | 10.0071 | 2 | 4 | 8 | 12 | 19 |
| 293 | 316 | 4.7089 | 1 | 2 | 3 | 6 | 8 |
| 294 | 97,541 | 4.2412 | 1 | 2 | 3 | 5 | 8 |
| 295 | 4,362 | 3.6997 | 1 | 2 | 3 | 4 | 7 |
| 296 | 247,608 | 4.6432 | 1 | 2 | 4 | 6 | 9 |
| 297 | 42,673 | 3.0303 | 1 | 2 | 3 | 4 | 5 |

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V24.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 298 | 110 | 3.5545 | 1 | 1 | 2 | 4 | 6 |
| 299 | 1,541 | 5.1304 | 1 | 2 | 4 | 6 | 10 |
| 300 | 21,697 | 5.8067 | 2 | 3 | 5 | 7 | 11 |
| 301 | 3,912 | 3.3566 | 1 | 2 | 3 | 4 | 6 |
| 302 | 10,255 | 7.9757 | 4 | 5 | 6 | 9 | 13 |
| 303 | 24,546 | 7.2813 | 3 | 4 | 6 | 8 | 14 |
| 304 | 14,020 | 8.3536 | 2 | 3 | 6 | 10 | 17 |
| 305 | 2,996 | 3.1031 | 1 | 2 | 3 | 4 | 6 |
| 306 | 5,804 | 5.5829 | 1 | 2 | 3 | 8 | 13 |
| 307 | 1,942 | 2.0391 | 1 | 1 | 2 | 2 | 3 |
| 308 | 6,675 | 6.1486 | 1 | 2 | 4 | 8 | 14 |
| 309 | 3,267 | 1.9773 | 1 | 1 | 1 | 2 | 4 |
| 310 | 25,304 | 4.4981 | 1 | 2 | 3 | 6 | 10 |
| 311 | 5,872 | 1.8551 | 1 | 1 | 1 | 2 | 3 |
| 312 | 1,320 | 4.9356 | 1 | 2 | 3 | 6 | 10 |
| 313 | 501 | 2.3852 | 1 | 1 | 2 | 3 | 5 |
| 314 | 12 | 89.0000 | 5 | 5 | 173 | 173 | 173 |
| 315 | 34,750 | 6.7385 | 1 | 1 | 4 | 9 | 16 |
| 316 | 204,504 | 6.1586 | 2 | 3 | 5 | 8 | 12 |
| 317 | 2,696 | 3.4970 | 1 | 1 | 2 | 4 | 7 |
| 318 | 5,891 | 5.9701 | 1 | 3 | 4 | 8 | 12 |
| 319 | 382 | 2.5733 | 1 | 1 | 2 | 3 | 5 |
| 320 | 225,245 | 4.9895 | 2 | 3 | 4 | 6 | 9 |
| 321 | 31,997 | 3.5392 | 1 | 2 | 3 | 4 | 6 |
| 322 | 67 | 3.5821 | 2 | 2 | 3 | 4 | 6 |
| 323 | 20,408 | 3.1059 | 1 | 1 | 2 | 4 | 6 |
| 324 | 4,621 | 1.8455 | 1 | 1 | 1 | 2 | 3 |
| 325 | 9,909 | 3.7375 | 1 | 2 | 3 | 5 | 7 |
| 326 | 2,596 | 2.5632 | 1 | 1 | 2 | 3 | 5 |
| 327 | 11 | 2.0000 | 1 | 1 | 2 | 2 | 3 |
| 328 | 573 | 3.3805 | 1 | 1 | 3 | 4 | 6 |
| 329 | 54 | 1.6852 | 1 | 1 | 1 | 2 | 3 |
| 331 | 56,851 | 5.4046 | 1 | 2 | 4 | 7 | 10 |
| 332 | 4,131 | 3.0690 | 1 | 1 | 2 | 4 | 6 |
| 333 | 242 | 5.3719 | 1 | 2 | 4 | 6 | 10 |
| 334 | 9,503 | 4.0414 | 1 | 2 | 3 | 5 | 7 |
| 335 | 12,142 | 2.4975 | 1 | 2 | 2 | 3 | 4 |
| 336 | 28,146 | 3.2243 | 1 | 1 | 2 | 4 | 7 |
| 337 | 21,461 | 1.8444 | 1 | 1 | 2 | 2 | 3 |
| 338 | 674 | 5.7908 | 1 | 2 | 4 | 8 | 13 |
| 339 | 1,230 | 5.1976 | 1 | 2 | 3 | 7 | 12 |
| 340 | 1 | 2.0000 | 2 | 2 | 2 | 2 | 2 |
| 341 | 3,120 | 3.2032 | 1 | 1 | 1 | 3 | 7 |
| 342 | 456 | 3.0395 | 1 | 1 | 2 | 3 | 6 |
| 344 | 2,342 | 2.7331 | 1 | 1 | 1 | 3 | 7 |
| 345 | 1,387 | 5.4232 | 1 | 2 | 3 | 7 | 12 |
| 346 | 3,983 | 5.8943 | 2 | 3 | 4 | 7 | 11 |
| 347 | 240 | 2.6917 | 1 | 1 | 2 | 3 | 5 |
| 348 | 4,273 | 4.0059 | 1 | 2 | 3 | 5 | 8 |
| 349 | 555 | 2.6396 | 1 | 1 | 2 | 3 | 5 |
| 350 | 7,266 | 4.5140 | 2 | 2 | 4 | 6 | 8 |
| 352 | 1,176 | 4.1820 | 1 | 2 | 3 | 5 | 9 |
| 353 | 3,082 | 6.0039 | 2 | 3 | 4 | 7 | 11 |
| 354 | 7,554 | 5.5586 | 2 | 3 | 4 | 6 | 10 |
| 355 | 4,988 | 3.0158 | 2 | 2 | 3 | 3 | 4 |
| 356 | 22,223 | 1.8694 | 1 | 1 | 2 | 2 | 3 |
| 357 | 5,519 | 8.0364 | 3 | 4 | 6 | 10 | 15 |
| 358 | 20,865 | 3.8574 | 2 | 2 | 3 | 4 | 7 |
| 359 | 28,581 | 2.3500 | 1 | 2 | 2 | 3 | 3 |
| 360 | 14,256 | 2.5446 | 1 | 1 | 2 | 3 | 4 |
| 361 | 287 | 2.9756 | 1 | 1 | 2 | 3 | 6 |
| 362 | 2 | 1.0000 | 1 | 1 | 1 | 1 | 1 |
| 363 | 1,979 | 4.0859 | 1 | 2 | 2 | 4 | 9 |
| 364 | 1,377 | 4.1888 | 1 | 2 | 3 | 5 | 9 |
| 365 | 1,605 | 7.8517 | 2 | 3 | 5 | 10 | 16 |
| 366 | 4,644 | 6.2351 | 2 | 3 | 5 | 8 | 12 |
| 367 | 437 | 3.0092 | 1 | 1 | 2 | 4 | 5 |
| 368 | 4,150 | 6.4051 | 2 | 3 | 5 | 8 | 12 |
| 369 | 3,727 | 3.2667 | 1 | 1 | 2 | 4 | 6 |

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V24.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 370 | 2,209 | 5.0023 | 2 | 3 | 4 | 5 | 7 |
| 371 | 2,663 | 3.3924 | 2 | 3 | 3 | 4 | 4 |
| 372 | 1,349 | 3.4633 | 2 | 2 | 2 | 3 | 5 |
| 373 | 5,186 | 2.2443 | 1 | 2 | 2 | 3 | 3 |
| 374 | 153 | 2.9739 | 2 | 2 | 2 | 3 | 4 |
| 375 | 13 | 6.2308 | 1 | 2 | 3 | 7 | 15 |
| 376 | 473 | 3.2939 | 1 | 2 | 2 | 4 | 7 |
| 377 | 109 | 4.4495 | 1 | 2 | 3 | 6 | 8 |
| 378 | 203 | 2.1773 | 1 | 1 | 2 | 3 | 4 |
| 379 | 484 | 3.2004 | 1 | 1 | 2 | 3 | 6 |
| 380 | 110 | 2.0273 | 1 | 1 | 1 | 2 | 4 |
| 381 | 170 | 2.4294 | 1 | 1 | 1 | 2 | 4 |
| 382 | 49 | 1.4694 | 1 | 1 | 1 | 1 | 2 |
| 383 | 2,780 | 3.6439 | 1 | 1 | 2 | 4 | 7 |
| 384 | 147 | 2.4966 | 1 | 1 | 1 | 3 | 4 |
| 387 | 1 | 9.0000 | 9 | 9 | 9 | 9 | 9 |
| 389 | 3 | 2.0000 | 1 | 1 | 2 | 3 | 3 |
| 392 | 2,120 | 8.8330 | 2 | 4 | 6 | 11 | 19 |
| 394 | 2,758 | 7.2708 | 1 | 2 | 5 | 9 | 16 |
| 395 | 115,655 | 4.2739 | 1 | 2 | 3 | 5 | 8 |
| 396 | 20 | 2.9500 | 1 | 2 | 3 | 3 | 4 |
| 397 | 16,459 | 5.1109 | 1 | 2 | 4 | 6 | 10 |
| 398 | 18,615 | 5.7086 | 2 | 3 | 4 | 7 | 11 |
| 399 | 1,633 | 3.3791 | 1 | 2 | 3 | 4 | 6 |
| 401 | 6,439 | 11.0110 | 2 | 5 | 8 | 14 | 22 |
| 402 | 1,340 | 3.8955 | 1 | 1 | 3 | 5 | 8 |
| 403 | 31,515 | 7.8539 | 2 | 3 | 6 | 10 | 16 |
| 404 | 3,614 | 3.9801 | 1 | 2 | 3 | 5 | 8 |
| 406 | 2,300 | 9.4235 | 2 | 4 | 7 | 12 | 20 |
| 407 | 610 | 3.5049 | 1 | 2 | 3 | 5 | 7 |
| 408 | 1,943 | 8.2203 | 1 | 2 | 5 | 11 | 19 |
| 409 | 1,740 | 5.9891 | 2 | 3 | 4 | 6 | 12 |
| 410 | 29,094 | 3.7690 | 1 | 2 | 3 | 5 | 6 |
| 411 | 5 | 2.0000 | 1 | 1 | 1 | 3 | 4 |
| 412 | 8 | 1.5000 | 1 | 1 | 1 | 2 | 2 |
| 413 | 5,728 | 6.7243 | 2 | 3 | 5 | 9 | 13 |
| 414 | 478 | 4.0146 | 1 | 2 | 3 | 5 | 7 |
| 415 | 55,770 | 14.0714 | 4 | 6 | 11 | 17 | 28 |
| 416 | 288,297 | 7.4530 | 2 | 4 | 6 | 9 | 14 |
| 417 | 33 | 6.5455 | 2 | 3 | 5 | 8 | 12 |
| 418 | 29,873 | 6.0664 | 2 | 3 | 5 | 7 | 11 |
| 419 | 17,681 | 4.3426 | 1 | 2 | 3 | 5 | 8 |
| 420 | 3,029 | 3.1700 | 1 | 2 | 3 | 4 | 6 |
| 421 | 13,246 | 4.0091 | 1 | 2 | 3 | 5 | 7 |
| 422 | 77 | 3.6753 | 1 | 2 | 2 | 4 | 7 |
| 423 | 9,067 | 8.0275 | 2 | 3 | 6 | 10 | 16 |
| 424 | 1,033 | 11.3679 | 2 | 4 | 8 | 14 | 23 |
| 425 | 13,142 | 3.4810 | 1 | 1 | 3 | 4 | 7 |
| 426 | 4,389 | 4.5129 | 1 | 2 | 3 | 5 | 9 |
| 427 | 1,603 | 4.7324 | 1 | 2 | 3 | 6 | 9 |
| 428 | 855 | 7.3111 | 1 | 2 | 4 | 8 | 14 |
| 429 | 24,588 | 5.6295 | 2 | 3 | 4 | 7 | 10 |
| 430 | 76,498 | 7.8309 | 2 | 3 | 6 | 9 | 15 |
| 431 | 339 | 6.8171 | 1 | 2 | 4 | 7 | 12 |
| 432 | 400 | 4.0400 | 1 | 1 | 3 | 4 | 8 |
| 433 | 4,640 | 2.8390 | 1 | 1 | 2 | 3 | 4 |
| 439 | 1,751 | 8.3501 | 1 | 3 | 5 | 10 | 17 |
| 440 | 5,187 | 8.1656 | 2 | 3 | 5 | 9 | 17 |
| 441 | 685 | 3.4730 | 1 | 1 | 2 | 4 | 7 |
| 442 | 18,537 | 8.6463 | 2 | 3 | 6 | 10 | 18 |
| 443 | 3,580 | 3.5260 | 1 | 1 | 3 | 5 | 7 |
| 444 | 5,993 | 4.0310 | 1 | 2 | 3 | 5 | 7 |
| 445 | 2,240 | 2.8210 | 1 | 1 | 2 | 4 | 5 |
| 447 | 6,355 | 2.5769 | 1 | 1 | 2 | 3 | 5 |
| 449 | 40,805 | 3.6894 | 1 | 1 | 3 | 4 | 7 |
| 450 | 7,411 | 1.9873 | 1 | 1 | 1 | 2 | 4 |
| 451 | 2 | 10.5000 | 8 | 8 | 13 | 13 | 13 |
| 452 | 28,672 | 4.9315 | 1 | 2 | 3 | 6 | 10 |
| 453 | 5,363 | 2.7583 | 1 | 1 | 2 | 3 | 5 |

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V24.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 454 | 4,747 | 4.1062 | 1 | 2 | 3 | 5 | 8 |
| 455 | 885 | 2.2814 | 1 | 1 | 2 | 3 | 4 |
| 461 | 2,273 | 5.5794 | 1 | 1 | 3 | 7 | 13 |
| 462 | 8,971 | 9.5207 | 4 | 6 | 8 | 11 | 16 |
| 463 | 32,939 | 3.8728 | 1 | 2 | 3 | 5 | 7 |
| 464 | 7,650 | 2.8997 | 1 | 1 | 2 | 4 | 5 |
| 465 | 165 | 3.6182 | 1 | 1 | 2 | 4 | 6 |
| 466 | 1,205 | 4.9842 | 1 | 1 | 2 | 5 | 7 |
| 467 | 1,028 | 2.6625 | 1 | 1 | 2 | 3 | 5 |
| 468 | 51,844 | 12.5282 | 3 | 6 | 10 | 16 | 24 |
| 471 | 15,609 | 4.5466 | 3 | 3 | 4 | 5 | 7 |
| 473 | 8,557 | 12.4122 | 2 | 3 | 7 | 17 | 32 |
| 475 | 120,026 | 10.6390 | 2 | 5 | 9 | 14 | 21 |
| 476 | 2,847 | 9.9424 | 1 | 4 | 8 | 14 | 20 |
| 477 | 28,111 | 8.5004 | 1 | 3 | 7 | 11 | 17 |
| 479 | 27,545 | 2.5522 | 1 | 1 | 2 | 3 | 5 |
| 480 | 884 | 19.1618 | 6 | 8 | 13 | 23 | 39 |
| 481 | 1,183 | 22.0211 | 12 | 16 | 20 | 24 | 33 |
| 482 | 5,072 | 11.1808 | 4 | 6 | 9 | 13 | 20 |
| 484 | 455 | 12.7560 | 2 | 5 | 10 | 17 | 26 |
| 485 | 3,660 | 9.4104 | 4 | 5 | 7 | 11 | 17 |
| 486 | 2,600 | 12.1862 | 2 | 5 | 10 | 16 | 25 |
| 487 | 4,866 | 6.8531 | 1 | 3 | 5 | 9 | 14 |
| 488 | 820 | 17.4744 | 4 | 7 | 13 | 21 | 34 |
| 489 | 13,634 | 8.1556 | 2 | 3 | 6 | 10 | 16 |
| 490 | 5,299 | 5.3025 | 1 | 2 | 4 | 6 | 10 |
| 491 | 22,716 | 3.0154 | 1 | 2 | 2 | 3 | 5 |
| 492 | 3,906 | 13.7983 | 3 | 5 | 6 | 23 | 32 |
| 493 | 60,947 | 6.0341 | 2 | 3 | 5 | 8 | 11 |
| 494 | 24,474 | 2.6904 | 1 | 1 | 2 | 4 | 5 |
| 495 | 336 | 17.0417 | 8 | 10 | 13 | 20 | 33 |
| 496 | 3,715 | 8.7505 | 3 | 4 | 6 | 10 | 18 |
| 497 | 31,285 | 5.6682 | 3 | 3 | 5 | 6 | 9 |
| 498 | 21,475 | 3.6630 | 2 | 3 | 3 | 4 | 6 |
| 499 | 35,262 | 4.1552 | 1 | 2 | 3 | 5 | 8 |
| 500 | 46,802 | 2.1900 | 1 | 1 | 2 | 3 | 4 |
| 501 | 3,178 | 9.8420 | 4 | 5 | 8 | 12 | 18 |
| 502 | 756 | 5.7116 | 2 | 3 | 5 | 7 | 10 |
| 503 | 5,879 | 3.9160 | 1 | 2 | 3 | 5 | 7 |
| 504 | 190 | 28.2789 | 8 | 13 | 24 | 36 | 51 |
| 505 | 177 | 6.3503 | 1 | 1 | 2 | 6 | 13 |
| 506 | 960 | 15.2063 | 3 | 7 | 12 | 20 | 30 |
| 507 | 322 | 7.7702 | 1 | 3 | 6 | 10 | 15 |
| 508 | 658 | 7.3708 | 1 | 3 | 5 | 9 | 14 |
| 509 | 156 | 5.2179 | 1 | 2 | 3 | 6 | 11 |
| 510 | 1,779 | 6.0438 | 1 | 2 | 4 | 7 | 12 |
| 511 | 626 | 3.6773 | 1 | 1 | 2 | 4 | 7 |
| 512 | 530 | 13.5491 | 6 | 8 | 10 | 14 | 25 |
| 513 | 213 | 10.0235 | 5 | 7 | 8 | 11 | 17 |
| 515 | 58,196 | 3.8438 | 1 | 1 | 2 | 5 | 9 |
| 518 | 23,688 | 2.4604 | 1 | 1 | 1 | 3 | 5 |
| 519 | 12,559 | 4.6661 | 1 | 1 | 3 | 6 | 11 |
| 520 | 16,572 | 1.9340 | 1 | 1 | 1 | 2 | 4 |
| 521 | 29,820 | 5.2943 | 1 | 2 | 4 | 6 | 8 |
| 522 | 3,580 | 10.3455 | 3 | 4 | 5 | 7 | 8 |
| 523 | 14,736 | 3.8210 | 1 | 2 | 3 | 4 | 6 |
| 524 | 109,259 | 3.1436 | 1 | 2 | 3 | 4 | 6 |
| 525 | 203 | 13.9458 | 1 | 3 | 7 | 17 | 35 |
| 528 | 1,838 | 16.2927 | 6 | 9 | 14 | 21 | 29 |
| 529 | 5,103 | 7.2536 | 1 | 2 | 4 | 9 | 16 |
| 530 | 3,371 | 2.9436 | 1 | 1 | 2 | 3 | 6 |
| 531 | 4,884 | 8.9378 | 2 | 4 | 7 | 11 | 18 |
| 532 | 2,838 | 3.6350 | 1 | 1 | 3 | 5 | 7 |
| 533 | 46,516 | 3.6549 | 1 | 1 | 2 | 4 | 8 |
| 534 | 42,526 | 1.7237 | 1 | 1 | 1 | 2 | 3 |
| 535 | 8,772 | 9.2410 | 2 | 4 | 8 | 12 | 18 |
| 536 | 8,193 | 7.2754 | 2 | 3 | 6 | 9 | 14 |
| 537 | 8,952 | 6.4947 | 1 | 3 | 5 | 8 | 13 |
| 538 | 5,452 | 2.9057 | 1 | 1 | 2 | 4 | 6 |

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY FY 2005 MEDPAR UPDATE DECEMBER 2005 GROUPER V24.0—Continued

| DRG | Number of discharges | Arithmetic mean length-of-stay | 10th percentile | 25th percentile | 50th percentile | 75th percentile | 90th percentile |
|---|---|---|---|---|---|---|---|
| 539 | 4,962 | 10.5316 | 2 | 4 | 7 | 14 | 23 |
| 540 | 1,495 | 3.5010 | 1 | 1 | 3 | 4 | 7 |
| 541 | 24,941 | 41.4444 | 16 | 23 | 34 | 50 | 72 |
| 542 | 23,183 | 30.3714 | 11 | 17 | 25 | 37 | 53 |
| 543 | 5,475 | 11.7145 | 2 | 5 | 9 | 16 | 24 |
| 544 | 445,895 | 4.3971 | 3 | 3 | 4 | 5 | 7 |
| 545 | 44,700 | 5.1342 | 3 | 3 | 4 | 6 | 9 |
| 546 | 2,349 | 8.7292 | 3 | 4 | 7 | 10 | 16 |
| 547 | 32,600 | 12.1272 | 6 | 8 | 10 | 14 | 20 |
| 548 | 32,135 | 8.7775 | 5 | 6 | 8 | 10 | 13 |
| 549 | 13,107 | 10.1157 | 5 | 6 | 8 | 12 | 18 |
| 550 | 34,471 | 6.7739 | 4 | 5 | 6 | 8 | 10 |
| 551 | 53,828 | 6.0746 | 1 | 2 | 5 | 8 | 12 |
| 552 | 81,945 | 3.4779 | 1 | 1 | 2 | 5 | 7 |
| 553 | 39,190 | 9.0613 | 1 | 3 | 7 | 12 | 19 |
| 554 | 77,166 | 5.5699 | 1 | 2 | 4 | 7 | 12 |
| 555 | 37,283 | 4.8161 | 1 | 2 | 3 | 6 | 10 |
| 556 | 18,925 | 2.0092 | 1 | 1 | 1 | 2 | 4 |
| 557 | 123,799 | 4.1037 | 1 | 2 | 3 | 5 | 8 |
| 558 | 192,346 | 1.8113 | 1 | 1 | 1 | 2 | 4 |
| 559 | 2,886 | 6.8257 | 2 | 3 | 5 | 8 | 13 |
| | 12,144,751 | | | | | | |

TABLE 8A.—STATEWIDE AVERAGE OPERATING COST-TO-CHARGE RATIOS—MARCH 2006

| State | Urban | Rural |
|---|---|---|
| Alabama | 0.265 | 0.334 |
| Alaska | 0.423 | 0.719 |
| Arizona | 0.285 | 0.37 |
| Arkansas | 0.34 | 0.357 |
| California | 0.24 | 0.347 |
| Colorado | 0.314 | 0.486 |
| Connecticut | 0.428 | 0.5 |
| Delaware | 0.528 | 0.508 |
| District of Columbia | 0.397 | |
| Florida | 0.252 | 0.3 |
| Georgia | 0.355 | 0.404 |
| Hawaii | 0.384 | 0.432 |
| Idaho | 0.48 | 0.528 |
| Illinois | 0.326 | 0.418 |
| Indiana | 0.424 | 0.454 |
| Iowa | 0.39 | 0.467 |
| Kansas | 0.299 | 0.454 |
| Kentucky | 0.386 | 0.394 |
| Louisiana | 0.308 | 0.374 |
| Maine | 0.496 | 0.475 |
| Maryland | 0.763 | 0.882 |
| Massachusetts | 0.472 | |
| Michigan | 0.376 | 0.474 |
| Minnesota | 0.391 | 0.52 |
| Mississippi | 0.331 | 0.38 |
| Missouri | 0.333 | 0.387 |
| Montana | 0.431 | 0.478 |
| Nebraska | 0.361 | 0.475 |
| Nevada | 0.24 | 0.477 |
| New Hampshire | 0.463 | 0.463 |
| New Jersey | 0.18 | |
| New Mexico | 0.385 | 0.39 |
| New York | 0.365 | 0.526 |
| North Carolina | 0.439 | 0.433 |
| North Dakota | 0.43 | 0.455 |
| Ohio | 0.376 | 0.549 |
| Oklahoma | 0.321 | 0.405 |
| Oregon | 0.474 | 0.475 |
| Pennsylvania | 0.282 | 0.444 |

TABLE 8A.—STATEWIDE AVERAGE OPERATING COST-TO-CHARGE RATIOS—MARCH 2006—Continued

| State | Urban | Rural |
|---|---|---|
| Puerto Rico | 0.461 | |
| Rhode Island | 0.409 | |
| South Carolina | 0.294 | 0.297 |
| South Dakota | 0.375 | 0.461 |
| Tennessee | 0.324 | 0.386 |
| Texas | 0.282 | 0.369 |
| Utah | 0.423 | 0.589 |
| Vermont | 0.555 | 0.627 |
| Virginia | 0.366 | 0.378 |
| Washington | 0.427 | 0.469 |
| West Virginia | 0.488 | 0.454 |
| Wisconsin | 0.442 | 0.481 |
| Wyoming | 0.4 | 0.561 |

TABLE 8B.—STATEWIDE AVERAGE CAPITAL COST-TO-CHARGE RATIOS—MARCH 2006

| State | Ratio |
|---|---|
| Alabama | 0.026 |
| Alaska | 0.042 |
| Arizona | 0.026 |
| Arkansas | 0.027 |
| California | 0.016 |
| Colorado | 0.03 |
| Connecticut | 0.03 |
| Delaware | 0.042 |
| District of Columbia | 0.027 |
| Florida | 0.024 |
| Georgia | 0.032 |
| Hawaii | 0.033 |
| Idaho | 0.037 |
| Illinois | 0.027 |
| Indiana | 0.038 |
| Iowa | 0.03 |
| Kansas | 0.032 |

TABLE 8B.—STATEWIDE AVERAGE CAPITAL COST-TO-CHARGE RATIOS—MARCH 2006—Continued

| State | Ratio |
|---|---|
| Kentucky | 0.031 |
| Louisiana | 0.031 |
| Maine | 0.035 |
| Maryland | 0.013 |
| Massachusetts | 0.034 |
| Michigan | 0.032 |
| Minnesota | 0.029 |
| Mississippi | 0.03 |
| Missouri | 0.027 |
| Montana | 0.039 |
| Nebraska | 0.038 |
| Nevada | 0.021 |
| New Hampshire | 0.037 |
| New Jersey | 0.013 |
| New Mexico | 0.034 |
| New York | 0.03 |
| North Carolina | 0.037 |
| North Dakota | 0.04 |
| Ohio | 0.031 |
| Oklahoma | 0.031 |
| Oregon | 0.032 |
| Pennsylvania | 0.023 |
| Puerto Rico | 0.035 |
| Rhode Island | 0.023 |
| South Carolina | 0.027 |
| South Dakota | 0.037 |
| Tennessee | 0.033 |
| Texas | 0.028 |
| Utah | 0.039 |
| Vermont | 0.043 |
| Virginia | 0.037 |
| Washington | 0.035 |
| West Virginia | 0.034 |
| Wisconsin | 0.038 |
| Wyoming | 0.047 |

TABLE 8C.—STATEWIDE AVERAGE TOTAL COST-TO-CHARGE RATIOS FOR LTCHS—MARCH 2006

| State | Urban | Rural |
|---|---|---|
| Alabama | 0.291 | 0.365 |
| Alaska | 0.458 | 0.788 |
| Arizona | 0.307 | 0.407 |
| Arkansas | 0.368 | 0.390 |
| California | 0.254 | 0.368 |
| Colorado | 0.350 | 0.531 |
| Connecticut | 0.454 | 0.538 |
| Delaware | 0.567 | 0.558 |
| District of Columbia* | 0.436 | ..... |
| Florida | 0.276 | 0.343 |
| Georgia | 0.384 | 0.439 |
| Hawaii | 0.417 | 0.465 |
| Idaho | 0.516 | 0.573 |
| Illinois | 0.351 | 0.457 |
| Indiana | 0.462 | 0.499 |
| Iowa | 0.412 | 0.506 |
| Kansas | 0.326 | 0.495 |
| Kentucky | 0.418 | 0.423 |
| Louisiana | 0.340 | 0.402 |
| Maine | 0.533 | 0.507 |
| Maryland** | 0.361 | 0.458 |
| Massachusetts* | 0.501 | ..... |
| Michigan | 0.410 | 0.510 |
| Minnesota | 0.419 | 0.550 |
| Mississippi | 0.360 | 0.407 |
| Missouri | 0.357 | 0.430 |
| Montana | 0.467 | 0.522 |
| Nebraska | 0.395 | 0.523 |
| Nevada | 0.259 | 0.550 |
| New Hampshire | 0.501 | 0.498 |
| New Jersey* | 0.194 | ..... |
| New Mexico | 0.418 | 0.415 |
| New York | 0.393 | 0.561 |
| North Carolina | 0.478 | 0.476 |
| North Dakota | 0.467 | 0.504 |
| Ohio | 0.404 | 0.595 |
| Oklahoma | 0.351 | 0.441 |
| Oregon | 0.507 | 0.513 |
| Pennsylvania | 0.299 | 0.479 |
| Puerto Rico* | 0.493 | ..... |
| Rhode Island* | 0.432 | ..... |
| South Carolina | 0.320 | 0.326 |
| South Dakota | 0.410 | 0.506 |
| Tennessee | 0.360 | 0.421 |
| Texas | 0.307 | 0.404 |
| Utah | 0.460 | 0.649 |
| Vermont | 0.601 | 0.667 |
| Virginia | 0.399 | 0.419 |
| Washington | 0.462 | 0.516 |
| West Virginia | 0.515 | 0.487 |
| Wisconsin | 0.483 | 0.519 |
| Wyoming | 0.440 | 0.614 |

*All counties in the State or Territory are classified as urban, with the exception of Massachusetts, which has areas designated as rural. However, no short-term acute care IPPS hospitals or LTCHs are located in those areas as of March 2005.

**National average IPPS total cost-to-charge ratios, as discussed in section II.F.5. of this proposed rule.

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 010005 | 01 | 13820 | 13820 | |
| 010008 | 01 | 33860 | 33860 | |
| 010009 | 19460 | 26620 | 26620 | |
| 010012 | 01 | 16860 | 16860 | |
| 010022 | 01 | 40660 | 40660 | LUGAR |
| 010025 | 01 | 17980 | 17980 | |
| 010029 | 12220 | 17980 | 17980 | |
| 010035 | 01 | 13820 | 13820 | |
| 010044 | 01 | 13820 | 13820 | |
| 010045 | 01 | 13820 | 13820 | |
| 010054 | 19460 | 26620 | 26620 | |
| 010059 | 19460 | 26620 | 26620 | |
| 010065 | 01 | 33860 | 33860 | |
| 010072 | 01 | 11500 | 11500 | LUGAR |
| 010083 | 01 | 37860 | 37860 | |
| 010085 | 19460 | 26620 | 26620 | |
| 010100 | 01 | 37860 | 37860 | |
| 010101 | 01 | 11500 | 11500 | LUGAR |
| 010118 | 01 | 46220 | 46220 | |
| 010126 | 01 | 33860 | 33860 | |
| 010143 | 01 | 13820 | 13820 | |
| 010150 | 01 | 33860 | 33860 | |
| 010158 | 01 | 19460 | 19460 | |
| 010164 | 01 | 11500 | 11500 | LUGAR |
| 020008 | 02 | 11260 | 11260 | |
| 030007 | 03 | 22380 | 22380 | |
| 030033 | 03 | 22380 | 22380 | |
| 040014 | 04 | 30780 | 30780 | |
| 040017 | 04 | 22220 | 22220 | |
| 040019 | 04 | 32820 | 32820 | |
| 040020 | 27860 | 32820 | 32820 | |
| 040027 | 04 | 44180 | 44180 | |
| 040039 | 04 | 26 | 26 | |
| 040041 | 04 | 30780 | 30780 | |
| 040047 | 04 | 26 | 26 | |
| 040069 | 04 | 32820 | 32820 | |
| 040071 | 38220 | 30780 | 30780 | |
| 040076 | 04 | 30780 | 30780 | |
| 040080 | 04 | 27860 | 27860 | |
| 040088 | 04 | 43340 | 43340 | |
| 040091 | 04 | 45500 | 45500 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 040100 | 04 | 30780 | 30780 | |
| 040119 | 04 | 30780 | 30780 | |
| 050006 | 05 | 39820 | 39820 | |
| 050009 | 34900 | 46700 | 46700 | |
| 050013 | 34900 | 46700 | 46700 | |
| 050014 | 05 | 40900 | 40900 | |
| 050022 | 40140 | 42044 | 42044 | |
| 050042 | 05 | 39820 | 39820 | |
| 050046 | 37100 | ..... | 31084 | |
| 050054 | 40 | 42044 | 42044 | |
| 050065 | 42044 | 31084 | 31084 | |
| 050069 | 42044 | 31084 | 31084 | |
| 050071 | 41940 | 36084 | 36084 | |
| 050073 | 46700 | 36084 | 36084 | |
| 050076 | 41884 | 36084 | 36084 | |
| 050082 | 37100 | ..... | 31084 | |
| 050089 | 40 | 31084 | 31084 | |
| 050090 | 42220 | 41884 | 41884 | |
| 050099 | 40 | 31084 | 31084 | |
| 050101 | 46700 | 36084 | 36084 | |
| 050102 | 40 | 42044 | 42044 | |
| 050118 | 44700 | 33700 | 33700 | |
| 050129 | 40 | 31084 | 31084 | |
| 050136 | 42220 | 41884 | 41884 | |
| 050140 | 40 | 31084 | 31084 | |
| 050150 | 05 | 40900 | 40900 | |
| 050159 | 37100 | ..... | 31084 | |
| 050168 | 42044 | 31084 | 31084 | |
| 050173 | 42044 | 31084 | 31084 | |
| 050174 | 42220 | 41884 | 41884 | |
| 050193 | 42044 | 31084 | 31084 | |
| 050197 | 41884 | 36084 | 36084 | |
| 050224 | 42044 | 31084 | 31084 | |
| 050226 | 42044 | 31084 | 31084 | |
| 050228 | 41884 | 36084 | 36084 | |
| 050230 | 42044 | 31084 | 31084 | |
| 050236 | 37100 | ..... | 31084 | |
| 050243 | 40 | 42044 | 42044 | |
| 050245 | 40 | 31084 | 31084 | |
| 050251 | 05 | 39900 | 39900 | |
| 050272 | 40 | 31084 | 31084 | |
| 050279 | 40 | 31084 | 31084 | |
| 050291 | 42220 | 41884 | 41884 | |
| 050292 | 40 | 42044 | 42044 | |
| 050298 | 40 | 31084 | 31084 | |
| 050300 | 40 | 31084 | 31084 | |
| 050327 | 40 | 31084 | 31084 | |
| 050329 | 40 | 42044 | 42044 | |
| 050348 | 42044 | 31084 | 31084 | |
| 050367 | 46700 | 36084 | 36084 | |
| 050385 | 42220 | 41884 | 41884 | |
| 050390 | 40 | 42044 | 42044 | |
| 050394 | 37100 | ..... | 31084 | |
| 050423 | 40 | 42044 | 42044 | |
| 050426 | 42044 | 31084 | 31084 | |
| 050430 | 05 | 39900 | 39900 | |
| 050510 | 41884 | 36084 | 36084 | |
| 050517 | 40 | 31084 | 31084 | |
| 050526 | 42044 | 31084 | 31084 | |
| 050534 | 40 | 42044 | 42044 | |
| 050535 | 42044 | 31084 | 31084 | |
| 050541 | 41884 | 36084 | 36084 | |
| 050543 | 42044 | 31084 | 31084 | |
| 050547 | 42220 | 41884 | 41884 | |
| 050548 | 42044 | 31084 | 31084 | |
| 050549 | 37100 | ..... | 31084 | |
| 050550 | 42044 | 31084 | 31084 | |
| 050551 | 42044 | 31084 | 31084 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 050567 | 42044 | 31084 | 31084 | |
| 050569 | 05 | 42220 | 42220 | |
| 050570 | 42044 | 31084 | 31084 | |
| 050573 | 40 | 42044 | 42044 | |
| 050580 | 42044 | 31084 | 31084 | |
| 050584 | 40 | 31084 | 31084 | |
| 050585 | 42044 | 31084 | 31084 | |
| 050586 | 40 | 31084 | 31084 | |
| 050589 | 42044 | 31084 | 31084 | |
| 050592 | 42044 | 31084 | 31084 | |
| 050594 | 42044 | 31084 | 31084 | |
| 050603 | 42044 | 31084 | 31084 | |
| 050609 | 42044 | 31084 | 31084 | |
| 050616 | 37100 | ..... | 31084 | |
| 050667 | 34900 | 46700 | 46700 | |
| 050678 | 42044 | 31084 | 31084 | |
| 050680 | 46700 | 36084 | 36084 | |
| 050684 | 40 | 42044 | 42044 | |
| 050686 | 40 | 42044 | 42044 | |
| 050690 | 42220 | 41884 | 41884 | |
| 050693 | 42044 | 31084 | 31084 | |
| 050694 | 40 | 42044 | 42044 | |
| 050701 | 40 | 42044 | 42044 | |
| 050709 | 40 | 31084 | 31084 | |
| 050718 | 40 | 42044 | 42044 | |
| 050720 | 42044 | 31084 | 31084 | |
| 050728 | 42220 | 41884 | 41884 | |
| 050749 | 37100 | ..... | 31084 | |
| 060003 | 14500 | 19740 | 19740 | |
| 060023 | 24300 | 19740 | 19740 | |
| 060027 | 14500 | 19740 | 19740 | |
| 060044 | 06 | 19740 | 19740 | |
| 060049 | 06 | 22660 | 22660 | |
| 060075 | 06 | 24300 | 24300 | |
| 060096 | 06 | 19740 | 19740 | |
| 060103 | 14500 | 19740 | 19740 | |
| 070001 | 35300 | ..... | 35004 | |
| 070003 | 07 | 25540 | 25540 | LUGAR |
| 070005 | 35300 | ..... | 35004 | |
| 070006 | 14860 | ..... | 35644 | |
| 070010 | 14860 | ..... | 35644 | |
| 070016 | 35300 | ..... | 35004 | |
| 070017 | 35300 | ..... | 35004 | |
| 070018 | 14860 | ..... | 35644 | |
| 070019 | 35300 | ..... | 35004 | |
| 070021 | 07 | 25540 | 25540 | LUGAR |
| 070022 | 35300 | ..... | 35004 | |
| 070028 | 14860 | ..... | 35644 | |
| 070031 | 35300 | ..... | 35004 | |
| 070033 | 14860 | 35644 | 35644 | |
| 070034 | 14860 | ..... | 35644 | |
| 070036 | 25540 | 35300 | 35300 | |
| 070038 | 35300 | ..... | 35004 | |
| 070039 | 35300 | ..... | 35004 | |
| 080004 | 20100 | 48864 | 48864 | |
| 080004 | 08 | 20100 | 20100 | |
| 080006 | 08 | 36140 | 36140 | |
| 090001 | 47894 | 13644 | 13644 | |
| 100022 | 33124 | 22744 | 22744 | |
| 100023 | 10 | 36740 | 36740 | |
| 100024 | 10 | 33124 | 33124 | |
| 100045 | 19660 | 36740 | 36740 | |
| 100049 | 10 | 29460 | 29460 | |
| 100081 | 10 | 23020 | 23020 | LUGAR |
| 100109 | 10 | 36740 | 36740 | |
| 100118 | 10 | 27260 | 27260 | |
| 100139 | 10 | 23540 | 23540 | LUGAR |
| 100150 | 10 | 33124 | 33124 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 100157 | 29460 | 45300 | 45300 | |
| 100176 | 48424 | 38940 | 38940 | |
| 100217 | 42680 | 38940 | 38940 | |
| 100232 | 10 | 27260 | 27260 | |
| 100239 | 45300 | 42260 | 42260 | |
| 100249 | 10 | 45300 | 45300 | |
| 100252 | 10 | 38940 | 38940 | |
| 100258 | 48424 | 22744 | 22744 | |
| 100292 | 10 | 23020 | 23020 | LUGAR |
| 110001 | 19140 | 12060 | 12060 | |
| 110002 | 11 | 12060 | 12060 | |
| 110003 | 11 | 27260 | 27260 | |
| 110023 | 11 | 12060 | 12060 | |
| 110025 | 15260 | 27260 | 27260 | |
| 110029 | 23580 | 12060 | 12060 | |
| 110038 | 11 | 46660 | 46660 | |
| 110040 | 11 | 12060 | 12060 | LUGAR |
| 110041 | 11 | 12020 | 12020 | |
| 110052 | 11 | 16860 | 16860 | LUGAR |
| 110054 | 40660 | 12060 | 12060 | |
| 110069 | 47580 | 31420 | 31420 | |
| 110075 | 11 | 42340 | 42340 | |
| 110088 | 11 | 12060 | 12060 | LUGAR |
| 110095 | 11 | 46660 | 46660 | |
| 110117 | 11 | 12060 | 12060 | LUGAR |
| 110122 | 46660 | 45220 | 45220 | |
| 110125 | 11 | 31420 | 31420 | |
| 110128 | 11 | 42340 | 42340 | |
| 110150 | 11 | 12060 | 12060 | |
| 110153 | 47580 | 31420 | 31420 | |
| 110168 | 40660 | 12060 | 12060 | |
| 110187 | 11 | 12060 | 12060 | LUGAR |
| 110189 | 11 | 12060 | 12060 | |
| 110205 | 11 | 12060 | 12060 | |
| 120028 | 12 | 26180 | 26180 | |
| 130002 | 13 | 29 | 29 | |
| 130003 | 30300 | 28420 | 28420 | |
| 130018 | 13 | 38540 | 38540 | |
| 130049 | 17660 | 44060 | 44060 | |
| 130067 | 13 | 26820 | 26820 | LUGAR |
| 140012 | 14 | 16974 | 16974 | |
| 140015 | 14 | 41180 | 41180 | |
| 140032 | 14 | 41180 | 41180 | |
| 140033 | 29404 | 16974 | 16974 | |
| 140034 | 14 | 41180 | 41180 | |
| 140040 | 14 | 37900 | 37900 | |
| 140043 | 14 | 40420 | 40420 | |
| 140046 | 14 | 41180 | 41180 | |
| 140058 | 14 | 41180 | 41180 | |
| 140064 | 14 | 37900 | 37900 | |
| 140084 | 29404 | 16974 | 16974 | |
| 140093 | 19180 | 16580 | 16580 | |
| 140100 | 29404 | 16974 | 16974 | |
| 140110 | 14 | 16974 | 16974 | |
| 140130 | 29404 | 16974 | 16974 | |
| 140143 | 14 | 37900 | 37900 | |
| 140160 | 14 | 40420 | 40420 | |
| 140161 | 14 | 16974 | 16974 | |
| 140164 | 14 | 41180 | 41180 | |
| 140167 | 14 | 28100 | 28100 | LUGAR |
| 140189 | 14 | 16580 | 16580 | |
| 140202 | 29404 | 16974 | 16974 | |
| 140233 | 40420 | 16974 | 16974 | |
| 140234 | 14 | 37900 | 37900 | |
| 140236 | 14 | 28100 | 28100 | LUGAR |
| 140291 | 29404 | 16974 | 16974 | |
| 150002 | 23844 | 16974 | 16974 | |
| 150004 | 23844 | 16974 | 16974 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 150006 | 33140 | 43780 | 43780 | |
| 150008 | 23844 | 16974 | 16974 | |
| 150011 | 15 | 26900 | 26900 | |
| 150015 | 33140 | 16974 | 16974 | |
| 150030 | 15 | 26900 | 26900 | LUGAR |
| 150034 | 23844 | 16974 | 16974 | |
| 150048 | 15 | 17140 | 17140 | |
| 150051 | 14 | 020 | 26900 | 26900 |
| 150065 | 15 | 26900 | 26900 | |
| 150069 | 15 | 17140 | 17140 | |
| 150076 | 15 | 43780 | 43780 | |
| 150088 | 11300 | 26900 | 26900 | |
| 150090 | 23844 | 16974 | 16974 | |
| 150102 | 15 | 23844 | 23844 | LUGAR |
| 150112 | 18020 | 26900 | 26900 | |
| 150113 | 11300 | 26900 | 26900 | |
| 150122 | 15 | 26900 | 26900 | |
| 150125 | 23844 | 16974 | 16974 | |
| 150126 | 23844 | 16974 | 16974 | |
| 150133 | 15 | 23060 | 23060 | |
| 150146 | 15 | 23060 | 23060 | |
| 150147 | 23844 | 16974 | 16974 | |
| 160001 | 16 | 19780 | 19780 | |
| 160016 | 16 | 19780 | 19780 | |
| 160057 | 16 | 26980 | 26980 | |
| 160064 | 16 | 24 | 24 | |
| 160080 | 16 | 19340 | 19340 | |
| 160089 | 16 | 19780 | 19780 | |
| 160147 | 16 | 19780 | 19780 | |
| 170006 | 17 | 27900 | 27900 | |
| 170010 | 17 | 46140 | 46140 | |
| 170012 | 17 | 48620 | 48620 | |
| 170013 | 17 | 48620 | 48620 | |
| 170020 | 17 | 48620 | 48620 | |
| 170023 | 17 | 48620 | 48620 | |
| 170033 | 17 | 48620 | 48620 | |
| 170058 | 17 | 28140 | 28140 | |
| 170068 | 17 | 11100 | 11100 | |
| 170120 | 17 | 27900 | 27900 | |
| 170142 | 17 | 45820 | 45820 | |
| 170175 | 17 | 48620 | 48620 | |
| 170190 | 17 | 45820 | 45820 | |
| 170193 | 17 | 48620 | 48620 | |
| 180005 | 18 | 26580 | 26580 | |
| 180011 | 18 | 30460 | 30460 | |
| 180012 | 21060 | 31140 | 31140 | |
| 180013 | 14540 | 34980 | 34980 | |
| 180017 | 18 | 21060 | 21060 | |
| 180018 | 18 | 30460 | 30460 | |
| 180019 | 18 | 17140 | 17140 | |
| 180024 | 18 | 31140 | 31140 | |
| 180027 | 18 | 17300 | 17300 | |
| 180028 | 18 | 26580 | 26580 | |
| 180029 | 18 | 28700 | 28700 | |
| 180044 | 18 | 26580 | 26580 | |
| 180048 | 18 | 31140 | 31140 | |
| 180066 | 18 | 34980 | 34980 | |
| 180069 | 18 | 26580 | 26580 | |
| 180075 | 18 | 14540 | 14540 | LUGAR |
| 180078 | 18 | 26580 | 26580 | |
| 180080 | 18 | 28940 | 28940 | |
| 180093 | 18 | 21780 | 21780 | |
| 180102 | 18 | 17300 | 17300 | |
| 180104 | 18 | 17300 | 17300 | |
| 180116 | 18 | 14 | 14 | |
| 180124 | 14540 | 34980 | 34980 | |
| 180127 | 18 | 31140 | 31140 | |
| 180132 | 18 | 30460 | 30460 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 180139 | 18 | 30460 | 30460 | |
| 190001 | 19 | 35380 | 35380 | |
| 190003 | 19 | 29180 | 29180 | |
| 190015 | 19 | 35380 | 35380 | |
| 190086 | 19 | 33740 | 33740 | |
| 190099 | 19 | 12940 | 12940 | |
| 190106 | 19 | 10780 | 10780 | |
| 190131 | 12940 | 35380 | 35380 | |
| 190155 | 19 | 12940 | 12940 | LUGAR |
| 190164 | 19 | 10780 | 10780 | |
| 190191 | 19 | 12940 | 12940 | |
| 190208 | 19 | 04 | 04 | |
| 190218 | 19 | 43340 | 43340 | |
| 190223 | 19 | 12940 | 12940 | LUGAR |
| 200020 | 38860 | 40484 | 40484 | |
| 200024 | 30340 | 38860 | 38860 | |
| 200034 | 30340 | 38860 | 38860 | |
| 200039 | 20 | 38860 | 38860 | |
| 200050 | 20 | 12620 | 12620 | |
| 200063 | 20 | 38860 | 38860 | |
| 220001 | 49340 | 14484 | 14484 | |
| 220002 | 15764 | 14484 | 14484 | |
| 220010 | 21604 | 14484 | 14484 | |
| 220011 | 15764 | 14484 | 14484 | |
| 220019 | 49340 | 14484 | 14484 | |
| 220025 | 49340 | 14484 | 14484 | |
| 220028 | 49340 | 14484 | 14484 | |
| 220029 | 21604 | 14484 | 14484 | |
| 220033 | 21604 | 14484 | 14484 | |
| 220035 | 21604 | 14484 | 14484 | |
| 220049 | 15764 | 14484 | 14484 | |
| 220058 | 49340 | 14484 | 14484 | |
| 220060 | 14484 | 12700 | 12700 | |
| 220062 | 49340 | 14484 | 14484 | |
| 220063 | 15764 | 14484 | 14484 | |
| 220070 | 15764 | 14484 | 14484 | |
| 220077 | 44140 | 25540 | 25540 | |
| 220080 | 21604 | 14484 | 14484 | |
| 220082 | 15764 | 14484 | 14484 | |
| 220084 | 15764 | 14484 | 14484 | |
| 220090 | 49340 | 14484 | 14484 | |
| 220095 | 49340 | 14484 | 14484 | |
| 220098 | 15764 | 14484 | 14484 | |
| 220101 | 15764 | 14484 | 14484 | |
| 220105 | 15764 | 14484 | 14484 | |
| 220133 | 15764 | 14484 | 14484 | |
| 220163 | 49340 | 14484 | 14484 | |
| 220171 | 15764 | 14484 | 14484 | |
| 220174 | 21604 | 14484 | 14484 | |
| 230002 | 19804 | ..... | 11460 | |
| 230003 | 26100 | ..... | 34740 | |
| 230013 | 47644 | ..... | 19804 | |
| 230019 | 47644 | ..... | 19804 | |
| 230020 | 19804 | ..... | 11460 | |
| 230022 | 23 | 29620 | 29620 | |
| 230024 | 19804 | ..... | 11460 | |
| 230029 | 47644 | ..... | 19804 | |
| 230030 | 23 | 40980 | 40980 | |
| 230035 | 23 | 24340 | 24340 | LUGAR |
| 230036 | 23 | 13020 | 13020 | |
| 230037 | 23 | 11460 | 11460 | |
| 230047 | 47644 | 19804 | 19804 | |
| 230053 | 19804 | ..... | 11460 | |
| 230054 | 23 | 24580 | 24580 | |
| 230065 | ..... | 19804 | 11460 | |
| 230069 | 47644 | 11460 | 11460 | |
| 230071 | 47644 | ..... | 19804 | |
| 230072 | 26100 | ..... | 34740 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 230077 | 40980 | 22420 | 22420 | |
| 230080 | 23 | 40980 | 40980 | |
| 230089 | 19804 | ..... | 11460 | |
| 230092 | 27100 | 29620 | 29620 | |
| 230093 | 23 | 24340 | 24340 | |
| 230096 | 23 | 28020 | 28020 | |
| 230097 | 23 | 24340 | 24340 | |
| 230099 | 33780 | 11460 | 11460 | |
| 230104 | 19804 | ..... | 11460 | |
| 230105 | 23 | 13020 | 13020 | |
| 230119 | 19804 | ..... | 11460 | |
| 230121 | 23 | 29620 | 29620 | LUGAR |
| 230130 | 47644 | ..... | 19804 | |
| 230134 | 23 | 26100 | 26100 | LUGAR |
| 230135 | 19804 | ..... | 11460 | |
| 230142 | 19804 | ..... | 11460 | |
| 230146 | 19804 | ..... | 11460 | |
| 230151 | 47644 | ..... | 19804 | |
| 230165 | ..... | 19804 | 11460 | |
| 230174 | 26100 | ..... | 34740 | |
| 230176 | 19804 | ..... | 11460 | |
| 230195 | 47644 | 19804 | 19804 | |
| 230204 | 47644 | 19804 | 19804 | |
| 230207 | 47644 | ..... | 19804 | |
| 230208 | 23 | 24340 | 24340 | LUGAR |
| 230217 | 12980 | 29620 | 29620 | |
| 230223 | 47644 | ..... | 19804 | |
| 230227 | 47644 | 19804 | 19804 | |
| 230244 | 19804 | 11460 | 11460 | |
| 230254 | 47644 | ..... | 19804 | |
| 230257 | 47644 | 19804 | 19804 | |
| 230264 | 47644 | 19804 | 19804 | |
| 230269 | 47644 | ..... | 19804 | |
| 230270 | 19804 | ..... | 11460 | |
| 230273 | 19804 | ..... | 11460 | |
| 230277 | 47644 | ..... | 19804 | |
| 230279 | 47644 | 11460 | 11460 | |
| 230293 | 19804 | ..... | 11460 | |
| 230295 | 23 | 26100 | 26100 | LUGAR |
| 240018 | 24 | 33460 | 33460 | |
| 240030 | 24 | 41060 | 41060 | |
| 240036 | 41060 | 33460 | 33460 | |
| 240064 | 24 | 20260 | 20260 | |
| 240069 | 24 | 40340 | 40340 | |
| 240071 | 24 | 40340 | 40340 | |
| 240075 | 24 | 410060 | 410060 | |
| 240088 | 24 | 410060 | 410060 | |
| 240093 | 24 | 33460 | 33460 | |
| 241050 | 24 | 40340 | 40340 | LUGAR |
| 240150 | 24 | 40340 | 40340 | LUGAR |
| 240187 | 24 | 33460 | 33460 | |
| 240211 | 24 | 33460 | 33460 | |
| 250002 | 25 | 22520 | 22520 | |
| 250004 | 25 | 32820 | 32820 | |
| 250006 | 25 | 32820 | 32820 | |
| 250009 | 25 | 27180 | 27180 | |
| 250023 | 25 | 250060 | 250060 | LUGAR |
| 250031 | 25 | 27140 | 27140 | |
| 250034 | 25 | 32820 | 32820 | |
| 250040 | 37700 | 250060 | 250060 | |
| 250042 | 25 | 32820 | 32820 | |
| 250044 | 25 | 22520 | 22520 | |
| 250069 | 25 | 46220 | 46220 | |
| 250079 | 25 | 27140 | 27140 | |
| 250081 | 25 | 46220 | 46220 | |
| 250082 | 25 | 38220 | 38220 | |
| 250094 | 25620 | 250060 | 250060 | |
| 250097 | 25 | 12940 | 12940 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 250099 | 25 | 27140 | 27140 | |
| 250100 | 25 | 46220 | 46220 | |
| 250104 | 25 | 27140 | 27140 | |
| 250117 | 25 | 250060 | 250060 | LUGAR |
| 260009 | 26 | 28140 | 28140 | |
| 260011 | 27620 | 17860 | 17860 | |
| 260015 | 26 | 27860 | 27860 | |
| 260017 | 26 | 41180 | 41180 | |
| 260022 | 26 | 16 | 16 | |
| 260025 | 26 | 41180 | 41180 | |
| 260049 | 26 | 44180 | 44180 | LUGAR |
| 260050 | 26 | 41140 | 41140 | |
| 260064 | 26 | 17860 | 17860 | |
| 260074 | 26 | 17860 | 17860 | |
| 260094 | 26 | 44180 | 44180 | |
| 260110 | 26 | 41180 | 41180 | |
| 260113 | 26 | 14 | 14 | |
| 260116 | 26 | 14 | 14 | |
| 260119 | 26 | 27860 | 27860 | |
| 260175 | 26 | 28140 | 28140 | |
| 260183 | 26 | 41180 | 41180 | |
| 260186 | 26 | 17860 | 17860 | |
| 270003 | 27 | 24500 | 24500 | |
| 270011 | 27 | 24500 | 24500 | |
| 270017 | 27 | 33540 | 33540 | |
| 270051 | 27 | 33540 | 33540 | |
| 280009 | 28 | 300700 | 300700 | |
| 280023 | 28 | 300700 | 300700 | |
| 280032 | 28 | 300700 | 300700 | |
| 280061 | 28 | 53 | 53 | |
| 280065 | 28 | 24540 | 24540 | |
| 280077 | 28 | 36540 | 36540 | |
| 280125 | 28 | 43580 | 43580 | |
| 290002 | 29 | 16180 | 16180 | LUGAR |
| 290006 | 29 | 39900 | 39900 | |
| 290008 | 29 | 41620 | 41620 | |
| 290019 | 16180 | 39900 | 39900 | |
| 300005 | 30 | 31700 | 31700 | |
| 300011 | 31700 | 15764 | 15764 | |
| 300012 | 31700 | 15764 | 15764 | |
| 300014 | 40484 | 31700 | 31700 | |
| 300017 | 40484 | 21604 | 21604 | |
| 300018 | 40484 | 31700 | 31700 | |
| 300019 | 30 | 49340 | 49340 | |
| 300020 | 31700 | 15764 | 15764 | |
| 300023 | 40484 | 21604 | 21604 | |
| 300029 | 40484 | 21604 | 21604 | |
| 300034 | 31700 | 15764 | 15764 | |
| 310002 | 35084 | 35644 | 35644 | |
| 310009 | 35084 | 35644 | 35644 | |
| 310013 | 35084 | 35644 | 35644 | |
| 310014 | 15804 | 37964 | 37964 | |
| 310015 | 35084 | 35644 | 35644 | |
| 310017 | 35084 | 35644 | 35644 | |
| 310018 | 35084 | 35644 | 35644 | |
| 310021 | 45940 | 35084 | 35084 | |
| 310031 | 15804 | 20764 | 20764 | |
| 310038 | 20764 | 35644 | 35644 | |
| 310039 | 20764 | 35644 | 35644 | |
| 310048 | 20764 | 35084 | 35084 | |
| 310050 | 35084 | 35644 | 35644 | |
| 310054 | 35084 | 35644 | 35644 | |
| 310070 | 20764 | 35644 | 35644 | |
| 310076 | 35084 | 35644 | 35644 | |
| 310078 | 35084 | 35644 | 35644 | |
| 310081 | 15804 | 37964 | 37964 | |
| 310083 | 35084 | 35644 | 35644 | |
| 310093 | 35084 | 35644 | 35644 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 310096 | 35084 | 35644 | 35644 | |
| 310108 | 20764 | 35644 | 35644 | |
| 310119 | 35084 | 35644 | 35644 | |
| 320005 | 22140 | 10740 | 10740 | |
| 320006 | 32 | 42140 | 42140 | |
| 320013 | 32 | 42140 | 42140 | |
| 320014 | 32 | 29740 | 29740 | |
| 320033 | 32 | 42140 | 42140 | LUGAR |
| 320063 | 32 | 36220 | 36220 | |
| 320065 | 32 | 36220 | 36220 | |
| 330004 | 28740 | 39100 | 39100 | |
| 330008 | 33 | 15380 | 15380 | LUGAR |
| 330027 | 35004 | 35644 | 35644 | |
| 330038 | 33 | 40380 | 40380 | LUGAR |
| 330073 | 33 | 40380 | 40380 | LUGAR |
| 330079 | 33 | 47 | 47 | |
| 330085 | 33 | 450060 | 450060 | |
| 330094 | 33 | 28740 | 28740 | |
| 330103 | 33 | 39 | 39 | |
| 330106 | 35004 | ..... | 35644 | |
| 330136 | 33 | 450060 | 450060 | |
| 330157 | 33 | 450060 | 450060 | |
| 330167 | 35004 | ..... | 35644 | |
| 330181 | 35004 | ..... | 35644 | |
| 330182 | 35004 | 35644 | 35644 | |
| 330191 | 24020 | 10580 | 10580 | |
| 330198 | 35004 | ..... | 35644 | |
| 330224 | 28740 | 39100 | 39100 | |
| 330225 | 35004 | ..... | 35644 | |
| 330229 | 27460 | 21500 | 21500 | |
| 330235 | 33 | 450060 | 450060 | LUGAR |
| 330239 | 27460 | 21500 | 21500 | |
| 330250 | 33 | 15540 | 15540 | |
| 330259 | 35004 | ..... | 35644 | |
| 330277 | 33 | 270060 | 270060 | |
| 330331 | 35004 | ..... | 35644 | |
| 330332 | 35004 | ..... | 35644 | |
| 330359 | 33 | 39100 | 39100 | LUGAR |
| 330372 | 35004 | ..... | 35644 | |
| 330386 | 33 | 39100 | 39100 | |
| 340004 | 24660 | 49180 | 49180 | |
| 340008 | 34 | 16740 | 16740 | |
| 340010 | 24140 | 39580 | 39580 | |
| 340013 | 34 | 24860 | 24860 | |
| 340014 | 49180 | 24660 | 24660 | |
| 340021 | 34 | 16740 | 16740 | |
| 340023 | 11700 | 24860 | 24860 | |
| 340027 | 34 | 24780 | 24780 | |
| 340039 | 34 | 16740 | 16740 | |
| 340047 | 49180 | 24660 | 24660 | |
| 340050 | 34 | 22180 | 22180 | |
| 340051 | 34 | 25860 | 25860 | |
| 340068 | 34 | 48900 | 48900 | |
| 340069 | 39580 | 200500 | 200500 | |
| 340070 | 15500 | 24660 | 24660 | |
| 340071 | 34 | 39580 | 39580 | LUGAR |
| 340073 | 39580 | 200500 | 200500 | |
| 340091 | 24660 | 49180 | 49180 | |
| 340109 | 34 | 47260 | 47260 | |
| 340114 | 39580 | 200500 | 200500 | |
| 340115 | 34 | 200500 | 200500 | |
| 340124 | 34 | 39580 | 39580 | LUGAR |
| 340126 | 34 | 39580 | 39580 | |
| 340127 | 34 | 200500 | 200500 | |
| 340129 | 34 | 16740 | 16740 | |
| 340131 | 34 | 24780 | 24780 | |
| 340136 | 34 | 200500 | 200500 | LUGAR |
| 340138 | 39580 | 200500 | 200500 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 340144 | 34 | 16740 | 16740 | |
| 401345 | 34 | 16740 | 16740 | LUGAR |
| 340147 | 40580 | 39580 | 39580 | |
| 340148 | 49180 | 24660 | 24660 | |
| 340173 | 39580 | 200500 | 200500 | |
| 350003 | 35 | 13900 | 13900 | |
| 350006 | 35 | 13900 | 13900 | |
| 350009 | 35 | 22020 | 22020 | |
| 360008 | 36 | 26580 | 26580 | |
| 360010 | 36 | 10420 | 10420 | |
| 360011 | 36 | 18140 | 18140 | |
| 360013 | 36 | 30620 | 30620 | |
| 360014 | 36 | 18140 | 18140 | |
| 360019 | 10420 | 17460 | 17460 | |
| 360020 | 10420 | 17460 | 17460 | |
| 360025 | 41780 | 17460 | 17460 | |
| 360027 | 10420 | 17460 | 17460 | |
| 360036 | 36 | 17460 | 17460 | |
| 360039 | 36 | 18140 | 18140 | |
| 360054 | 36 | 26580 | 26580 | |
| 360065 | 36 | 17460 | 17460 | |
| 360078 | 10420 | 17460 | 17460 | |
| 360079 | 19380 | 17140 | 17140 | |
| 360084 | 15940 | 10420 | 10420 | |
| 360086 | 44220 | 19380 | 19380 | |
| 360095 | 36 | 45780 | 45780 | |
| 360096 | 36 | 49660 | 49660 | LUGAR |
| 360107 | 36 | 45780 | 45780 | |
| 360121 | 36 | 11460 | 11460 | |
| 360125 | 36 | 17460 | 17460 | LUGAR |
| 360150 | 10420 | 17460 | 17460 | |
| 360159 | 36 | 18140 | 18140 | |
| 360175 | 36 | 18140 | 18140 | |
| 360185 | 36 | 49660 | 49660 | LUGAR |
| 360187 | 44220 | 19380 | 19380 | |
| 360197 | 36 | 18140 | 18140 | |
| 360211 | 48260 | 38300 | 38300 | |
| 360238 | 36 | 49660 | 49660 | LUGAR |
| 360241 | 10420 | 17460 | 17460 | |
| 360245 | 36 | 17460 | 17460 | LUGAR |
| 360253 | 19380 | 17140 | 17140 | |
| 370004 | 37 | 27900 | 27900 | |
| 370006 | 37 | 17 | 17 | |
| 370014 | 37 | 43300 | 43300 | |
| 370015 | 37 | 46140 | 46140 | |
| 370016 | 37 | 36420 | 36420 | |
| 370018 | 37 | 46140 | 46140 | |
| 370022 | 37 | 30020 | 30020 | |
| 370025 | 37 | 46140 | 46140 | |
| 370026 | 37 | 36420 | 36420 | |
| 370034 | 37 | 22900 | 22900 | |
| 370047 | 37 | 43300 | 43300 | |
| 370049 | 37 | 36420 | 36420 | |
| 370099 | 37 | 46140 | 46140 | |
| 370103 | 37 | 45 | 45 | |
| 370113 | 37 | 22220 | 22220 | |
| 380001 | 38 | 38900 | 38900 | |
| 380022 | 38 | 18700 | 18700 | LUGAR |
| 380027 | 38 | 21660 | 21660 | |
| 380050 | 38 | 32780 | 32780 | |
| 380090 | 38 | 21660 | 21660 | |
| 390006 | 39 | 25420 | 25420 | |
| 390013 | 39 | 25420 | 25420 | |
| 390030 | 39 | 10900 | 10900 | |
| 390031 | 39 | 39740 | 39740 | LUGAR |
| 390046 | 49620 | 29540 | 29540 | |
| 390048 | 39 | 25420 | 25420 | |
| 390065 | 39 | 47894 | 47894 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 390066 | 30140 | 25420 | 25420 | |
| 390071 | 39 | 48700 | 48700 | LUGAR |
| 390079 | 39 | 13780 | 13780 | |
| 390081 | 37964 | 48864 | 48864 | |
| 390086 | 39 | 44300 | 44300 | |
| 390091 | 39 | 38300 | 38300 | |
| 390110 | 27780 | 38300 | 38300 | |
| 390113 | 39 | 36 | 36 | |
| 390133 | 10900 | 37964 | 37964 | |
| 390151 | 39 | 13644 | 13644 | |
| 390156 | 37964 | 48864 | 48864 | |
| 390180 | 37964 | 48864 | 48864 | |
| 390222 | 37964 | 48864 | 48864 | |
| 390246 | 39 | 48700 | 48700 | |
| 400048 | 25020 | 41980 | 41980 | |
| 410010 | 39300 | 14484 | 14484 | |
| 410012 | 39300 | 14484 | 14484 | |
| 410013 | 39300 | 35980 | 35980 | |
| 420007 | 43900 | 24860 | 24860 | |
| 420009 | 42 | 24860 | 24860 | LUGAR |
| 420020 | 42 | 16700 | 16700 | |
| 420027 | 11340 | 24860 | 24860 | |
| 420028 | 42 | 44940 | 44940 | LUGAR |
| 420030 | 42 | 16700 | 16700 | |
| 420036 | 42 | 16740 | 16740 | |
| 420039 | 42 | 43900 | 43900 | LUGAR |
| 420067 | 42 | 42340 | 42340 | |
| 420068 | 42 | 12260 | 12260 | |
| 420069 | 42 | 44940 | 44940 | LUGAR |
| 420070 | 44940 | 17900 | 17900 | |
| 420071 | 42 | 24860 | 24860 | |
| 420080 | 42 | 42340 | 42340 | |
| 420083 | 43900 | 24860 | 24860 | |
| 420085 | 34820 | 48900 | 48900 | |
| 430012 | 43 | 43620 | 43620 | |
| 430014 | 43 | 22020 | 22020 | |
| 430094 | 43 | 53 | 53 | |
| 440002 | 27180 | 32820 | 32820 | |
| 440008 | 44 | 27180 | 27180 | |
| 440020 | 44 | 26620 | 26620 | |
| 440024 | 17420 | 16860 | 16860 | |
| 440025 | 44 | 34 | 34 | |
| 440035 | 17300 | 34980 | 34980 | |
| 440050 | 44 | 11700 | 11700 | |
| 440058 | 44 | 16860 | 16860 | |
| 440059 | 44 | 34980 | 34980 | |
| 440060 | 44 | 27180 | 27180 | |
| 440067 | 34100 | 28940 | 28940 | |
| 440068 | 44 | 16860 | 16860 | |
| 440072 | 44 | 32820 | 32820 | |
| 440073 | 44 | 34980 | 34980 | |
| 440148 | 44 | 34980 | 34980 | |
| 440151 | 44 | 34980 | 34980 | |
| 440175 | 44 | 34980 | 34980 | |
| 440180 | 44 | 28940 | 28940 | |
| 440185 | 17420 | 16860 | 16860 | |
| 440192 | 44 | 34980 | 34980 | |
| 450007 | 45 | 41700 | 41700 | |
| 450032 | 45 | 43340 | 43340 | |
| 450039 | 23104 | 19124 | 19124 | |
| 450059 | 41700 | 12420 | 12420 | |
| 450064 | 23104 | 19124 | 19124 | |
| 450073 | 45 | 10180 | 10180 | |
| 450080 | 45 | 30980 | 30980 | |
| 450087 | 23104 | 19124 | 19124 | |
| 450099 | 45 | 11100 | 11100 | |
| 450121 | 23104 | 19124 | 19124 | |
| 450135 | 23104 | 19124 | 19124 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 450137 | 23104 | 19124 | 19124 | |
| 450144 | 45 | 36220 | 36220 | |
| 450148 | 23104 | 19124 | 19124 | |
| 450187 | 45 | 26420 | 26420 | |
| 450192 | 45 | 19124 | 19124 | |
| 450194 | 45 | 19124 | 19124 | |
| 450196 | 45 | 19124 | 19124 | |
| 450211 | 45 | 26420 | 26420 | |
| 450214 | 45 | 26420 | 26420 | |
| 450224 | 45 | 46340 | 46340 | |
| 450283 | 45 | 19124 | 19124 | LUGAR |
| 450286 | 45 | 17780 | 17780 | LUGAR |
| 450347 | 45 | 26420 | 26420 | |
| 450351 | 45 | 23104 | 23104 | |
| 450389 | 45 | 19124 | 19124 | LUGAR |
| 450395 | 45 | 26420 | 26420 | |
| 450400 | 45 | 47380 | 47380 | |
| 450419 | 23104 | 19124 | 19124 | |
| 450438 | 45 | 26420 | 26420 | |
| 450447 | 45 | 19124 | 19124 | |
| 450451 | 45 | 23104 | 23104 | |
| 450484 | 45 | 30980 | 30980 | |
| 450508 | 45 | 46340 | 46340 | |
| 450547 | 45 | 19124 | 19124 | |
| 450563 | 23104 | 19124 | 19124 | |
| 450639 | 23104 | 19124 | 19124 | |
| 450653 | 45 | 33260 | 33260 | |
| 450656 | 45 | 46340 | 46340 | |
| 450672 | 23104 | 19124 | 19124 | |
| 450675 | 23104 | 19124 | 19124 | |
| 450677 | 23104 | 19124 | 19124 | |
| 450694 | 45 | 26420 | 26420 | |
| 450747 | 45 | 19124 | 19124 | |
| 450755 | 45 | 31180 | 31180 | |
| 450770 | 45 | 12420 | 12420 | LUGAR |
| 450779 | 23104 | 19124 | 19124 | |
| 450813 | 45 | 41700 | 41700 | |
| 450830 | 45 | 36220 | 36220 | |
| 450839 | 45 | 43340 | 43340 | |
| 450858 | 23104 | 19124 | 19124 | |
| 450872 | 23104 | 19124 | 19124 | |
| 450880 | 23104 | 19124 | 19124 | |
| 460004 | 36260 | 41620 | 41620 | |
| 460005 | 36260 | 41620 | 41620 | |
| 460007 | 46 | 41100 | 41100 | |
| 460011 | 46 | 39340 | 39340 | |
| 460021 | 41100 | 29820 | 29820 | |
| 460039 | 46 | 36260 | 36260 | |
| 460041 | 36260 | 41620 | 41620 | |
| 460042 | 36260 | 41620 | 41620 | |
| 470001 | 47 | 30 | 30 | |
| 470011 | 47 | 15764 | 15764 | |
| 470012 | 47 | 38340 | 38340 | |
| 490004 | 25500 | 16820 | 16820 | |
| 490005 | 49020 | 47894 | 47894 | |
| 490013 | 49 | 31340 | 31340 | |
| 490018 | 49 | 16820 | 16820 | |
| 490042 | 13980 | 40220 | 40220 | |
| 490048 | 40220 | 31340 | 31340 | |
| 490079 | 49 | 24660 | 24660 | |
| 490092 | 49 | 400060 | 400060 | |
| 490105 | 49 | 28700 | 28700 | |
| 490106 | 49 | 16820 | 16820 | |
| 490109 | 47260 | 400060 | 400060 | |
| 500002 | 50 | 28420 | 28420 | |
| 500003 | 34580 | 42644 | 42644 | |
| 500016 | 48300 | 42644 | 42644 | |
| 500021 | 45104 | 42644 | 42644 | |

TABLE 9A.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL AND CBSA—FY2007—Continued

| Provider No. | Geographic CBSA | Reclassified CBSA 10/1/2006–3/31/2007 | Reclassified CBSA 4/1/2007–9/30/2007 | LUGAR |
|---|---|---|---|---|
| 500024 | 36500 | 45104 | 45104 | |
| 500039 | 14740 | 42644 | 42644 | |
| 500041 | 31020 | 38900 | 38900 | |
| 500072 | 50 | 42644 | 42644 | |
| 500079 | 45104 | 42644 | 42644 | |
| 500108 | 45104 | 42644 | 42644 | |
| 500129 | 45104 | 42644 | 42644 | |
| 500139 | 36500 | 45104 | 45104 | |
| 510001 | 340060 | 38300 | 38300 | |
| 510002 | 51 | 40220 | 40220 | |
| 510006 | 51 | 38300 | 38300 | |
| 510018 | 51 | 16620 | 16620 | LUGAR |
| 510024 | 340060 | 38300 | 38300 | |
| 510030 | 51 | 340060 | 340060 | |
| 510046 | 51 | 16620 | 16620 | |
| 510047 | 51 | 38300 | 38300 | |
| 510062 | 51 | 16620 | 16620 | |
| 510070 | 51 | 16620 | 16620 | |
| 510071 | 51 | 16620 | 16620 | |
| 510077 | 51 | 26580 | 26580 | |
| 520002 | 52 | 48140 | 48140 | |
| 520021 | 29404 | 16974 | 16974 | |
| 520028 | 52 | 31540 | 31540 | |
| 520037 | 52 | 48140 | 48140 | |
| 520059 | 39540 | 29404 | 29404 | |
| 520060 | 52 | 22540 | 22540 | LUGAR |
| 520066 | 27500 | 31540 | 31540 | |
| 520071 | 52 | 33340 | 33340 | LUGAR |
| 520076 | 52 | 31540 | 31540 | |
| 520088 | 22540 | 33340 | 33340 | |
| 520094 | 39540 | 33340 | 33340 | |
| 520095 | 52 | 31540 | 31540 | |
| 520096 | 39540 | 33340 | 33340 | |
| 520102 | 52 | 33340 | 33340 | LUGAR |
| 520107 | 52 | 24580 | 24580 | |
| 520113 | 52 | 24580 | 24580 | |
| 520116 | 52 | 33340 | 33340 | LUGAR |
| 520173 | 52 | 20260 | 20260 | |
| 520189 | 29404 | 16974 | 16974 | |
| 530015 | 53 | 26820 | 26820 | |
| 530025 | 53 | 22660 | 22660 | |

TABLE 9B.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL UNDER SECTION 508 OF PUBLIC LAW 108–173—FY 2007

| Provider number | Note | Geographic CBSA | Wage index CBSA—10/1/06–3/31/07 | Wage index CBSA—4/1/2007–9/30/2007* | Own Wage index—10/1/06–3/31/07 |
|---|---|---|---|---|---|
| 050494 | | 05 | 42220 | | |
| 050549 | | 37100 | 42220 | | |
| 070001 | | 35300 | 35004 | | |
| 070005 | | 35300 | 35004 | | |
| 070006 | * | 14860 | 35644 | | |
| 070010 | | 14860 | 35644 | | |
| 070016 | | 35300 | 35004 | | |
| 070017 | | 35300 | 35004 | | |
| 070018 | * | 14860 | 35644 | | |
| 070019 | | 35300 | 35004 | | |
| 070022 | | 35300 | 35004 | | |
| 070028 | | 14860 | 35644 | | |
| 070031 | | 35300 | 35004 | | |
| 070034 | * | 14860 | 35644 | | |
| 070039 | | 35300 | 35004 | | |
| 160040 | | 47940 | 16300 | | |
| 160067 | | 47940 | 16300 | | |

TABLE 9B.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL UNDER SECTION 508 OF PUBLIC LAW 108–173—FY 2007—Continued

| Provider number | Note | Geographic CBSA | Wage index CBSA—10/1/06–3/31/07 | Wage index CBSA—4/1/2007–9/30/2007* | Own Wage index—10/1/06–3/31/07 |
|---|---|---|---|---|---|
| 160110 | | 47940 | 16300 | | |
| 220046 | | 38340 | 14484 | | |
| 230003 | | 26100 | 28020 | | |
| 230004 | | 34740 | 28020 | | |
| 230013 | | 47644 | 22420 | | |
| 230019 | | 47644 | 22420 | | |
| 230020 | | 19804 | 11460 | | |
| 230024 | | 19804 | 11460 | | |
| 230029 | | 47644 | 22420 | | |
| 230038 | | 24340 | 28020 | | |
| 230053 | | 19804 | 11460 | | |
| 230059 | | 24340 | 28020 | | |
| 230066 | | 34740 | 28020 | | |
| 230071 | | 47644 | 22420 | | |
| 230072 | | 26100 | 28020 | | |
| 230089 | | 19804 | 11460 | | |
| 230104 | | 19804 | 11460 | | |
| 230106 | | 24340 | 28020 | | |
| 230119 | | 19804 | 11460 | | |
| 230130 | | 47644 | 22420 | | |
| 230135 | | 19804 | 11460 | | |
| 230146 | | 19804 | 11460 | | |
| 230151 | | 47644 | 22420 | | |
| 230165 | | 19804 | 11460 | | |
| 230174 | | 26100 | 28020 | | |
| 230176 | | 19804 | 11460 | | |
| 230207 | | 47644 | 22420 | | |
| 230223 | | 47644 | 22420 | | |
| 230236 | | 24340 | 28020 | | |
| 230254 | | 47644 | 22420 | | |
| 230269 | | 47644 | 22420 | | |
| 230270 | | 19804 | 11460 | | |
| 230273 | | 19804 | 11460 | | |
| 230277 | | 47644 | 22420 | | |
| 250078 | * | 25620 | 25060 | 25060 | |
| 250122 | | 25 | 25060 | | |
| 270002 | * | 27 | 33540 | 33540 | |
| 270012 | * | 24500 | 33540 | 33540 | |
| 270023 | | 33540 | 13740 | | |
| 270032 | | 27 | 13740 | | |
| 270057 | | 27 | 13740 | | |
| 310028 | | 35084 | 35644 | | |
| 310051 | | 35084 | 35644 | | |
| 310060 | | 10900 | 35644 | | |
| 310115 | | 10900 | 35644 | | |
| 310120 | | 35084 | 35644 | | |
| 330023 | * | 39100 | 35644 | 35644 | |
| 330049 | | 39100 | 35644 | | |
| 330067 | * | 39100 | 35644 | 35644 | |
| 330106 | | 35004 | | | 1.4485 |
| 330126 | | 39100 | 35644 | | |
| 330135 | | 39100 | 35644 | | |
| 330205 | | 39100 | 35644 | | |
| 330209 | | 39100 | 35004 | | |
| 330264 | | 39100 | 35004 | | |
| 340002 | | 11700 | 16740 | | |
| 350002 | | 13900 | 22020 | | |
| 350010 | | 35 | 22020 | | |
| 350014 | | 35 | 22020 | | |
| 350015 | | 13900 | 22020 | | |
| 350017 | | 35 | 22020 | | |
| 350019 | * | 24220 | 22020 | 22020 | |
| 350030 | | 35 | 22020 | | |
| 390001 | | 42540 | 10900 | | |
| 390003 | | 39 | 10900 | | |
| 390054 | | 42540 | 29540 | | |
| 390072 | | 39 | 10900 | | |
| 390095 | | 42540 | 10900 | | |

TABLE 9B.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL UNDER SECTION 508 OF PUBLIC LAW 108–173—FY 2007—Continued

| Provider number | Note | Geographic CBSA | Wage index CBSA—10/1/06–3/31/07 | Wage index CBSA—4/1/2007–9/30/2007* | Own Wage index—10/1/06–3/31/07 |
|---|---|---|---|---|---|
| 390119 | | 42540 | 10900 | | |
| 390137 | | 42540 | 10900 | | |
| 390169 | | 42540 | 10900 | | |
| 390185 | | 42540 | 29540 | | |
| 390192 | | 42540 | 10900 | | |
| 390237 | | 42540 | 10900 | | |
| 390270 | | 42540 | 29540 | | |
| 430005 | | 43 | 39660 | | |
| 430008 | * | 43 | 43620 | 43620 | |
| 430013 | * | 43 | 43620 | 43620 | |
| 430015 | | 43 | 43620 | | |
| 430048 | | 43 | 43620 | | |
| 430060 | | 43 | 43620 | | |
| 430064 | | 43 | 43620 | | |
| 430077 | | 39660 | 43620 | | |
| 430091 | | 39660 | 43620 | | |
| 450010 | | 48660 | 32580 | | |
| 450072 | | 26420 | 26420 | | |
| 450591 | | 26420 | 26420 | | |
| 470003 | | 15540 | 14484 | | |
| 490001 | | 49 | 31340 | | |
| 490024 | | 40220 | 19260 | | |
| 530008 | * | 53 | 16220 | 16220 | |
| 530010 | * | 53 | 16220 | 16220 | |

*These hospitals are assigned a wage index value under a special exceptions policy (see the FY 2005 IPPS final rule, 69 FR 49105).

TABLE 9C.—HOSPITALS REDESIGNATED AS RURAL UNDER SECTION 1886(D)(8)(E) OF THE ACT—FY 2007

| Provider number | Geographic CBSA | Redesignated rural area |
|---|---|---|
| 050192 | 23420 | 05 |
| 050469 | 40140 | 05 |
| 050528 | 32900 | 05 |
| 050618 | 40140 | 05 |
| 070004 | 25540 | 07 |
| 100048 | 37860 | 10 |
| 100134 | 27260 | 10 |
| 170137 | 29940 | 17 |
| 190048 | 26380 | 19 |
| 230078 | 35660 | 23 |
| 260006 | 41140 | 26 |
| 260047 | 27620 | 26 |
| 260195 | 44180 | 26 |
| 330268 | 10580 | 33 |
| 370054 | 36420 | 37 |
| 380040 | 13460 | 38 |
| 390052 | 39 | 39 |
| 390084 | 39 | 39 |
| 390093 | 39 | 39 |
| 390118 | 39 | 39 |
| 390125 | 39 | 39 |
| 390138 | 39 | 39 |
| 390146 | 39 | 39 |
| 390150 | 39 | 39 |
| 390181 | 39 | 39 |
| 390183 | 39 | 39 |
| 390189 | 39 | 39 |
| 390199 | 39 | 39 |
| 390201 | 39 | 39 |
| 440135 | 34980 | 44 |
| 450052 | 45 | 45 |
| 450078 | 10180 | 45 |
| 450243 | 10180 | 45 |
| 450348 | 45 | 45 |
| 500060 | 42644 | 50 |
| 500148 | 48300 | 50 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]

| DRG | Number of cases | Threshold |
|---|---|---|
| 1 | 24,328 | $53,938 |
| 2 | 10,275 | $37,402 |
| 3 | 2 | $70,158 |
| 6 | 291 | $16,552 |
| 7 | 14,912 | $41,716 |
| 8 | 3,415 | $31,108 |
| 9 | 1,761 | $25,283 |
| 10 | 19,574 | $25,017 |
| 11 | 3,075 | $18,962 |
| 12 | 56,224 | $18,919 |
| 13 | 7,495 | $17,715 |
| 14 | 278,100 | $24,927 |
| 15 | 20,038 | $20,826 |
| 16 | 17,333 | $26,314 |
| 17 | 2,966 | $15,701 |
| 18 | 33,356 | $21,320 |
| 19 | 8,416 | $15,732 |
| 20 | 6,407 | $40,783 |
| 21 | 2,205 | $26,935 |
| 22 | 3,151 | $23,912 |
| 23 | 10,668 | $16,962 |
| 24 | 63,265 | $21,159 |
| 25 | 27,269 | $13,798 |
| 26 | 24 | $20,300 |
| 27 | 5,923 | $25,046 |
| 28 | 19,837 | $25,435 |
| 29 | 6,498 | $15,810 |
| 31 | 4,967 | $21,053 |
| 32 | 1,856 | $14,058 |
| 34 | 27,462 | $21,201 |
| 35 | 7,825 | $14,408 |
| 36 | 1,203 | $15,522 |
| 37 | 1,233 | $24,385 |
| 38 | 48 | $11,080 |
| 39 | 362 | $14,021 |
| 40 | 1,251 | $21,938 |
| 42 | 941 | $17,594 |
| 43 | 123 | $12,806 |
| 44 | 1,310 | $14,842 |
| 45 | 2,765 | $16,531 |
| 46 | 3,942 | $16,755 |
| 47 | 1,322 | $12,080 |
| 49 | 2,414 | $31,141 |
| 50 | 2,023 | $19,180 |
| 51 | 192 | $19,172 |
| 52 | 316 | $16,103 |
| 53 | 2,137 | $26,620 |
| 55 | 1,366 | $20,219 |
| 56 | 450 | $19,353 |
| 57 | 881 | $20,358 |
| 59 | 127 | $15,100 |
| 60 | 3 | $18,913 |
| 61 | 222 | $28,884 |
| 62 | 4 | $7,210 |
| 63 | 2,826 | $26,658 |
| 64 | 3,252 | $23,164 |
| 65 | 40,693 | $13,497 |
| 66 | 8,208 | $12,916 |
| 67 | 379 | $17,295 |
| 68 | 19,063 | $14,128 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]—Continued

| DRG | Number of cases | Threshold |
|---|---|---|
| 69 | 5,200 | $10,627 |
| 70 | 23 | $7,427 |
| 71 | 71 | $15,648 |
| 72 | 1,341 | $16,527 |
| 73 | 9,963 | $18,049 |
| 74 | 3 | $8,105 |
| 75 | 46,661 | $48,108 |
| 76 | 47,934 | $43,517 |
| 77 | 2,086 | $25,753 |
| 78 | 49,495 | $26,329 |
| 79 | 160,350 | $29,300 |
| 80 | 7,187 | $18,853 |
| 81 | 6 | $25,887 |
| 82 | 63,071 | $26,543 |
| 83 | 7,053 | $21,671 |
| 84 | 1,379 | $12,820 |
| 85 | 22,188 | $25,115 |
| 86 | 1,726 | $15,503 |
| 87 | 96,594 | $26,870 |
| 88 | 427,896 | $19,083 |
| 89 | 555,084 | $22,017 |
| 90 | 43,729 | $13,109 |
| 91 | 53 | $11,679 |
| 92 | 16,529 | $24,748 |
| 93 | 1,446 | $16,248 |
| 94 | 13,561 | $23,676 |
| 95 | 1,568 | $12,581 |
| 96 | 60,141 | $15,900 |
| 97 | 26,997 | $11,754 |
| 98 | 13 | $12,587 |
| 99 | 21,440 | $15,705 |
| 100 | 6,425 | $12,166 |
| 101 | 23,372 | $18,530 |
| 102 | 4,916 | $12,328 |
| 103 | 859 | $234,201 |
| 104 | 20,077 | $124,179 |
| 105 | 32,514 | $93,739 |
| 106 | 3,427 | $111,298 |
| 108 | 8,740 | $89,367 |
| 110 | 57,543 | $59,240 |
| 111 | 10,744 | $45,073 |
| 113 | 34,572 | $45,534 |
| 114 | 7,940 | $30,209 |
| 117 | 5,331 | $25,603 |
| 118 | 7,618 | $33,248 |
| 119 | 965 | $25,877 |
| 120 | 33,337 | $36,476 |
| 121 | 150,081 | $29,689 |
| 122 | 54,533 | $21,009 |
| 123 | 29,519 | $25,707 |
| 124 | 120,197 | $29,665 |
| 125 | 92,007 | $23,825 |
| 126 | 5,415 | $40,840 |
| 127 | 667,830 | $21,961 |
| 128 | 4,228 | $15,640 |
| 129 | 3,504 | $21,695 |
| 130 | 87,619 | $20,101 |
| 131 | 22,939 | $12,055 |
| 132 | 101,445 | $13,662 |
| 133 | 5,877 | $12,148 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]—Continued

| DRG | Number of cases | Threshold |
|---|---|---|
| 134 | 40,280 | $13,518 |
| 135 | 7,169 | $19,603 |
| 136 | 936 | $14,048 |
| 138 | 206,144 | $17,801 |
| 139 | 74,055 | $11,519 |
| 140 | 31,532 | $11,134 |
| 141 | 123,443 | $16,543 |
| 142 | 49,350 | $13,194 |
| 143 | 238,325 | $12,583 |
| 144 | 104,907 | $24,478 |
| 145 | 5,727 | $12,846 |
| 146 | 10,217 | $45,078 |
| 147 | 2,607 | $31,265 |
| 148 | 132,645 | $51,883 |
| 149 | 19,460 | $30,248 |
| 150 | 22,886 | $45,015 |
| 151 | 5,365 | $27,699 |
| 152 | 4,995 | $33,362 |
| 153 | 1,946 | $23,355 |
| 154 | 26,968 | $56,652 |
| 155 | 5,992 | $27,799 |
| 156 | 4 | $43,037 |
| 157 | 8,291 | $25,914 |
| 158 | 3,707 | $14,374 |
| 159 | 19,172 | $28,300 |
| 160 | 11,919 | $18,834 |
| 161 | 10,136 | $25,538 |
| 162 | 4,950 | $15,241 |
| 163 | 4 | $14,007 |
| 164 | 5,971 | $38,851 |
| 165 | 2,443 | $25,609 |
| 166 | 5,126 | $29,243 |
| 167 | 4,864 | $19,695 |
| 168 | 1,532 | $25,261 |
| 169 | 770 | $16,756 |
| 170 | 17,890 | $44,542 |
| 171 | 1,404 | $26,663 |
| 172 | 33,122 | $26,316 |
| 173 | 2,229 | $16,793 |
| 174 | 260,944 | $22,036 |
| 175 | 29,891 | $12,609 |
| 176 | 14,595 | $23,998 |
| 177 | 7,656 | $20,625 |
| 178 | 2,548 | $15,447 |
| 179 | 14,654 | $23,043 |
| 180 | 91,305 | $20,909 |
| 181 | 25,234 | $12,552 |
| 182 | 297,038 | $18,449 |
| 183 | 81,833 | $13,162 |
| 184 | 76 | $14,814 |
| 185 | 6,240 | $18,863 |
| 186 | 7 | $5,726 |
| 187 | 644 | $18,582 |
| 188 | 93,551 | $22,996 |
| 189 | 13,148 | $13,298 |
| 190 | 63 | $16,464 |
| 191 | 10,546 | $54,836 |
| 192 | 1,376 | $32,518 |
| 193 | 4,038 | $51,797 |
| 194 | 461 | $32,202 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]—Continued

| DRG | Number of cases | Threshold |
|---|---|---|
| 195 | 2,835 | $50,330 |
| 196 | 594 | $32,533 |
| 197 | 16,347 | $42,001 |
| 198 | 4,105 | $26,117 |
| 199 | 1,477 | $37,170 |
| 200 | 1,014 | $39,833 |
| 201 | 2,707 | $52,939 |
| 202 | 27,497 | $25,079 |
| 203 | 32,322 | $26,139 |
| 204 | 69,183 | $22,933 |
| 205 | 32,722 | $23,282 |
| 206 | 2,041 | $16,152 |
| 207 | 38,324 | $24,655 |
| 208 | 9,535 | $15,457 |
| 210 | 126,270 | $36,343 |
| 211 | 25,668 | $26,696 |
| 212 | 10 | $18,770 |
| 213 | 9,455 | $33,757 |
| 216 | 19,927 | $35,368 |
| 217 | 15,590 | $41,834 |
| 218 | 29,952 | $32,692 |
| 219 | 21,035 | $23,451 |
| 220 | 2 | $24,004 |
| 223 | 12,641 | $25,348 |
| 224 | 9,914 | $18,586 |
| 225 | 6,246 | $26,078 |
| 226 | 6,735 | $29,288 |
| 227 | 4,867 | $18,609 |
| 228 | 2,680 | $24,599 |
| 229 | 1,123 | $15,669 |
| 230 | 2,458 | $26,420 |
| 232 | 566 | $20,841 |
| 233 | 18,408 | $34,741 |
| 234 | 9,070 | $27,627 |
| 235 | 4,753 | $16,296 |
| 236 | 41,708 | $15,403 |
| 237 | 1,917 | $13,860 |
| 238 | 9,766 | $26,257 |
| 239 | 40,264 | $23,062 |
| 240 | 12,897 | $24,260 |
| 241 | 2,829 | $14,155 |
| 242 | 2,726 | $22,458 |
| 243 | 100,715 | $17,004 |
| 244 | 17,015 | $15,399 |
| 245 | 5,904 | $10,392 |
| 246 | 1,407 | $13,311 |
| 247 | 21,424 | $12,727 |
| 248 | 16,489 | $18,894 |
| 249 | 13,442 | $15,428 |
| 250 | 4,144 | $15,072 |
| 251 | 2,068 | $10,611 |
| 253 | 24,748 | $16,493 |
| 254 | 9,990 | $10,194 |
| 256 | 7,606 | $18,047 |
| 257 | 13,084 | $19,605 |
| 258 | 11,372 | $15,439 |
| 259 | 2,657 | $21,683 |
| 260 | 2,421 | $15,090 |
| 261 | 1,568 | $20,742 |
| 262 | 599 | $20,894 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]—Continued

| DRG | Number of cases | Threshold |
|---|---|---|
| 263 | 22,459 | $32,488 |
| 264 | 3,905 | $22,421 |
| 265 | 4,011 | $28,291 |
| 266 | 2,221 | $19,694 |
| 267 | 273 | $20,005 |
| 268 | 994 | $25,612 |
| 269 | 11,014 | $30,475 |
| 270 | 2,567 | $17,712 |
| 271 | 21,702 | $21,485 |
| 272 | 6,074 | $20,835 |
| 273 | 1,267 | $12,661 |
| 274 | 2,242 | $22,532 |
| 275 | 180 | $12,564 |
| 276 | 1,623 | $15,496 |
| 277 | 119,279 | $18,413 |
| 278 | 33,947 | $11,744 |
| 279 | 6 | $9,165 |
| 280 | 19,317 | $16,070 |
| 281 | 6,558 | $11,023 |
| 283 | 6,779 | $15,588 |
| 284 | 1,870 | $9,582 |
| 285 | 8,029 | $35,326 |
| 286 | 2,858 | $34,797 |
| 287 | 5,417 | $31,354 |
| 288 | 11,262 | $36,453 |
| 289 | 6,326 | $19,747 |
| 290 | 11,850 | $18,894 |
| 291 | 59 | $13,196 |
| 292 | 7,563 | $41,631 |
| 293 | 319 | $27,017 |
| 294 | 97,778 | $16,203 |
| 295 | 4,359 | $16,127 |
| 296 | 247,564 | $17,305 |
| 297 | 42,713 | $10,753 |
| 298 | 110 | $11,321 |
| 299 | 1,544 | $21,193 |
| 300 | 21,668 | $23,141 |
| 301 | 3,917 | $13,502 |
| 302 | 10,266 | $53,482 |
| 303 | 24,555 | $38,849 |
| 304 | 14,042 | $37,954 |
| 305 | 3,000 | $25,713 |
| 306 | 5,792 | $25,952 |
| 307 | 1,941 | $13,794 |
| 308 | 6,672 | $29,226 |
| 309 | 3,267 | $20,392 |
| 310 | 25,307 | $25,305 |
| 311 | 5,868 | $14,225 |
| 312 | 1,322 | $24,353 |
| 313 | 502 | $16,746 |
| 314 | 2 | $63,207 |
| 315 | 34,708 | $34,675 |
| 316 | 204,537 | $24,329 |
| 317 | 2,695 | $17,236 |
| 318 | 5,900 | $23,909 |
| 319 | 386 | $13,776 |
| 320 | 225,308 | $18,217 |
| 321 | 32,125 | $12,238 |
| 322 | 67 | $13,312 |
| 323 | 20,424 | $18,227 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]—Continued

| DRG | Number of cases | Threshold |
|---|---|---|
| 324 | 4,622 | $11,415 |
| 325 | 9,912 | $14,526 |
| 326 | 2,596 | $9,757 |
| 327 | 11 | $4,343 |
| 328 | 574 | $15,429 |
| 329 | 55 | $11,791 |
| 331 | 56,911 | $22,376 |
| 332 | 4,148 | $13,671 |
| 333 | 242 | $18,937 |
| 334 | 9,480 | $29,861 |
| 335 | 12,115 | $24,029 |
| 336 | 28,104 | $18,105 |
| 337 | 21,412 | $12,512 |
| 338 | 670 | $26,885 |
| 339 | 1,226 | $24,456 |
| 341 | 3,118 | $26,313 |
| 342 | 455 | $16,807 |
| 344 | 2,344 | $26,216 |
| 345 | 1,393 | $24,179 |
| 346 | 4,006 | $22,303 |
| 347 | 247 | $11,878 |
| 348 | 4,275 | $15,630 |
| 349 | 556 | $10,034 |
| 350 | 7,275 | $16,391 |
| 352 | 1,176 | $16,670 |
| 353 | 3,075 | $31,137 |
| 354 | 7,556 | $29,687 |
| 355 | 4,982 | $19,301 |
| 356 | 22,197 | $16,341 |
| 357 | 5,521 | $37,813 |
| 358 | 20,865 | $24,333 |
| 359 | 28,554 | $17,289 |
| 360 | 14,250 | $19,091 |
| 361 | 288 | $23,723 |
| 362 | 2 | $6,842 |
| 363 | 1,978 | $22,611 |
| 364 | 1,366 | $20,070 |
| 365 | 1,607 | $32,785 |
| 366 | 4,664 | $23,778 |
| 367 | 448 | $13,000 |
| 368 | 4,156 | $23,392 |
| 369 | 3,780 | $14,156 |
| 370 | 2,210 | $17,586 |
| 371 | 2,656 | $12,644 |
| 372 | 1,354 | $10,859 |
| 373 | 5,201 | $7,550 |
| 374 | 153 | $12,838 |
| 375 | 13 | $21,703 |
| 376 | 474 | $12,994 |
| 377 | 111 | $24,218 |
| 378 | 203 | $16,225 |
| 379 | 486 | $7,975 |
| 380 | 111 | $9,309 |
| 381 | 172 | $14,935 |
| 382 | 51 | $3,954 |
| 383 | 2,816 | $10,480 |
| 384 | 147 | $7,366 |
| 389 | 3 | $24,011 |
| 392 | 2,120 | $45,705 |
| 394 | 2,758 | $30,927 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]—Continued

| DRG | Number of cases | Threshold |
|---|---|---|
| 395 | 115,676 | $18,128 |
| 396 | 20 | $13,145 |
| 397 | 16,409 | $23,004 |
| 398 | 18,602 | $24,048 |
| 399 | 1,639 | $14,974 |
| 401 | 6,443 | $43,881 |
| 402 | 1,341 | $25,131 |
| 403 | 31,499 | $29,820 |
| 404 | 3,625 | $19,967 |
| 406 | 2,300 | $42,504 |
| 407 | 608 | $24,913 |
| 408 | 1,941 | $33,805 |
| 409 | 1,733 | $24,885 |
| 410 | 29,018 | $23,855 |
| 411 | 5 | $9,742 |
| 412 | 8 | $9,732 |
| 413 | 5,727 | $25,493 |
| 414 | 481 | $16,066 |
| 415 | 55,695 | $54,398 |
| 416 | 287,720 | $29,284 |
| 417 | 33 | $28,169 |
| 418 | 29,891 | $22,126 |
| 419 | 17,735 | $18,517 |
| 420 | 3,052 | $12,846 |
| 421 | 13,248 | $16,145 |
| 422 | 77 | $11,732 |
| 423 | 9,071 | $28,338 |
| 424 | 1,034 | $36,130 |
| 425 | 13,105 | $13,590 |
| 426 | 4,244 | $10,349 |
| 427 | 1,575 | $11,169 |
| 428 | 831 | $13,862 |
| 429 | 24,102 | $16,887 |
| 430 | 75,185 | $13,563 |
| 431 | 338 | $12,778 |
| 432 | 401 | $14,072 |
| 433 | 5,145 | $6,348 |
| 439 | 1,750 | $29,718 |
| 440 | 5,181 | $29,513 |
| 441 | 687 | $20,575 |
| 442 | 18,524 | $37,538 |
| 443 | 3,570 | $22,683 |
| 444 | 6,004 | $16,185 |
| 445 | 2,259 | $11,272 |
| 447 | 6,341 | $11,444 |
| 449 | 40,812 | $18,232 |
| 450 | 7,395 | $9,416 |
| 451 | 2 | $19,140 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]—Continued

| DRG | Number of cases | Threshold |
|---|---|---|
| 452 | 28,659 | $21,691 |
| 453 | 5,379 | $11,466 |
| 454 | 4,754 | $17,818 |
| 455 | 885 | $10,307 |
| 461 | 2,271 | $27,863 |
| 462 | 7,854 | $16,912 |
| 463 | 32,979 | $15,084 |
| 464 | 7,677 | $11,282 |
| 465 | 171 | $12,777 |
| 466 | 1,250 | $13,996 |
| 467 | 1,035 | $9,965 |
| 468 | 51,806 | $57,172 |
| 470 | 130 | $25,466 |
| 471 | 15,526 | $55,551 |
| 473 | 8,554 | $38,397 |
| 475 | 119,935 | $50,639 |
| 476 | 2,840 | $35,418 |
| 477 | 28,074 | $34,213 |
| 479 | 27,582 | $30,586 |
| 480 | 884 | $128,973 |
| 481 | 1,183 | $91,460 |
| 482 | 5,076 | $49,252 |
| 484 | 456 | $75,162 |
| 485 | 3,658 | $51,585 |
| 486 | 2,607 | $68,837 |
| 487 | 4,877 | $31,891 |
| 488 | 823 | $63,400 |
| 489 | 13,661 | $28,266 |
| 490 | 5,338 | $21,522 |
| 491 | 22,679 | $35,764 |
| 492 | 3,897 | $44,664 |
| 493 | 60,901 | $34,560 |
| 494 | 24,434 | $22,745 |
| 495 | 336 | $120,908 |
| 496 | 3,709 | $96,697 |
| 497 | 31,216 | $62,841 |
| 498 | 21,383 | $51,886 |
| 499 | 35,204 | $28,301 |
| 500 | 46,619 | $19,840 |
| 501 | 3,171 | $42,481 |
| 502 | 756 | $29,355 |
| 503 | 5,858 | $26,581 |
| 504 | 191 | $146,367 |
| 505 | 180 | $27,936 |
| 506 | 964 | $50,384 |
| 507 | 323 | $31,731 |
| 508 | 662 | $23,639 |
| 509 | 157 | $16,201 |

TABLE 10.—GEOMETRIC MEAN PLUS THE LESSER OF .75 OF THE NATIONAL ADJUSTED OPERATING STANDARDIZED PAYMENT AMOUNT (INCREASED TO REFLECT THE DIFFERENCE BETWEEN COSTS AND CHARGES) OR .75 OF ONE STANDARD DEVIATION OF MEAN CHARGES BY DIAGNOSIS-RELATED GROUP (DRG) MARCH 2006 [1]—Continued

| DRG | Number of cases | Threshold |
|---|---|---|
| 510 | 1,797 | $21,194 |
| 511 | 636 | $13,509 |
| 512 | 530 | $90,375 |
| 513 | 213 | $101,858 |
| 515 | 58,105 | $86,680 |
| 518 | 23,620 | $34,456 |
| 519 | 12,544 | $44,211 |
| 520 | 16,505 | $35,796 |
| 521 | 32,468 | $14,497 |
| 522 | 5,801 | $10,106 |
| 523 | 15,604 | $8,206 |
| 524 | 109,106 | $16,158 |
| 525 | 203 | $151,063 |
| 528 | 1,841 | $107,892 |
| 529 | 5,109 | $36,423 |
| 530 | 3,372 | $25,893 |
| 531 | 4,873 | $45,214 |
| 532 | 2,832 | $27,950 |
| 533 | 46,519 | $30,298 |
| 534 | 42,490 | $22,177 |
| 535 | 8,761 | $119,733 |
| 536 | 8,187 | $109,139 |
| 537 | 8,952 | $32,582 |
| 538 | 5,453 | $22,363 |
| 539 | 4,953 | $44,654 |
| 540 | 1,491 | $25,570 |
| 541 | 25,000 | $250,176 |
| 542 | 23,215 | $150,533 |
| 543 | 5,478 | $64,504 |
| 544 | 444,509 | $39,461 |
| 545 | 44,574 | $45,048 |
| 546 | 2,345 | $83,613 |
| 547 | 32,602 | $97,976 |
| 548 | 32,109 | $79,666 |
| 549 | 13,098 | $81,112 |
| 550 | 34,456 | $63,667 |
| 551 | 53,802 | $51,436 |
| 552 | 81,841 | $40,493 |
| 553 | 39,188 | $46,843 |
| 554 | 77,170 | $36,841 |
| 555 | 37,270 | $42,704 |
| 556 | 18,914 | $37,680 |
| 557 | 123,764 | $51,183 |
| 558 | 191,880 | $42,313 |
| 559 | 2,887 | $40,716 |

[1] Cases taken from the FY 2005 MedPAR file; DRGs are from GROUPER Version 24.0.

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 1 | [5] CRANIOTOMY AGE >17 W CC | 1.6479 | 35.5 | 29.6 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 2 | [7] CRANIOTOMY AGE > 17 W/O CC | 1.6479 | 35.5 | 29.6 |
| 3 | [7] CRANIOTOMY AGE 0–17 | 1.6479 | 35.5 | 29.6 |
| 6 | [7] CARPAL TUNNEL RELEASE | 0.4109 | 17.1 | 14.3 |
| 7 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC | 1.2119 | 36.2 | 30.2 |
| 8 | [2] PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC | 0.5655 | 21.2 | 17.7 |
| 9 | SPINAL DISORDERS & INJURIES | 1.0474 | 34.0 | 28.3 |
| 10 | NERVOUS SYSTEM NEOPLASMS W CC | 0.6992 | 22.1 | 18.4 |
| 11 | [2] NERVOUS SYSTEM NEOPLASMS W/O CC | 0.5655 | 21.2 | 17.7 |
| 12 | DEGENERATIVE NERVOUS SYSTEM DISORDERS | 0.6811 | 25.2 | 21.0 |
| 13 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA | 0.6043 | 23.1 | 19.3 |
| 14 | INTERCRANIAL HEMORRHAGE OR STROKE WITH INFARCT | 0.6798 | 24.8 | 20.7 |
| 15 | NONSPECIFIC CVA & PRECEREBRAL OCCULUSION WITHOUT INFARCT | 0.7779 | 26.1 | 21.8 |
| 16 | NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 0.6960 | 23.1 | 19.3 |
| 17 | [1] NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC | 0.4109 | 17.1 | 14.3 |
| 18 | CRANIAL & PERIPHERAL NERVE DISORDERS W CC | 0.7397 | 25.2 | 21.0 |
| 19 | CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC | 0.4526 | 19.5 | 16.3 |
| 20 | NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS | 0.9141 | 24.9 | 20.8 |
| 21 | [3] VIRAL MENINGITIS | 0.7858 | 25.2 | 21.0 |
| 22 | [3] HYPERTENSIVE ENCEPHALOPATHY | 0.7858 | 25.2 | 21.0 |
| 23 | NONTRAUMATIC STUPOR & COMA | 1.0124 | 29.4 | 24.5 |
| 24 | SEIZURE & HEADACHE AGE >17 W CC | 0.7194 | 23.8 | 19.8 |
| 25 | [2] SEIZURE & HEADACHE AGE >17 W/O CC | 0.5655 | 21.2 | 17.7 |
| 26 | [7] SEIZURE & HEADACHE AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 27 | TRAUMATIC STUPOR & COMA, COMA >1 HR | 1.0016 | 30.6 | 25.5 |
| 28 | TRAUMATIC STUPOR & COMA, COMA >1 HR AGE >17 W CC | 0.8052 | 25.8 | 21.5 |
| 29 | [1] TRAUMATIC STUPOR & COMA, COMA >1 HR AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 30 | [7] TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 31 | [1] CONCUSSION AGE >17 W CC | 0.4109 | 17.1 | 14.3 |
| 32 | [7] CONCUSSION AGE >17 W/O CC | 0.5655 | 21.1 | 17.6 |
| 33 | [7] CONCUSSION AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 34 | OTHER DISORDERS OF NERVOUS SYSTEM W CC | 0.7057 | 23.4 | 19.5 |
| 35 | OTHER DISORDERS OF NERVOUS SYSTEM W/O CC | 0.5093 | 21.1 | 17.6 |
| 36 | [7] RETINAL PROCEDURES | 0.5655 | 21.1 | 17.6 |
| 37 | [7] ORBITAL PROCEDURES | 0.5655 | 21.1 | 17.6 |
| 38 | [7] PRIMARY IRIS PROCEDURES | 0.5655 | 21.1 | 17.6 |
| 39 | [7] LENS PROCEDURES WITH OR WITHOUT VITRECTOMY | 0.5655 | 21.1 | 17.6 |
| 40 | [7] EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17 | 0.5655 | 21.1 | 17.6 |
| 41 | [7] EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 42 | [7] INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS | 0.5655 | 21.1 | 17.6 |
| 43 | [7] HYPHEMA | 0.4109 | 17.1 | 14.3 |
| 44 | [3] ACUTE MAJOR EYE INFECTIONS | 0.7858 | 25.2 | 21.0 |
| 45 | [1] NEUROLOGICAL EYE DISORDERS | 0.4109 | 17.1 | 14.3 |
| 46 | [2] OTHER DISORDERS OF THE EYE AGE >17 W CC | 0.5655 | 21.2 | 17.7 |
| 47 | [7] OTHER DISORDERS OF THE EYE AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 48 | [7] OTHER DISORDERS OF THE EYE AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 49 | [7] MAJOR HEAD & NECK PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 50 | [7] SIALOADENECTOMY | 1.1162 | 29.5 | 24.6 |
| 51 | [7] SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY | 1.1162 | 29.5 | 24.6 |
| 52 | [7] CLEFT LIP & PALATE REPAIR | 1.1162 | 29.5 | 24.6 |
| 53 | [7] SINUS & MASTOID PROCEDURES AGE >17 | 1.1162 | 29.5 | 24.6 |
| 54 | [7] SINUS & MASTOID PROCEDURES AGE 0–17 | 1.1162 | 29.5 | 24.6 |
| 55 | [4] MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 56 | [7] RHINOPLASTY | 1.1162 | 29.5 | 24.6 |
| 57 | [7] T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17 | 0.4109 | 17.1 | 14.3 |
| 58 | [7] T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0–17. | 0.4109 | 17.1 | 14.3 |
| 59 | [7] TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17 | 0.4109 | 17.1 | 14.3 |
| 60 | [7] TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 61 | [7] MYRINGOTOMY W TUBE INSERTION AGE >17 | 0.4109 | 17.1 | 14.3 |
| 62 | [7] MYRINGOTOMY W TUBE INSERTION AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 63 | [4] OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 64 | EAR, NOSE, MOUTH & THROAT MALIGNANCY | 1.1890 | 26.2 | 21.8 |
| 65 | [1] DYSEQUILIBRIUM | 0.4109 | 17.1 | 14.3 |
| 66 | [7] EPISTAXIS | 0.4109 | 17.1 | 14.3 |
| 67 | [3] EPIGLOTTITIS | 0.7858 | 25.2 | 21.0 |
| 68 | OTITIS MEDIA & URI AGE >17 W CC | 0.6238 | 20.3 | 16.9 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 69 | [1] OTITIS MEDIA & URI AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 70 | [7] OTITIS MEDIA & URI AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 71 | [7] LARYNGOTRACHEITIS | 0.5655 | 21.1 | 17.6 |
| 72 | [3] NASAL TRAUMA & DEFORMITY | 0.7858 | 25.2 | 21.0 |
| 73 | [7] OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 | 0.7761 | 22.9 | 19.1 |
| 74 | [7] OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 75 | MAJOR CHEST PROCEDURES | 2.1021 | 33.8 | 28.2 |
| 76 | OTHER RESP SYSTEM O.R. PROCEDURES W CC | 2.3766 | 42.2 | 35.2 |
| 77 | [2] OTHER RESP SYSTEM O.R. PROCEDURES W/O CC | 0.5655 | 21.2 | 17.7 |
| 78 | PULMONARY EMBOLISM | 0.6774 | 22.6 | 18.8 |
| 79 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC | 0.8185 | 22.7 | 18.9 |
| 80 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC | 0.6565 | 20.9 | 17.4 |
| 81 | [7] RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 82 | RESPIRATORY NEOPLASMS | 0.8276 | 21.4 | 17.8 |
| 83 | [1] MAJOR CHEST TRAUMA W CC | 0.4109 | 17.1 | 14.3 |
| 84 | [7] MAJOR CHEST TRAUMA W/O CC | 0.4109 | 17.1 | 14.3 |
| 85 | PLEURAL EFFUSION W CC | 0.6980 | 21.4 | 17.8 |
| 86 | [7] PLEURAL EFFUSION W/O CC | 0.4109 | 17.1 | 14.3 |
| 87 | PULMONARY EDEMA & RESPIRATORY FAILURE | 1.0305 | 24.8 | 20.7 |
| 88 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 0.6417 | 19.3 | 16.1 |
| 89 | SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC | 0.6826 | 20.6 | 17.2 |
| 90 | SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC | .4981 | 17.8 | 14.8 |
| 91 | [7] SIMPLE PNEUMONIA & PLEURISY AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 92 | INTERSTITIAL LUNG DISEASE W CC | 0.6673 | 19.6 | 16.3 |
| 93 | [1] INTERSTITIAL LUNG DISEASE W/O CC | 0.4109 | 17.1 | 14.3 |
| 94 | [8] PNEUMOTHORAX W CC | 0.6826 | 21.3 | 17.8 |
| 95 | [8] PNEUMOTHORAX W/O CC | 0.6826 | 21.3 | 17.8 |
| 96 | [8] BRONCHITIS & ASTHMA AGE >17 W CC | 0.6245 | 19.1 | 15.9 |
| 97 | [8] BRONCHITIS & ASTHMA AGE >17 W/O CC | 0.6245 | 19.1 | 15.9 |
| 98 | [7] BRONCHITIS & ASTHMA AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 99 | RESPIRATORY SIGNS & SYMPTOMS W CC | 0.9396 | 24.5 | 20.4 |
| 100 | [3] RESPIRATORY SIGNS & SYMPTOMS W/O CC | 0.7858 | 25.2 | 21.0 |
| 101 | OTHER RESPIRATORY SYSTEM DIAGNOSES W CC | 0.8165 | 22.2 | 18.5 |
| 102 | [1] OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC | 0.4109 | 17.1 | 14.3 |
| 103 | 6HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM | 0.0000 | 0.0 | 0.0 |
| 104 | [7] CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH. | 1.1162 | 29.5 | 24.6 |
| 105 | [7] CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH. | 1.1162 | 29.5 | 24.6 |
| 106 | [7] CORONARY BYPASS W PTCA | 1.1162 | 29.5 | 24.6 |
| 108 | [7] OTHER CARDIOTHORACIC PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 110 | [4] MAJOR CARDIOVASCULAR PROCEDURES W CC | 1.1162 | 29.5 | 24.6 |
| 111 | [7] MAJOR CARDIOVASCULAR PROCEDURES W/O CC | 1.1162 | 29.5 | 24.6 |
| 113 | AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE | 1.3939 | 35.8 | 29.8 |
| 114 | UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS | 1.2598 | 33.0 | 27.5 |
| 117 | [3] CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT | 0.7858 | 25.2 | 21.0 |
| 118 | [3] CARDIAC PACEMAKER DEVICE REPLACEMENT | 0.7858 | 25.2 | 21.0 |
| 119 | [3] VEIN LIGATION & STRIPPING | 0.7858 | 25.2 | 21.0 |
| 120 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 1.0891 | 31.3 | 26.1 |
| 121 | CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE | 0.7517 | 22.6 | 18.8 |
| 122 | [2]CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE | 0.5655 | 21.2 | 17.7 |
| 123 | CIRCULATORY DISORDERS W AMI, EXPIRED | 0.7900 | 17.0 | 14.2 |
| 124 | [4] CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG | 1.1162 | 29.5 | 24.6 |
| 125 | [1] CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG | 0.4109 | 17.1 | 14.3 |
| 126 | ACUTE & SUBACUTE ENDOCARDITIS | 0.8925 | 26.3 | 21.9 |
| 127 | HEART FAILURE & SHOCK | 0.6854 | 21.2 | 17.7 |
| 128 | [2] DEEP VEIN THROMBOPHLEBITIS | 0.5655 | 21.2 | 17.7 |
| 129 | [1] CARDIAC ARREST, UNEXPLAINED | 0.4109 | 17.1 | 14.3 |
| 130 | PERIPHERAL VASCULAR DISORDERS W CC | 0.6488 | 22.8 | 19.0 |
| 131 | PERIPHERAL VASCULAR DISORDERS W/O CC | 0.5233 | 21.0 | 17.5 |
| 132 | ATHEROSCLEROSIS W CC | 0.6584 | 20.5 | 17.1 |
| 133 | [2] ATHEROSCLEROSIS W/O CC | 0.5655 | 21.2 | 17.7 |
| 134 | HYPERTENSION | 0.4895 | 21.3 | 17.8 |
| 135 | CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC | 0.8015 | 23.9 | 19.9 |
| 136 | [1] CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 137 | [7] CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0–17 | 0.4109 | 17.1 | 14.3 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 138 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 0.6619 | 21.9 | 18.3 |
| 139 | [2] CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC | 0.5655 | 21.2 | 17.7 |
| 140 | [2] ANGINA PECTORIS | 0.5655 | 21.2 | 17.7 |
| 141 | [8] SYNCOPE & COLLAPSE W CC | 0.5918 | 22.1 | 18.4 |
| 142 | [8] SYNCOPE & COLLAPSE W/O CC | 0.5918 | 22.1 | 18.4 |
| 143 | [1] CHEST PAIN | 0.4109 | 17.1 | 14.3 |
| 144 | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 0.7725 | 22.1 | 18.4 |
| 145 | OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC | 0.4305 | 17.0 | 14.2 |
| 146 | [5] RECTAL RESECTION W CC | 1.6479 | 35.5 | 29.6 |
| 147 | [7] RECTAL RESECTION W/O CC | 1.6479 | 35.5 | 29.6 |
| 148 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 1.8374 | 34.2 | 28.5 |
| 149 | [7] MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 0.7858 | 25.2 | 21.0 |
| 150 | [5] PERITONEAL ADHESIOLYSIS W CC | 1.6479 | 35.5 | 29.6 |
| 151 | [7] PERITONEAL ADHESIOLYSIS W/O CC | 0.4109 | 17.1 | 14.3 |
| 152 | [5] MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 1.6479 | 35.5 | 29.6 |
| 153 | [7] MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC | 1.6479 | 35.5 | 29.6 |
| 154 | [5] STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC | 1.6479 | 35.5 | 29.6 |
| 155 | [7] STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC | 1.6479 | 35.5 | 29.6 |
| 156 | [7] STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0–17 | 1.6479 | 35.5 | 29.6 |
| 157 | [4] ANAL & STOMAL PROCEDURES W CC | 1.1162 | 29.5 | 24.6 |
| 158 | [7] ANAL & STOMAL PROCEDURES W/O CC | 1.1162 | 29.5 | 24.6 |
| 159 | [5] HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC | 1.6479 | 35.5 | 29.6 |
| 160 | [1] HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 161 | [7] INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC | 0.4109 | 17.1 | 14.3 |
| 162 | [7] INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 163 | [7] HERNIA PROCEDURES AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 164 | [7] APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC | 1.6479 | 35.5 | 29.6 |
| 165 | [7] APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC | 1.6479 | 35.5 | 29.6 |
| 166 | [7] APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC | 1.6479 | 35.5 | 29.6 |
| 167 | [7] APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC | 1.6479 | 35.5 | 29.6 |
| 168 | [5] MOUTH PROCEDURES W CC | 1.6479 | 35.5 | 29.6 |
| 169 | [7] MOUTH PROCEDURES W/O CC | 0.5655 | 21.1 | 17.6 |
| 170 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 1.6242 | 35.7 | 29.8 |
| 171 | [3] OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC | 0.7858 | 25.2 | 21.0 |
| 172 | DIGESTIVE MALIGNANCY W CC | 0.8564 | 21.8 | 18.2 |
| 173 | [2] DIGESTIVE MALIGNANCY W/O CC | 0.5655 | 21.2 | 17.7 |
| 174 | G.I. HEMORRHAGE W CC | 0.6886 | 22.7 | 18.9 |
| 175 | [2] G.I. HEMORRHAGE W/O CC | 0.5655 | 21.2 | 17.7 |
| 176 | COMPLICATED PEPTIC ULCER | 0.9293 | 25.4 | 21.2 |
| 177 | [2] UNCOMPLICATED PEPTIC ULCER W CC | 0.5655 | 21.2 | 17.7 |
| 178 | [7] UNCOMPLICATED PEPTIC ULCER W/O CC | 0.4109 | 17.1 | 14.3 |
| 179 | INFLAMMATORY BOWEL DISEASE | 0.8190 | 23.3 | 19.4 |
| 180 | G.I. OBSTRUCTION W CC | 0.9222 | 22.9 | 19.1 |
| 181 | [1] G.I. OBSTRUCTION W/O CC | 0.4109 | 17.1 | 14.3 |
| 182 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC | 0.8044 | 22.5 | 18.8 |
| 183 | ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC | 0.4656 | 17.6 | 14.7 |
| 184 | [7] ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 185 | DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17 | 0.6611 | 23.2 | 19.3 |
| 186 | [7] DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 187 | [7] DENTAL EXTRACTIONS & RESTORATIONS | 0.5655 | 21.1 | 17.6 |
| 188 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC | 0.9485 | 24.1 | 20.1 |
| 189 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC | 0.5316 | 18.1 | 15.1 |
| 190 | [7] OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 191 | [5] PANCREAS, LIVER & SHUNT PROCEDURES W CC | 1.6479 | 35.5 | 29.6 |
| 192 | [7] PANCREAS, LIVER & SHUNT PROCEDURES W/O CC | 1.6479 | 35.5 | 29.6 |
| 193 | [5] BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 1.6479 | 35.5 | 29.6 |
| 194 | [7] BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC | 1.6479 | 35.5 | 29.6 |
| 195 | [5] CHOLECYSTECTOMY W C.D.E. W CC | 1.6479 | 35.5 | 29.6 |
| 196 | [7] CHOLECYSTECTOMY W C.D.E. W/O CC | 1.1162 | 29.5 | 24.6 |
| 197 | [4] CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 1.1162 | 29.5 | 24.6 |
| 198 | [7] CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC | 1.1162 | 29.5 | 24.6 |
| 199 | [3] HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY | 0.7858 | 25.2 | 21.0 |
| 200 | [5] HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON–MALIGNANCY | 1.6479 | 35.5 | 29.6 |
| 201 | OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES | 1.5988 | 28.8 | 24.0 |
| 202 | CIRRHOSIS & ALCOHOLIC HEPATITIS | 0.6038 | 20.2 | 16.8 |
| 203 | MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS | 0.7053 | 19.4 | 16.2 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 204 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 0.8882 | 22.1 | 18.4 |
| 205 | DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC | 0.6990 | 23.1 | 19.3 |
| 206 | [2] DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC | 0.5655 | 21.2 | 17.7 |
| 207 | DISORDERS OF THE BILIARY TRACT W CC | 0.7310 | 21.5 | 17.9 |
| 208 | [1] DISORDERS OF THE BILIARY TRACT W/O CC | 0.4109 | 17.1 | 14.3 |
| 210 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC | 1.4809 | 41.9 | 34.9 |
| 211 | [7] HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC | 1.6479 | 35.5 | 29.6 |
| 212 | [7] HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0–17 | 1.6479 | 35.5 | 29.6 |
| 213 | AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS | 1.1780 | 33.4 | 27.8 |
| 216 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE | 1.2173 | 37.5 | 31.3 |
| 217 | WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN TISS DIS | 1.2470 | 36.5 | 30.4 |
| 218 | [5] LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC | 1.6479 | 35.5 | 29.6 |
| 219 | [7] LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC | 1.6479 | 35.5 | 29.6 |
| 220 | [7] LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0–17 | 1.6479 | 35.5 | 29.6 |
| 223 | [4] MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC. | 1.1162 | 29.5 | 24.6 |
| 224 | [1] SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/O CC | 0.4109 | 17.1 | 14.3 |
| 225 | FOOT PROCEDURES | 0.9579 | 30.6 | 25.5 |
| 226 | SOFT TISSUE PROCEDURES W CC | 1.0653 | 34.3 | 28.6 |
| 227 | [3] SOFT TISSUE PROCEDURES W/O CC | 0.7858 | 25.2 | 21.0 |
| 228 | [3] MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC | 0.7858 | 25.2 | 21.0 |
| 229 | [7] HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC | 0.4109 | 17.1 | 14.3 |
| 230 | [5] LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR | 1.6479 | 35.5 | 29.6 |
| 232 | [5] ARTHROSCOPY | 1.6479 | 35.5 | 29.6 |
| 233 | OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 1.1794 | 32.4 | 27.0 |
| 234 | [7] OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC | 0.4109 | 17.1 | 14.3 |
| 235 | [3] FRACTURES OF FEMUR | 0.7858 | 25.2 | 21.0 |
| 236 | FRACTURES OF HIP & PELVIS | 0.6874 | 28.9 | 24.1 |
| 237 | [1] SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH | 0.4109 | 17.1 | 14.3 |
| 238 | OSTEOMYELITIS | 0.8602 | 28.4 | 23.7 |
| 239 | PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY. | 0.6059 | 20.5 | 17.1 |
| 240 | CONNECTIVE TISSUE DISORDERS W CC | 0.7178 | 22.4 | 18.7 |
| 241 | [1] CONNECTIVE TISSUE DISORDERS W/O CC | 0.4109 | 17.1 | 14.3 |
| 242 | SEPTIC ARTHRITIS | 0.7699 | 26.1 | 21.8 |
| 243 | MEDICAL BACK PROBLEMS | 0.6021 | 22.2 | 18.5 |
| 244 | BONE DISEASES & SPECIFIC ARTHROPATHIES W CC | 0.5541 | 22.0 | 18.3 |
| 245 | BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC | 0.4464 | 19.4 | 16.2 |
| 246 | [2] NON-SPECIFIC ARTHROPATHIES | 0.5655 | 21.2 | 17.7 |
| 247 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE | 0.4591 | 17.6 | 14.7 |
| 248 | TENDONITIS, MYOSITIS & BURSITIS | 0.7341 | 23.2 | 19.3 |
| 249 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE | 0.6387 | 24.0 | 20.0 |
| 250 | [1] FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC | 0.4109 | 17.1 | 14.3 |
| 251 | [7] FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 252 | [7] FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 253 | FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W CC | 0.5636 | 24.0 | 20.0 |
| 254 | [1] FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 255 | [7] FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 256 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 0.7208 | 23.7 | 19.8 |
| 257 | [4] TOTAL MASTECTOMY FOR MALIGNANCY W CC | 1.1162 | 29.5 | 24.6 |
| 258 | [7] TOTAL MASTECTOMY FOR MALIGNANCY W/O CC | 0.7858 | 25.2 | 21.0 |
| 259 | [3] SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC | 0.7858 | 25.2 | 21.0 |
| 260 | [7] SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC | 0.7858 | 25.2 | 21.0 |
| 261 | [2] BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION | 0.5655 | 21.2 | 17.7 |
| 262 | [4] BREAST BIOPSY & LOCAL EXCISION FOR NON- MALIGNANCY | 1.1162 | 29.5 | 24.6 |
| 263 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC | 1.2749 | 38.0 | 31.7 |
| 264 | SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC | 0.8524 | 29.9 | 24.9 |
| 265 | SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC | 1.1068 | 30.2 | 25.2 |
| 266 | [3] SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC | 0.7858 | 25.2 | 21.0 |
| 267 | [7] PERIANAL & PILONIDAL PROCEDURES | 0.7858 | 25.2 | 21.0 |
| 268 | [4] SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 269 | OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 1.2137 | 34.7 | 28.9 |
| 270 | [3] OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC | 0.7858 | 25.2 | 21.0 |
| 271 | SKIN ULCERS | 0.8290 | 26.8 | 22.3 |
| 272 | MAJOR SKIN DISORDERS W CC | 0.6576 | 23.1 | 19.3 |
| 273 | [1] MAJOR SKIN DISORDERS W/O CC | 0.4109 | 17.1 | 14.3 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 274 | MALIGNANT BREAST DISORDERS W CC | 0.7277 | 21.8 | 18.2 |
| 275 | [7] MALIGNANT BREAST DISORDERS W/O CC | 0.7858 | 25.2 | 21.0 |
| 276 | [2] NON-MALIGANT BREAST DISORDERS | 0.5655 | 21.2 | 17.7 |
| 277 | CELLULITIS AGE >17 W CC | 0.6087 | 20.8 | 17.3 |
| 278 | CELLULITIS AGE >17 W/O CC | 0.4243 | 18.0 | 15.0 |
| 279 | [7] CELLULITIS AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 280 | TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC | 0.6981 | 23.9 | 19.9 |
| 281 | [2] TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC | 0.5655 | 21.2 | 17.7 |
| 282 | [7] TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 283 | MINOR SKIN DISORDERS W CC | 0.6946 | 23.1 | 19.3 |
| 284 | [2] MINOR SKIN DISORDERS W/O CC | 0.5655 | 21.2 | 17.7 |
| 285 | AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS | 1.2354 | 31.3 | 26.1 |
| 286 | [7] ADRENAL & PITUITARY PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 287 | SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS | 1.0502 | 33.0 | 27.5 |
| 288 | 4O.R. PROCEDURES FOR OBESITY | 1.1162 | 29.5 | 24.6 |
| 289 | [7] PARATHYROID PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 290 | [7] THYROID PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 291 | [7] THYROGLOSSAL PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 292 | [8] OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 1.1673 | 31.9 | 26.6 |
| 293 | [8] OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC | 1.1673 | 31.9 | 26.6 |
| 294 | DIABETES AGE >35 | 0.6986 | 23.8 | 19.8 |
| 295 | [2] DIABETES AGE 0–35 | 0.5655 | 21.2 | 17.7 |
| 296 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC | 0.7114 | 22.3 | 18.6 |
| 297 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC | 0.4609 | 19.3 | 16.1 |
| 298 | [7] NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 299 | [3] INBORN ERRORS OF METABOLISM | 0.7858 | 25.2 | 21.0 |
| 300 | DENDOCRINE DISORDERS W CC | 0.7053 | 23.7 | 19.8 |
| 301 | [2] ENDOCRINE DISORDERS W/O CC | 0.5655 | 21.2 | 17.7 |
| 302 | [6] KIDNEY TRANSPLANT | 0.0000 | 0.0 | 0.0 |
| 303 | [7] KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM | 0.7858 | 25.2 | 21.0 |
| 304 | [5] KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC | 1.6479 | 35.5 | 29.6 |
| 305 | [7] KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC | 0.7858 | 25.2 | 21.0 |
| 306 | [4] PROSTATECTOMY W CC | 1.1162 | 29.5 | 24.6 |
| 307 | [7] PROSTATECTOMY W/O CC | 1.1162 | 29.5 | 24.6 |
| 308 | [4] MINOR BLADDER PROCEDURES W CC | 1.1162 | 29.5 | 24.6 |
| 309 | [7] MINOR BLADDER PROCEDURES W/O CC | 1.1162 | 29.5 | 24.6 |
| 310 | [4] TRANSURETHRAL PROCEDURES W CC | 1.1162 | 29.5 | 24.6 |
| 311 | [7] TRANSURETHRAL PROCEDURES W/O CC | 1.1162 | 29.5 | 24.6 |
| 312 | [3] URETHRAL PROCEDURES, AGE >17 W CC | 0.7858 | 25.2 | 21.0 |
| 313 | [7] URETHRAL PROCEDURES, AGE >17 W/O CC | 0.7858 | 25.2 | 21.0 |
| 314 | [7] URETHRAL PROCEDURES, AGE 0–17 | 0.7858 | 25.2 | 21.0 |
| 315 | OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES | 1.3823 | 33.4 | 27.8 |
| 316 | RENAL FAILURE | 0.8342 | 22.9 | 19.1 |
| 317 | ADMIT FOR RENAL DIALYSIS | 0.9186 | 24.3 | 20.3 |
| 318 | KIDNEY & URINARY TRACT NEOPLASMS W CC | 0.7713 | 21.3 | 17.8 |
| 319 | [7] KIDNEY & URINARY TRACT NEOPLASMS W/O CC | 0.7858 | 25.2 | 21.0 |
| 320 | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC | 0.6181 | 21.6 | 18.0 |
| 321 | KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC | 0.4478 | 18.5 | 15.4 |
| 322 | [7] KIDNEY & URINARY TRACT INFECTIONS AGE 0– 17 | 0.4109 | 17.1 | 14.3 |
| 323 | [1] URINARY STONES W CC, &/OR ESW LITHOTRIPSY | 0.4109 | 17.1 | 14.3 |
| 324 | [1] URINARY STONES W/O CC | 0.4109 | 17.1 | 14.3 |
| 325 | [2] KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC | 0.5655 | 21.2 | 17.7 |
| 326 | [7] KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 327 | [7] KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 328 | [7] URETHRAL STRICTURE AGE >17 W CC | 0.5655 | 21.1 | 17.6 |
| 329 | [7] URETHRAL STRICTURE AGE >17 W/O CC | 0.5655 | 21.1 | 17.6 |
| 330 | [7] URETHRAL STRICTURE AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 331 | OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC | 0.7776 | 22.5 | 18.8 |
| 332 | [1] OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC | 0.4109 | 17.1 | 14.3 |
| 333 | [7] OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 334 | [7] MAJOR MALE PELVIC PROCEDURES W CC | 0.4109 | 17.1 | 14.3 |
| 335 | [1] MAJOR MALE PELVIC PROCEDURES W/O CC | 0.4109 | 17.1 | 14.3 |
| 336 | [4] TRANSURETHRAL PROSTATECTOMY W CC | 1.1162 | 29.5 | 24.6 |
| 337 | [7] TRANSURETHRAL PROSTATECTOMY W/O CC | 1.1162 | 29.5 | 24.6 |
| 338 | [3] TESTES PROCEDURES, FOR MALIGNANCY | 0.7858 | 25.2 | 21.0 |
| 339 | [3] TESTES PROCEDURES, NON-MALIGNANCY AGE >17 | 0.7858 | 25.2 | 21.0 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 340 | [7] TESTES PROCEDURES, NON-MALIGNANCY AGE 0–17 | 0.7858 | 25.2 | 21.0 |
| 341 | [5] PENIS PROCEDURES | 1.6479 | 35.5 | 29.6 |
| 342 | [7] CIRCUMCISION AGE >17 | 0.7858 | 25.2 | 21.0 |
| 343 | [7] CIRCUMCISION AGE 0–17 | 0.7858 | 25.2 | 21.0 |
| 344 | [3] OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY | 0.7858 | 25.2 | 21.0 |
| 345 | [4] OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY. | 1.1162 | 29.5 | 24.6 |
| 346 | [3] MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC | 0.7858 | 25.2 | 21.0 |
| 347 | [1] MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC | 0.4109 | 17.1 | 14.3 |
| 348 | [2] BENIGN PROSTATIC HYPERTROPHY W CC | 0.5655 | 21.2 | 17.7 |
| 349 | [7] BENIGN PROSTATIC HYPERTROPHY W/O CC | 0.7858 | 25.2 | 21.0 |
| 350 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM | 0.5630 | 21.0 | 17.5 |
| 351 | [7] STERILIZATION, MALE | 0.7858 | 25.2 | 21.0 |
| 352 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES | 0.8138 | 27.1 | 22.6 |
| 353 | [7] PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY | 1.1162 | 29.5 | 24.6 |
| 354 | [7] UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 1.1162 | 29.5 | 24.6 |
| 355 | [7] UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC | 1.1162 | 29.5 | 24.6 |
| 356 | [7] FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 357 | [7] UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY | 1.1162 | 29.5 | 24.6 |
| 358 | [7] UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC | 1.1162 | 29.5 | 24.6 |
| 359 | [7] UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC | 1.1162 | 29.5 | 24.6 |
| 360 | [7] VAGINA, CERVIX & VULVA PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 361 | [7] LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION | 0.4109 | 17.1 | 14.3 |
| 362 | [7] ENDOSCOPIC TUBAL INTERRUPTION | 0.4109 | 17.1 | 14.3 |
| 363 | [7] D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY | 0.4109 | 17.1 | 14.3 |
| 364 | [7] D&C, CONIZATION EXCEPT FOR MALIGNANCY | 0.4109 | 17.1 | 14.3 |
| 365 | [4] OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES | 1.1162 | 29.5 | 24.6 |
| 366 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 0.9119 | 21.6 | 18.0 |
| 367 | [1] MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC | 0.4109 | 17.1 | 14.3 |
| 368 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM | 0.7859 | 21.3 | 17.8 |
| 369 | [3] MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 0.7858 | 25.2 | 21.0 |
| 370 | [7] CESAREAN SECTION W CC | 0.4109 | 17.1 | 14.3 |
| 371 | [7] CESAREAN SECTION W/O CC | 0.4109 | 17.1 | 14.3 |
| 372 | [7] VAGINAL DELIVERY W COMPLICATING DIAGNOSES | 0.4109 | 17.1 | 14.3 |
| 373 | [7] VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES | 0.4109 | 17.1 | 14.3 |
| 374 | [7] VAGINAL DELIVERY W STERILIZATION &/OR D&C | 0.4109 | 17.1 | 14.3 |
| 375 | [7] VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 0.4109 | 17.1 | 14.3 |
| 376 | [4] POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 1.1162 | 29.5 | 24.6 |
| 377 | [7] POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 0.4109 | 17.1 | 14.3 |
| 378 | [7] ECTOPIC PREGNANCY | 0.4109 | 17.1 | 14.3 |
| 379 | [7] THREATENED ABORTION | 0.4109 | 17.1 | 14.3 |
| 380 | [7] ABORTION W/O D&C | 0.4109 | 17.1 | 14.3 |
| 381 | [7] ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 0.4109 | 17.1 | 14.3 |
| 382 | [7] FALSE LABOR | 0.4109 | 17.1 | 14.3 |
| 383 | [1] OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS | 0.4109 | 17.1 | 14.3 |
| 384 | [7] OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS | 0.4109 | 17.1 | 14.3 |
| 385 | [7] NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 0.4109 | 17.1 | 14.3 |
| 386 | [7] EXTREME IMMATURITY | 0.4109 | 17.1 | 14.3 |
| 387 | [7] PREMATURITY W MAJOR PROBLEMS | 0.4109 | 17.1 | 14.3 |
| 388 | [7] PREMATURITY W/O MAJOR PROBLEMS | 0.4109 | 17.1 | 14.3 |
| 389 | [7] FULL TERM NEONATE W MAJOR PROBLEMS | 0.4109 | 17.1 | 14.3 |
| 390 | [7] NEONATE W OTHER SIGNIFICANT PROBLEMS | 0.4109 | 17.1 | 14.3 |
| 391 | [7] NORMAL NEWBORN | 0.4109 | 17.1 | 14.3 |
| 392 | [7] SPLENECTOMY AGE >17 | 1.1162 | 29.5 | 24.6 |
| 393 | [7] SPLENECTOMY AGE 0–17 | 1.1162 | 29.5 | 24.6 |
| 394 | [4] OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS | 1.1162 | 29.5 | 24.6 |
| 395 | RED BLOOD CELL DISORDERS AGE >17 | 0.6736 | 21.4 | 17.8 |
| 396 | [7] RED BLOOD CELL DISORDERS AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 397 | COAGULATION DISORDERS | 0.8331 | 20.4 | 17.0 |
| 398 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 0.6890 | 21.0 | 17.5 |
| 399 | [1] RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC | 0.4109 | 17.1 | 14.3 |
| 401 | [4] LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC | 1.1162 | 29.5 | 24.6 |
| 402 | [7] LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC | 0.5655 | 21.1 | 17.6 |
| 403 | LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 0.8776 | 23.7 | 19.8 |
| 404 | [3] LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC | 0.7858 | 25.2 | 21.0 |
| 405 | [7] ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0–17 | 0.7858 | 25.2 | 21.0 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 406 | [5] MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC | 1.6479 | 35.5 | 29.6 |
| 407 | [7] MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC | 1.1162 | 29.5 | 24.6 |
| 408 | [4] MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC | 1.1162 | 29.5 | 24.6 |
| 409 | RADIOTHERAPY | 0.8417 | 23.2 | 19.3 |
| 410 | CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS | 1.2412 | 28.5 | 23.8 |
| 411 | [7] HISTORY OF MALIGNANCY W/O ENDOSCOPY | 0.5655 | 21.1 | 17.6 |
| 412 | [7] HISTORY OF MALIGNANCY W ENDOSCOPY | 0.5655 | 21.1 | 17.6 |
| 413 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 0.8476 | 21.4 | 17.8 |
| 414 | [3] OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC | 0.7858 | 25.2 | 21.0 |
| 415 | O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES | 1.3974 | 35.4 | 29.5 |
| 416 | SEPTICEMIA AGE >17 | 0.8081 | 23.0 | 19.2 |
| 417 | [7] SEPTICEMIA AGE 0–17 | 0.7858 | 25.2 | 21.0 |
| 418 | POSTOPERATIVE & POST–TRAUMATIC INFECTIONS | 0.7961 | 24.0 | 20.0 |
| 419 | [2] FEVER OF UNKNOWN ORIGIN AGE >17 W CC | 0.5655 | 21.2 | 17.7 |
| 420 | [2] FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC | 0.5655 | 21.2 | 17.7 |
| 421 | VIRAL ILLNESS AGE >17 | 0.7080 | 20.4 | 17.0 |
| 422 | [7] VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0–17 | 0.4109 | 17.1 | 14.3 |
| 423 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES | 1.0463 | 23.2 | 19.3 |
| 424 | [3] O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 0.7858 | 25.2 | 21.0 |
| 425 | [1] ACUTE ADJUSTMENT REACTION & PSYCHOLOGICAL DYSFUNCTION | 0.4109 | 17.1 | 14.3 |
| 426 | DEPRESSIVE NEUROSES | 0.4007 | 22.5 | 18.8 |
| 427 | [2] NEUROSES EXCEPT DEPRESSIVE | 0.5655 | 21.2 | 17.7 |
| 428 | DISORDERS OF PERSONALITY & IMPULSE CONTROL | 0.5164 | 24.5 | 20.4 |
| 429 | ORGANIC DISTURBANCES & MENTAL RETARDATION | 0.5281 | 23.9 | 19.9 |
| 430 | PSYCHOSES | 0.3970 | 23.0 | 19.2 |
| 431 | [2] CHILDHOOD MENTAL DISORDERS | 0.5655 | 21.2 | 17.7 |
| 432 | [1] OTHER MENTAL DISORDER DIAGNOSES | 0.4109 | 17.1 | 14.3 |
| 433 | [7] ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 0.4109 | 17.1 | 14.3 |
| 439 | SKIN GRAFTS FOR INJURIES | 1.2390 | 35.9 | 29.9 |
| 440 | WOUND DEBRIDEMENTS FOR INJURIES | 1.2253 | 34.3 | 28.6 |
| 441 | [2] HAND PROCEDURES FOR INJURIES | 0.5655 | 21.2 | 17.7 |
| 442 | OTHER O.R. PROCEDURES FOR INJURIES W CC | 1.3453 | 34.6 | 28.8 |
| 443 | [7] OTHER O.R. PROCEDURES FOR INJURIES W/O CC | 0.5655 | 21.1 | 17.6 |
| 444 | TRAUMATIC INJURY AGE >17 W CC | 0.6607 | 23.2 | 19.3 |
| 445 | [2] TRAUMATIC INJURY AGE >17 W/O CC | 0.5655 | 21.2 | 17.7 |
| 446 | [7] TRAUMATIC INJURY AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 447 | [2] ALLERGIC REACTIONS AGE >17 | 0.5655 | 21.2 | 17.7 |
| 448 | [7] ALLERGIC REACTIONS AGE 0–17 | 0.5655 | 21.1 | 17.6 |
| 449 | [3] POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC | 0.7858 | 25.2 | 21.0 |
| 450 | [7] POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC | 0.7858 | 25.2 | 21.0 |
| 451 | [7] POISONING & TOXIC EFFECTS OF DRUGS AGE 0– 17 | 0.7858 | 25.2 | 21.0 |
| 452 | COMPLICATIONS OF TREATMENT W CC | 0.9301 | 25.7 | 21.4 |
| 453 | COMPLICATIONS OF TREATMENT W/O CC | 0.5809 | 21.6 | 18.0 |
| 454 | [3] OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC | 0.7858 | 25.2 | 21.0 |
| 455 | [7] OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC | 0.7858 | 25.2 | 21.0 |
| 461 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES | 1.1512 | 32.7 | 27.3 |
| 462 | REHABILITATION | 0.5847 | 22.1 | 18.4 |
| 463 | SIGNS & SYMPTOMS W CC | 0.6113 | 22.9 | 19.1 |
| 464 | SIGNS & SYMPTOMS W/O CC | 0.5850 | 24.3 | 20.3 |
| 465 | AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS | 0.6869 | 21.2 | 17.7 |
| 466 | AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS | 0.6666 | 21.6 | 18.0 |
| 467 | [3] OTHER FACTORS INFLUENCING HEALTH STATUS | 0.7858 | 25.2 | 21.0 |
| 468 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 2.1241 | 40.2 | 33.5 |
| 469 | [6] PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS | 0.0000 | 0.0 | 0.0 |
| 470 | [6] UNGROUPABLE | 0.0000 | 0.0 | 0.0 |
| 471 | [5] BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY | 1.6479 | 35.5 | 29.6 |
| 473 | ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 | 0.9992 | 25.3 | 21.1 |
| 475 | RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT | 1.9875 | 33.4 | 27.8 |
| 476 | [5] PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 1.6479 | 35.5 | 29.6 |
| 477 | NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 1.5211 | 35.9 | 29.9 |
| 479 | [2] OTHER VASCULAR PROCEDURES W/O CC | 0.5655 | 21.2 | 17.7 |
| 480 | [6] LIVER TRANSPLANT | 0.0000 | 0.0 | 0.0 |
| 481 | [7] BONE MARROW TRANSPLANT | 1.1162 | 29.5 | 24.6 |
| 482 | [5] TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES | 1.6479 | 35.5 | 29.6 |
| 484 | [7] CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 1.6479 | 35.5 | 29.6 |
| 485 | [7] LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TR. | 1.1162 | 29.5 | 24.6 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 486 | [3] OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 0.7858 | 25.2 | 21.0 |
| 487 | [4] OTHER MULTIPLE SIGNIFICANT TRAUMA | 1.1162 | 29.5 | 24.6 |
| 488 | [4] HIV W EXTENSIVE O.R. PROCEDURE | 1.1162 | 29.5 | 24.6 |
| 489 | HIV W MAJOR RELATED CONDITION | 0.9391 | 21.8 | 18.2 |
| 490 | HIV W OR W/O OTHER RELATED CONDITION | 0.6590 | 20.3 | 16.9 |
| 491 | [5] MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY | 1.6479 | 35.5 | 29.6 |
| 492 | [2] CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS | 0.5655 | 21.2 | 17.7 |
| 493 | [4] LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 1.1162 | 29.5 | 24.6 |
| 494 | [7] LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC | 1.1162 | 29.5 | 24.6 |
| 495 | [6] LUNG TRANSPLANT | 0.0000 | 0.0 | 0.0 |
| 496 | [4] COMBINED ANTERIOR/POSTERIOR SPINAL FUSION | 1.1162 | 29.5 | 24.6 |
| 497 | [5] SPINAL FUSION W CC | 1.6479 | 35.5 | 29.6 |
| 498 | [7] SPINAL FUSION W/O CC | 1.6479 | 35.5 | 29.6 |
| 499 | [5] BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC | 1.6479 | 35.5 | 29.6 |
| 500 | [4] BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC | 1.1162 | 29.5 | 24.6 |
| 501 | KNEE PROCEDURES W PDX OF INFECTION W CC | 1.2227 | 33.3 | 27.8 |
| 502 | [2] KNEE PROCEDURES W PDX OF INFECTION W/O CC | 0.5655 | 21.2 | 17.7 |
| 503 | [4] KNEE PROCEDURES W/O PDX OF INFECTION | 1.1162 | 29.5 | 24.6 |
| 504 | [5] EXTENSIVE BURN OR FULL THICKNESS BURNS WITH MECH VENT 96+ HOURS WITH SKIN GRAFT. | 1.6479 | 35.5 | 29.6 |
| 505 | [5] EXTENSIVE BURN OR FULL THICKNESS BURNS WITH MECH VENT 96+ HOURS WITHOUT SKIN GRAFT. | 1.6479 | 35.5 | 29.6 |
| 506 | [4] FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA | 1.1162 | 29.5 | 24.6 |
| 507 | [7] FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA | 0.4109 | 17.1 | 14.3 |
| 508 | FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA | 0.7585 | 25.6 | 21.3 |
| 509 | [1] FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA | 0.4109 | 17.1 | 14.3 |
| 510 | NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA | 0.6740 | 22.6 | 18.8 |
| 511 | [1] NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA | 0.4109 | 17.1 | 14.3 |
| 512 | [6] SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 0.0000 | 0.0 | 0.0 |
| 513 | [6] PANCREAS TRANSPLANT | 0.0000 | 0.0 | 0.0 |
| 515 | [5] CARDIAC DEFIBRILATOR IMPLANT W/O CARDIAC CATH | 1.6479 | 35.5 | 29.6 |
| 518 | [7] PERCUTANEOUS CARDIVASCULAR PROC W/O CORONARY ARTERY STENT OR AMI. | 0.4109 | 17.1 | 14.3 |
| 519 | [4] CERVICAL SPINAL FUSION W CC | 1.1162 | 29.5 | 24.6 |
| 520 | [7] CERVICAL SPINAL FUSION W/O CC | 1.6479 | 35.5 | 29.6 |
| 521 | [2] ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC | 0.5655 | 21.2 | 17.7 |
| 522 | [7] ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY W/O CC. | 0.5655 | 21.1 | 17.6 |
| 523 | [1] ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O CC. | 0.4109 | 17.1 | 14.3 |
| 524 | [2] TRANSIENT ISCHEMIA | 0.5655 | 21.2 | 17.7 |
| 525 | [7] OTHER HEART ASSIST SYSTEM IMPLANT | 1.6479 | 35.5 | 29.6 |
| 528 | [7] INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE | 1.6479 | 35.5 | 29.6 |
| 529 | [5] VENTRICULAR SHUNT PROCEDURES W CC | 1.6479 | 35.5 | 29.6 |
| 530 | [7] VENTRICULAR SHUNT PROCEDURES W/O CC | 1.6479 | 35.5 | 29.6 |
| 531 | [5] SPINAL PROCEDURES WITH CC | 1.6479 | 35.5 | 29.6 |
| 532 | [3] SPINAL PROCEDURES WITHOUT CC | 0.7858 | 25.2 | 21.0 |
| 533 | [5] EXTRACRANIAL VASCULAR PROCEDURES WITH CC | 1.6479 | 35.5 | 29.6 |
| 534 | [7] EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC | 1.1162 | 29.5 | 24.6 |
| 535 | [5] CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK | 1.6479 | 35.5 | 29.6 |
| 536 | [7] CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK | 1.6479 | 35.5 | 29.6 |
| 537 | LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC. | 1.4500 | 39.6 | 33.0 |
| 538 | [4] LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC. | 1.1162 | 29.5 | 24.6 |
| 539 | [4] LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC | 1.1162 | 29.5 | 24.6 |
| 540 | [7] LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC | 0.4109 | 17.1 | 14.3 |
| 541 | ECMO OR TRACH W MECH VENT 96+ HRS OR PDX EXCEPT FACE,MOUTH & NECK DIAG WITH MAJOR OR. | 3.8042 | 57.7 | 48.1 |
| 542 | TRACH W MECH VENT 96+ HRS OR PDX EXCEPT FACE,MOUTH & NECK DIAG WITHOUT MAJOR OR. | 2.8365 | 44.7 | 37.3 |
| 543 | [5] CRANIOTOMY W IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PDX | 1.6479 | 35.5 | 29.6 |
| 544 | [5] MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY | 1.6479 | 35.5 | 29.6 |
| 545 | [5] REVISION OF HIP OR KNEE REPLACEMENT | 1.6479 | 35.5 | 29.6 |
| 546 | [7] SPINAL FUSION EXCEPT CERVICAL WITH CURVATURE OF SPINE OR MALIGNANCY. | 1.6479 | 35.5 | 29.6 |

TABLE 11.—PROPOSED FY 2007 LTC–DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6THS OF THE GEOMETRIC AVERAGE LENGTH OF STAY—Continued

| LTC–DRG | Description | Proposed relative weight | Proposed geometric average length of stay | Proposed 5/6ths of the geometric average length of stay |
|---|---|---|---|---|
| 547 | [7] CORONARY BYPASS WITH CARDIAC CATH WITH MAJOR CV DIAGNOSIS | 1.6479 | 35.5 | 29.6 |
| 548 | [7] CORONARY BYPASS WITH CARDIAC CATH WITHOUT MAJOR CV DIAGNOSIS | 1.6479 | 35.5 | 29.6 |
| 549 | [7] CORONARY BYPASS WITHOUT CARDIAC CATH WITH MAJOR CV DIAGNOSIS | 1.6479 | 35.5 | 29.6 |
| 550 | [7] CORONARY BYPASS WITHOUT CARDIAC CATH WITHOUT MAJOR CV DIAGNOSIS. | 1.6479 | 35.5 | 29.6 |
| 551 | PERMANENT CARDIAC PACEMAKER IMPLANT WITH MAJOR CV DIAGNOSIS OR AICD LEAD OR GNRTR. | 1.6087 | 29.5 | 24.6 |
| 552 | [4] OTHER PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT MAJOR CV DIAGNOSIS. | 1.1162 | 29.5 | 24.6 |
| 553 | OTHER VASCULAR PROCEDURES WITH CC WITH MAJOR CV DIAGNOSIS | 1.5536 | 31.8 | 26.5 |
| 554 | OTHER VASCULAR PROCEDURES WITH CC WITHOUT MAJOR CV DIAGNOSIS | 1.2892 | 31.6 | 26.3 |
| 555 | [3] PERCUTANEOUS CARDIOVASCULAR PROC WITH MAJOR CV DIAGNOSIS | 0.7858 | 25.2 | 21.0 |
| 556 | [7] PERCUTANEOUS CARDIOVASCULAR PROC WITH NON-DRUG-ELUTING STENT WITHOUT MAJOR CV DIAGNOSIS. | 0.4109 | 17.1 | 14.3 |
| 557 | [4] PERCUTANEOUS CARDIOVASCULAR PROC WITH DRUG-ELUTING STENT WITH MAJOR CV DIAGNOSIS. | 1.1162 | 29.5 | 24.6 |
| 558 | [7] PERCUTANEOUS CARDIOVASCULAR PROC WITH DRUG-ELUTING STENT WITHOUT MAJOR CV DIAGNOSIS. | 0.4109 | 17.1 | 14.3 |
| 559 | [7] ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT | 0.7858 | 25.2 | 21.0 |

[1] Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low-volume quintile 1.
[2] Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low-volume quintile 2.
[3] Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low-volume quintile 3.
[4] Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low-volume quintile 4.
[5] Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low-volume quintile 5.
[6] Proposed relative weights for these proposed LTC–DRGs were assigned a value of 0.0000.
[7] Proposed relative weights for these LTC–DRGs were determined by assigning these cases to the appropriate proposed low volume quintile because they had no LTCH cases in the FY 2005 MedPAR file.
[8] Proposed relative weights for these proposed LTC–DRGs were determined after adjusting to account for nonmonotonicity (see step 5 above).

## Appendix A—Regulatory Impact Analysis

(If you choose to comment on the issues in this section, please include the caption ''Impact Analysis'' at the beginning of your comment.)

### I. Overall Impact

We have examined the impacts of this proposed rule 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), 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 (as amended by Executive Order 13258, which merely reassigns responsibility of duties) 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).

We have determined that this proposed rule is a major rule as defined in 5 U.S.C. 804(2). We estimate that the proposed changes for FY 2007 operating and capital payments will redistribute in excess of $100 million among different types of inpatient cases. Further, the market basket update to IPPS rates required by the statute will result in an approximate $3.33 billion increase in FY 2007 operating and capital payments. This amount does not reflect changes in hospital admissions or case-mix intensity, which would also affect overall payment changes.

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 considered to be small entities, either by nonprofit status or by having revenues of $6 million to $29 million in any 1 year. (For details, see the Small Business Administration's final rule that sets forth size standards for health care industries at 65 FR 69432, November 17, 2000.) For purposes of the RFA, all hospitals and other providers and suppliers are considered to be small entities. Individuals and States are not included in the definition of a small entity. We believe that this proposed rule will have a significant impact on small entities as explained in this Appendix. Because we acknowledge that many of the affected entities are small entities, the analysis discussed throughout the preamble of this proposed rule constitutes our initial regulatory flexibility analysis. Therefore, we are soliciting comments on our estimates and analysis of the impact of this proposed rule on those small entities.

In addition, 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. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we previously defined a small rural hospital as a hospital with fewer than 100 beds that is located outside of a Metropolitan Statistical Area (MSA) or New England County Metropolitan Area (NECMA). However, under the new labor market definitions, we no longer employ NECMAs to define urban areas in New England. Therefore, we now define a small rural hospital as a hospital that is located outside of an MSA and has fewer than 100 beds. Section 601(g) of the Social Security Amendments of 1983 (Pub. L. 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the IPPS, we continue to classify these hospitals as urban hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. That threshold level is currently approximately $120 million. This proposed rule will not mandate any requirements for State, local, or tribal governments, nor will it affect private sector costs.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. As stated above, this proposed rule will not have a substantial effect on State and local governments.

The following analysis, in conjunction with the remainder of this document, demonstrates that this proposed rule is consistent with the regulatory philosophy and principles identified in Executive Order 12866, the RFA, and section 1102(b) of the Act. The proposed rule will affect payments to a substantial number of small rural hospitals, as well as other classes of hospitals, and the effects on some hospitals may be significant.

### II. Objectives

The primary objective of the IPPS is to create incentives for hospitals to operate efficiently and minimize unnecessary costs while at the same time ensuring that payments are sufficient to adequately compensate hospitals for their legitimate costs. In addition, we share national goals of preserving the Medicare Hospital Insurance Trust Fund.

We believe the changes in this proposed rule will further each of these goals while maintaining the financial viability of the hospital industry and ensuring access to high quality health care for Medicare beneficiaries. We expect that these proposed changes will ensure that the outcomes of this payment system are reasonable and equitable while avoiding or minimizing unintended adverse consequences.

### III. Limitations of Our Analysis

The following quantitative analysis presents the projected effects of our proposed policy changes, as well as statutory changes effective for FY 2007, on various hospital groups. We estimate the effects of individual policy changes by estimating payments per case while holding all other payment policies constant. We use the best data available, but, generally, we do not attempt to predict behavioral responses to our policy changes (with the exception of the anticipated improvements in documentation and coding that may lead to increases in observed but not real case-mix in response to the adoption of consolidated severity DRGs in FY 2008 (if not earlier), and we do not make adjustments for future changes in such variables as admissions, lengths of stay, or case-mix. As we have done in the previous proposed rules, we are soliciting comments and information about the anticipated effects of these proposed changes on hospitals and our methodology for estimating them. Any timely comments that we receive in response to this proposed rule will be addressed in the final rule.

### IV. Hospitals Included In and Excluded From the IPPS

The prospective payment systems for hospital inpatient operating and capital-related costs encompass nearly all general short-term, acute care hospitals that participate in the Medicare program. There were 35 Indian Health Service hospitals in our database, which we excluded from the analysis due to the special characteristics of the prospective payment method for these hospitals. Among other short-term, acute care hospitals, only the 46 such hospitals in Maryland remain excluded from the IPPS under the waiver at section 1814(b)(3) of the Act.

As of March 2006, there are 3,539 IPPS hospitals to be included in our analysis. This represents about 59 percent of all Medicare-participating hospitals. The majority of this impact analysis focuses on this set of hospitals. There are also approximately 1,274 critical access hospitals (CAHs). These small, limited service hospitals are paid on the basis of reasonable costs rather than under the IPPS. There are also 1,188 specialty hospitals and units that are excluded from the IPPS. These specialty hospitals include psychiatric hospitals and units (now referred to as IPFs), rehabilitation hospitals and units (now referred to as IRFs), long-term care hospitals (now referred to as LTCHs), Religious Non-Medical Health Care Institutions (RNHCIs), children's hospitals, and cancer hospitals. The impacts of our proposed policy changes on these hospitals are discussed below.

### V. Effects on Excluded Hospitals and Hospital Units

As of March 2006, there were 1,188 hospitals excluded from the IPPS. Of these 1,188 hospitals, 476 IPFs, 81 children's hospitals, 11 cancer hospitals, and 17 RNHCIs are being paid, in whole or in part, on a reasonable cost basis subject to the rate-of-increase ceiling under § 413.40. The

remaining providers, 217 IRFs and 386 LTCHs, are paid 100 percent of the Federal prospective rate under the IRF PPS and the LTCH PPS, respectively. (We note that, currently, there are 16 LTCHs that are being paid under the LTCH PPS transition blend methodology, which is based in part on a reasonable cost that is subject to a rate-of-increase ceiling under § 413.40. For cost reporting periods that will begin during FY 2007, these LTCHs will no longer receive a portion of their payment that is based in part on a reasonable cost subject to a rate-of-increase ceiling under § 413.40 because, in accordance with § 412.533, LTCHs are paid 100 percent of the adjusted Federal prospective payment amount for cost reporting periods beginning on or after October 1, 2006. In addition, there are 1,317 IPFs (paid on a blend of the IPF PPS per diem payment and the TEFRA reasonable cost-based payment) and 1,011 IRFs (paid under the IRF PPS) in hospitals otherwise subject to the IPPS. Under § 413.40(a)(2)(i)(A), the rate-of-increase ceiling is not applicable to the 93 IPPS excluded hospitals and units in Maryland that are paid in accordance with the waiver at section 1814(b)(3) of the Act.

In the past, hospitals and units excluded from the IPPS have been paid based on their reasonable costs subject to limits as established by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). Hospitals that continue to be paid fully on a reasonable cost basis are subject to TEFRA limits for FY 2007. For these hospitals (cancer and children's hospitals), consistent with section 1886(b)(3)(B)(ii) of the Act, the proposed update will be the percentage increase in the FY 2007 IPPS operating market basket, currently estimated to be 3.4 percent. In addition, in accordance with § 403.752(a) of the regulations, RNHCIs are paid under § 413.40, which also uses section 1886(b)(3)(B)(ii) of the Act to update the percentage increase in the rate-of-increase limits. For RNHCIs, the proposed update will be the percentage increase in the FY 2007 IPPS operating market basket increase, currently estimated to be 3.4 percent.

IRFs are paid under a prospective payment system (IRF PPS) for cost reporting periods beginning on or after January 1, 2002. For cost reporting periods beginning during FY 2007, the IRF PPS is based on 100 percent of the adjusted Federal IRF prospective payment amount, updated annually. Therefore, these hospitals are not affected by this proposed rule.

Effective for cost reporting periods beginning on or after October 1, 2002, LTCHs are paid under a LTCH PPS, based on a Federal prospective payment amount that is updated annually. Existing LTCHs receive a blended payment that consists of the Federal prospective payment rate and a reasonable cost-based payment rate over a 5-year transition period, unless the LTCH elects to be paid at 100 percent of the Federal prospective rate at the beginning of any of its cost reporting periods during the 5-year transition period. Under § 412.533, the 5-year transition period for all existing hospitals subject to the LTCH PPS begins with the LTCH's first cost reporting period beginning on or after October 1, 2002, and extends through the LTCH's cost reporting period beginning on or after October 1, 2006. In accordance with § 412.533, for cost reporting periods beginning on or after October 1, 2006, the LTCH PPS transition blend percentages are 100 percent of the Federal prospective payment amount and zero percent of the amount calculated under reasonable cost principles. Therefore, even though FY 2007 is the fifth year of the 5-year transition period established under § 412.533, because the reasonable cost principles amount is zero percent for cost reporting periods beginning during FY 2007, LTCHs will no longer receive a portion of their payment that is based in part on a reasonable cost subject to the rate-to-increase ceiling beginning with cost reporting periods beginning on or after October 1, 2006. Thus, there is no longer a need for an update factor for LTCH's TEFRA target amount for FY 2007 and beyond.

Section 124 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) required the development of a per diem prospective payment system (PPS) for payment of inpatient hospital services furnished in IPFs. The final rule implementing the IPF PPS (69 FR 66922) established a 3-year transition to the IPF PPS during which some providers will receive a blend of the IPF PPS per diem payment and the TEFRA reasonable cost-based payment. For purposes of determining what the TEFRA payment to the IPF will be, we updated the IPF's TEFRA target amount by the excluded hospital market basket percentage increase of 3.6 percent.

The impact on excluded hospitals and hospital units of the update in the rate-of-increase limit depends on the cumulative cost increases experienced by each excluded hospital or unit since its applicable base period. For excluded hospitals and units that have maintained their cost increases at a level below the rate-of-increase limits since their base period, the major effect is on the level of incentive payments these hospitals and hospital units receive. Conversely, for excluded hospitals and hospital units with per-case cost increases above the cumulative update in their rate-of-increase limits, the major effect is the amount of excess costs that will not be reimbursed.

We note that, under § 413.40(d)(3), an excluded hospital or unit whose costs exceed 110 percent of its rate-of-increase limit receives its rate-of-increase limit plus 50 percent of the difference between its reasonable costs and 110 percent of the limit, not to exceed 110 percent of its limit. In addition, under the various provisions set forth in § 413.40, certain excluded hospitals and hospital units can obtain payment adjustments for justifiable increases in operating costs that exceed the limit. However, at the same time, by generally limiting payment increases, we continue to provide an incentive for excluded hospitals and hospital units to restrain the growth in their spending for patient services.

## VI. Quantitative Effects of the Proposed Policy Changes Under the IPPS for Operating Costs

### *A. Basis and Methodology of Estimates*

In this proposed rule, we are announcing policy changes and payment rate updates for the IPPS for operating costs. Changes to the capital payments are discussed in section VIII. of this Appendix. Based on the overall percentage change in payments per case estimated using our payment simulation model (a 3.4 percent increase), we estimate that total FY 2007 operating and capital payments will increase $3.33 billion compared to FY 2006 largely due to the statutorily mandated update to IPPS rates. This amount does not reflect changes in hospital admissions or case-mix intensity, which would also affect overall payment changes.

We have prepared separate impact analyses of the proposed changes to each system. This section deals with proposed changes to the operating prospective payment system. Our payment simulation model relies on the most recent available data to enable us to estimate the impacts on payments per case of certain changes we are proposing in this rule. However, there are other changes we are proposing for which we do not have data available that would allow us to estimate the payment impacts using this model. For those proposed changes, we have attempted to predict the payment impacts based upon our experience and other more limited data.

The data used in developing the quantitative analyses of changes in payments per case presented below are taken from the FY 2005 MedPAR file and the most current Provider-Specific File that is used for payment purposes. Although the analyses of the changes to the operating PPS do not incorporate cost data, data from the most recently available hospital cost report were used to categorize hospitals. Our analysis has several qualifications. First, we do not make adjustments for behavioral changes that hospitals may adopt in response to the proposed policy changes, and we do not adjust for future changes in such variables as admissions, lengths of stay, or case-mix. (However, as we indicated earlier, we are planning to adopt a severity DRG system in FY 2008 (if not earlier) and expect to make adjustments to the standardized amounts to account for anticipated improvements in documentation and coding that may lead to increases in observed but not real case mix). Second, due to the interdependent nature of the IPPS payment components, it is very difficult to precisely quantify the impact associated with each proposed change. Third, we use various sources for the data used to categorize hospitals in the tables. In some cases, particularly the number of beds, there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available source overall. However, for individual hospitals, some miscategorizations are possible.

Using cases from the FY 2005 MedPAR file, we simulated payments under the operating IPPS given various combinations of payment parameters. Any short-term, acute

care hospitals not paid under the IPPS (Indian Health Service hospitals and hospitals in Maryland) were excluded from the simulations. The impact of payments under the capital IPPS, or the impact of payments for costs other than inpatient operating costs, are not analyzed in this section. Estimated payment impacts of proposed FY 2007 changes to the capital IPPS are discussed in section VIII. of this Appendix.

The proposed changes discussed separately below are the following:

- The effect of a reduced update to the standardized amount for hospitals that do not comply with section 1886(b)(3)(B)(viii) of the Act by submitting quality data in accordance with our requirements.
- The effects of the MDH payment changes set forth in section 5003 of Pub. L. 109–171.
- The effects of the annual reclassification of diagnoses and procedures and the recalibration of the DRG relative weights required by section 1886(d)(4)(C) of the Act.
- The effects of the proposed changes in hospitals' wage index values reflecting wage data from hospitals' cost reporting periods beginning during FY 2003, compared to the FY 2002 wage data.
- The effects of the proposed wage and recalibration budget neutrality factors.
- The effects of the remaining labor market area transition for those hospitals that were urban under the old labor market area designations and are now considered rural hospitals.
- The effects of geographic reclassifications by the MGCRB that will be effective in FY 2007.
- The effects of section 505 of Pub. L. 108–173, which provides for an increase in a hospital's wage index if the hospital qualifies by meeting a threshold percentage of residents of the county where the hospital is located who commute to work at hospitals in counties with higher wage indexes.
- The total change in payments based on proposed FY 2007 policies and MMA-imposed changes relative to payments based on FY 2006 policies.

To illustrate the impacts of the proposed FY 2007 changes, our analysis begins with a FY 2006 baseline simulation model using: The proposed update of 3.4 percent; the FY 2006 DRG GROUPER (version 23.0); the CBSA designations for hospitals based on OMB's June 2003 MSA definitions; the FY 2006 wage index; and no MGCRB reclassifications. Outlier payments are set at 5.1 percent of total operating DRG and outlier payments.

Section 1886(b)(3)(B)(vii) of the Act, as added by section 501(b) of Pub. L. 108–173, and amended by section 5001(a) of Pub. L. 109–171, provides that, for FYs 2005 through 2006, the update factors will be reduced by 0.4 percentage points for any hospital that does not submit quality data. Section 5001(a) of Pub. L. 109–171 provides that for FY 2007 and subsequent years, the update factor will be reduced by 2.0 percentage points for any hospital that does not submit quality data or that fails the quality data validation process. At the time this impact was prepared, 115 providers did not receive the full market basket rate-of-increate for FY 2006 because they failed the quality data submission process. For purposes of the simulations shown below, we modeled the payment changes for FY 2007 using a reduced update for these 115 hospitals. However, we do not have enough information to determine which hospitals will not receive the full market basket rate-of-increase for FY 2007 at this time.

Each proposed and statutory policy change is then added incrementally to this baseline, finally arriving at an FY 2007 model incorporating all of the proposed changes. This simulation allows us to isolate the effects of each proposed change.

Our final comparison illustrates the percent change in payments per case from FY 2006 to FY 2007. Three factors not discussed separately have significant impacts here. The first is the update to the standardized amount. In accordance with section 1886(b)(3)(B)(i) of the Act, we have updated standardized amounts for FY 2007 using the most recently forecasted hospital market basket increase for FY 2007 of 3.4 percent. (Hospitals that fail to comply with the quality data submission requirement to receive the full update will receive an update reduced by 2.0 percentage points to 1.4 percent.) Under section 1886(b)(3)(B)(iv) of the Act, the updates to the hospital-specific amounts for sole community hospitals (SCHs) and for Medicare-dependent small rural hospitals (MDHs) are also equal to the market basket increase, or 3.4 percent.

A second significant factor that affects changes in hospitals' payments per case from FY 2006 to FY 2007 is the change in MGCRB status from one year to the next. That is, payments may be reduced for hospitals reclassified in FY 2006 that are no longer reclassified in FY 2007. Conversely, payments may increase for hospitals not reclassified in FY 2006 that are reclassified in FY 2007. In some cases, these impacts can be quite substantial, so if a relatively small number of hospitals in a particular category lose their reclassification status, the percentage change in payments for the category may be below the national mean. However, this effect is alleviated by section 1886(d)(10)(D)(v) of the Act, which provides that reclassifications for purposes of the wage index are for a 3-year period.

A third significant factor is that we currently estimate that actual outlier payments during FY 2006 will be 4.7 percent of total DRG payments. When the FY 2006 final rule was published, we projected FY 2006 outlier payments would be 5.1 percent of total DRG plus outlier payments; the average standardized amounts were offset correspondingly. The effects of the lower than expected outlier payments during FY 2006 (as discussed in the Addendum to this proposed rule) are reflected in the analyses below comparing our current estimates of FY 2006 payments per case to estimated FY 2007 payments per case (with outlier payments projected to equal 5.1 percent of total DRG payments).

*B. Analysis of Table I*

Table I displays the results of our analysis of proposed changes for FY 2007. The table categorizes hospitals by various geographic and special payment consideration groups to illustrate the varying impacts on different types of hospitals. The top row of the table shows the overall impact on the 3,522 hospitals included in the analysis. There are 222 fewer hospitals than were included in the impact analysis in the FY 2006 final rule (70 FR 47690).

The next four rows of Table I contain hospitals categorized according to their geographic location: All urban, which is further divided into large urban and other urban; and rural. There are 2,517 hospitals located in urban areas included in our analysis. Among these, there are 1,391 hospitals located in large urban areas (populations over 1 million), and 1,126 hospitals in other urban areas (populations of 1 million or fewer). In addition, there are 1,005 hospitals in rural areas. The next two groupings are by bed-size categories, shown separately for urban and rural hospitals. The final groupings by geographic location are by census divisions, also shown separately for urban and rural hospitals.

The second part of Table I shows hospital groups based on hospitals' proposed FY 2007 payment classifications, including any reclassifications under section 1886(d)(10) of the Act. For example, the rows labeled urban, large urban, other urban, and rural show that the number of hospitals paid based on these categorizations after consideration of geographic reclassifications (including reclassifications under 1886(d)(8)(B) and 1886(d)(8)(E) which have implications for capital payments) are 2,539, 1,400, 1,139, and 983, respectively.

The next three groupings examine the impacts of the proposed changes on hospitals grouped by whether or not they have GME residency programs (teaching hospitals that receive an IME adjustment) or receive DSH payments, or some combination of these two adjustments. There are 2,449 non-teaching hospitals in our analysis, 836 teaching hospitals with fewer than 100 residents, and 237 teaching hospitals with 100 or more residents.

In the DSH categories, hospitals are grouped according to their DSH payment status, and whether they are considered urban or rural for DSH purposes. The next category groups hospitals considered urban after geographic reclassification, in terms of whether they receive the IME adjustment, the DSH adjustment, both, or neither.

The next five rows examine the impacts of the proposed changes on rural hospitals by special payment groups (sole community hospitals (SCHs), rural referral centers (RRCs), and Medicare dependent hospitals (MDHs)), as well as rural hospitals not receiving a special payment designation. There were 140 RRCs, 341 SCHs, 126 MDHs, 80 hospitals that are both SCHs and RRCs and 8 hospitals that are both MDHs and RRCs.

The next two groupings are based on type of ownership and the hospital's Medicare utilization expressed as a percent of total patient days. These data are taken primarily from the FY 2004 Medicare cost reports, if available (otherwise FY 2003 data are used).

The next series of groupings concern the geographic reclassification status of

hospitals. The first grouping displays all urban hospitals that were reclassified by the MGCRB for FY 2007. The next grouping shows the MGCRB rural reclassifications. The final three rows in Table I contain hospitals located in urban counties, but deemed to be rural under section 1886(d)(8)(E) of the Act, hospitals located in rural counties but deemed to be urban under section 1886(d)(8)(B) of the Act, and hospitals currently reclassified under section 508 of Public Law 108–173, which expires on March 31, 2007.

TABLE I.—IMPACT ANALYSIS OF PROPOSED CHANGES FOR FY 2007

| (1) | No. of hospitals [1] (2) | Quality data rate difference [2] (3) | DRA MDH provisions [3] (4) | Hospital specific costs wts, DRG changes [4] (5) | FY 2007 wage data [5] (6) | DRG rel. wts. and wage index changes [6] (7) | Wage index transition for hospitals moving from urban to rural [7] (8) | MGCRB reclassifications [8] (9) | Out-migration adjustment [9] (10) | All FY 2007 changes [10] |
|---|---|---|---|---|---|---|---|---|---|---|
| All Hospitals | 3,522 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 3.4 |
| By Geographic Location: | | | | | | | | | | |
| Urban hospitals | 2,517 | 0.0 | 0.0 | −0.2 | 0.1 | −0.4 | 0.0 | −0.3 | 0.1 | 3.0 |
| Large urban areas (populations over 1 million) | 1,391 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | −0.5 | 0.0 | 3.4 |
| Other urban areas (populations of 1 million or fewer) | 1,126 | 0.0 | 0.0 | −0.8 | 0.1 | −0.8 | 0.0 | −0.2 | 0.1 | 2.5 |
| Rural hospitals | 1,005 | 0.0 | 0.5 | 3.0 | 0.0 | 2.8 | 0.3 | 2.2 | 0.1 | 6.7 |
| Bed Size (Urban): | | | | | | | | | | |
| 0–99 beds | 590 | −0.1 | 0.1 | 0.9 | 0.1 | 0.8 | 0.0 | −0.5 | 0.0 | 4.1 |
| 100–199 beds | 865 | 0.0 | 0.0 | 1.9 | 0.2 | 2.0 | 0.0 | −0.2 | 0.0 | 5.2 |
| 200–299 beds | 482 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | −0.3 | 0.1 | 3.4 |
| 300–499 beds | 414 | 0.0 | 0.0 | −1.1 | 0.1 | −1.2 | 0.0 | −0.4 | 0.1 | 2.2 |
| 500 or more beds | 166 | 0.0 | 0.0 | −1.5 | −0.1 | −1.8 | 0.0 | −0.4 | 0.0 | 1.6 |
| Bed Size (Rural): | | | | | | | | | | |
| 0–49 beds | 349 | −0.1 | 0.9 | 5.8 | −0.1 | 5.7 | 0.1 | 0.9 | 0.2 | 10.1 |
| 50–99 beds | 366 | 0.0 | 1.3 | 4.6 | 0.0 | 4.5 | 0.3 | 1.1 | 0.2 | 9.3 |
| 100–149 beds | 179 | 0.0 | 0.1 | 3.0 | 0.0 | 2.9 | 0.5 | 2.6 | 0.1 | 6.2 |
| 150–199 beds | 64 | 0.0 | 0.0 | 1.2 | −0.1 | 1.0 | 0.5 | 3.7 | 0.1 | 4.2 |
| 200 or more beds | 47 | 0.0 | 0.0 | −0.1 | −0.2 | −0.4 | 0.0 | 3.3 | 0.0 | 2.9 |
| Urban by Region: | | | | | | | | | | |
| New England | 127 | 0.0 | 0.0 | 0.5 | 0.7 | 1.0 | 0.0 | 0.4 | 0.0 | 3.2 |
| Middle Atlantic | 353 | 0.0 | 0.0 | 0.1 | 0.2 | 0.1 | 0.0 | −0.1 | 0.1 | 3.0 |
| South Atlantic | 381 | 0.0 | 0.0 | −0.6 | −0.4 | −1.1 | 0.0 | −0.4 | 0.0 | 2.6 |
| East North Central | 388 | 0.0 | 0.0 | −0.2 | 0.2 | −0.2 | 0.0 | 0.3 | 0.0 | 3.0 |
| East South Central | 163 | 0.0 | 0.0 | −0.7 | −0.4 | −1.3 | 0.0 | −0.5 | 0.1 | 2.5 |
| West North Central | 156 | 0.0 | 0.0 | −1.2 | −0.1 | −1.4 | 0.0 | −0.7 | 0.0 | 2.1 |
| West South Central | 350 | 0.0 | 0.0 | −0.5 | −0.4 | −1.1 | 0.0 | −0.6 | 0.0 | 2.6 |
| Mountain | 143 | 0.0 | 0.0 | −1.1 | 0.6 | −0.6 | 0.0 | −0.4 | 0.0 | 3.0 |
| Pacific | 404 | 0.0 | 0.0 | 0.7 | 0.6 | 1.1 | 0.0 | −0.3 | 0.1 | 4.5 |
| Puerto Rico | 52 | 0.0 | 0.0 | 3.2 | −1.4 | 1.6 | 0.0 | −0.7 | 0.0 | 5.0 |
| Rural by Region: | | | | | | | | | | |
| New England | 19 | 0.0 | 2.6 | 1.9 | −0.4 | 1.5 | 0.0 | 2.1 | 0.1 | 7.7 |
| Middle Atlantic | 72 | 0.0 | 1.2 | 2.9 | 0.3 | 3.1 | 0.1 | 2.1 | 0.0 | 7.7 |
| South Atlantic | 175 | 0.0 | 0.2 | 3.7 | 0.0 | 3.5 | 0.2 | 2.3 | 0.2 | 6.9 |
| East North Central | 125 | 0.0 | 0.6 | 2.0 | −2.0 | 1.7 | 0.1 | 1.7 | 0.0 | 5.8 |
| East South Central | 181 | 0.0 | 0.2 | 3.1 | 0.0 | 2.9 | 0.2 | 2.8 | 0.1 | 6.4 |
| West North Central | 118 | 0.0 | 0.9 | 1.9 | 0.1 | 2.0 | 0.0 | 2.0 | 0.1 | 6.3 |
| West South Central | 191 | 0.0 | 0.4 | 3.8 | −0.1 | 3.6 | 0.6 | 3.0 | 0.2 | 7.1 |
| Mountain | 80 | 0.0 | 0.0 | 2.7 | −0.2 | 2.5 | 2.3 | 0.6 | 0.1 | 5.6 |
| Pacific | 44 | 0.0 | 0.3 | 3.7 | 0.1 | 3.8 | 0.0 | 1.9 | 0.1 | 7.4 |
| By Payment Classification: | | | | | | | | | | |
| Urban hospitals | 2,539 | 0.0 | 0.0 | −0.2 | 0.1 | −0.3 | 0.0 | −0.3 | 0.1 | 3.0 |
| Large urban areas (populations over 1 million) | 1,400 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | −04 | 0.0 | 3.4 |
| Other urban areas (populations of 1 million or fewer) | 1,139 | 0.0 | 0.0 | −0.7 | 0.1 | −0.8 | 0.0 | −0.2 | 0.1 | 2.5 |
| Rural Areas | 983 | 0.0 | 0.5 | 2.9 | 0.0 | 2.7 | 0.3 | 2.1 | 0.1 | 6.6 |
| Teaching Status: | | | | | | | | | | |
| Nonteaching | 2,449 | 0.0 | 0.1 | 1.3 | 0.0 | 1.2 | 0.0 | 0.2 | 0.1 | 4.8 |
| Fewer than 100 residents | 836 | 0.0 | 0.0 | −0.7 | 0.0 | −0.9 | 0.0 | −0.2 | 0.0 | 2.6 |
| 100 or more residents | 237 | 0.0 | 0.0 | −0.9 | 0.2 | −0.9 | 0.0 | −0.3 | 0.0 | 2.6 |
| Urban DSH: | | | | | | | | | | |
| Non-DSH | 854 | 0.0 | 0.1 | −0.8 | 0.0 | −1.0 | 0.0 | −0.1 | 0.0 | 2.6 |
| 100 or more beds | 1,513 | 0.0 | 0.0 | −0.1 | 0.1 | −0.2 | 0.0 | −0.3 | 0.1 | 3.1 |
| Less than 100 beds | 333 | 0.0 | 0.1 | 3.7 | 0.3 | 3.9 | 0.0 | −0.4 | 0.0 | 7.2 |
| Rural DSH: | | | | | | | | | | |
| SCH | 383 | 0.0 | 0.9 | 4.4 | 0.0 | 4.4 | 0.3 | 0.7 | 0.1 | 8.7 |
| RRC | 196 | 0.0 | 0.1 | 1.5 | −0.1 | 1.3 | 0.2 | 3.7 | 0.0 | 4.6 |
| Other Rural: | | | | | | | | | | |
| 100 or more beds | 55 | 0.0 | 0.0 | 4.5 | 0.2 | 4.5 | 1.1 | 1.0 | 0.3 | 7.2 |
| Less than 100 beds | 188 | −0.1 | 0.0 | 5.8 | 0.0 | 5.7 | 0.4 | 1.0 | 0.4 | 9.1 |
| Urban teaching and DSH: | | | | | | | | | | |
| Both teaching and DSH | 809 | 0.0 | 0.0 | −0.6 | 0.0 | −0.8 | 0.0 | −0.4 | 0.0 | 2.5 |
| Teaching and no DSH | 198 | 0.0 | 0.0 | −1.4 | 0.1 | −1.5 | 0.0 | −0.1 | 0.1 | 1.6 |
| No teaching and DSH | 1,037 | 0.0 | 0.0 | 1.3 | 0.1 | 1.3 | 0.0 | −0.2 | 0.1 | 4.7 |
| No teaching and no DSH | 495 | 0.0 | 0.0 | −0.6 | −0.1 | −0.9 | 0.0 | −0.3 | 0.0 | 2.8 |
| Rural Hospital Types: | | | | | | | | | | |
| Non special status hospitals | 288 | −0.1 | 0.0 | 5.1 | 0.1 | 5.0 | 0.8 | 1.0 | 0.4 | 8.2 |

TABLE I.—IMPACT ANALYSIS OF PROPOSED CHANGES FOR FY 2007—Continued

| (1) | No. of hospitals [1] (2) | Quality data rate difference [2] (3) | DRA MDH provisions [3] (4) | Hospital specific costs wts, DRG changes [4] (5) | FY 2007 wage data [5] (6) | DRG rel. wts. and wage index changes [6] (7) | Wage index transition for hospitals moving from urban to rural [7] (8) | MGCRB reclassifications [8] (9) | Out-migration adjustment [9] (10) | All FY 2007 changes [10] |
|---|---|---|---|---|---|---|---|---|---|---|
| RRC | 140 | 0.0 | 0.0 | 1.1 | −0.1 | 0.9 | 0.3 | 4.3 | 0.0 | 4.3 |
| SCH | 341 | 0.0 | 0.0 | 4.1 | 0.0 | 4.0 | 0.3 | 0.5 | 0.1 | 7.5 |
| MDH | 126 | 0.0 | 5.9 | 5.3 | 0.0 | 5.2 | 0.0 | 0.8 | 0.1 | 14.6 |
| SCH and RRC | 80 | 0.0 | 0.0 | 1.1 | −0.2 | 0.9 | 0.0 | 2.2 | 0.0 | 4.1 |
| MDH and RRC | 8 | 0.0 | 12.8 | 2.6 | 0.0 | 2.7 | 0.0 | 0.8 | 0.0 | 17.5 |
| Type of Ownership: | | | | | | | | | | |
| Voluntary | 2,087 | 0.0 | 0.1 | −0.1 | 0.1 | −0.2 | 0.0 | −0.1 | 0.1 | 3.1 |
| Proprietary | 831 | 0.0 | 0.0 | 0.3 | −0.1 | 0.0 | 0.1 | 0.0 | 0.0 | 3.7 |
| Government | 604 | 0.0 | 0.1 | 1.2 | 0.1 | 1.2 | 0.0 | 0.1 | 0.1 | 4.7 |
| Medicare Utilization as a Percent of Inpatient Days: | | | | | | | | | | |
| 0–25 | 252 | 0.0 | 0.0 | 2.3 | 0.5 | 2.6 | 0.0 | −0.3 | 0.0 | 5.8 |
| 25–50 | 1,302 | 0.0 | 0.0 | −0.4 | 0.0 | −0.6 | 0.0 | −0.4 | 0.0 | 2.8 |
| 50–65 | 1,490 | 0.0 | 0.1 | 0.5 | 0.1 | 0.4 | 0.0 | 0.4 | 0.1 | 3.9 |
| Over 65 | 459 | 0.0 | 0.4 | 0.5 | −0.1 | 0.2 | 0.0 | 0.5 | 0.1 | 4.1 |
| Unknown | 19 | −0.2 | 0.0 | 3.8 | 0.5 | 4.1 | 0.0 | −0.3 | 0.0 | 8.2 |
| Urban Hospitals Reclassified by the Medicare Geographic Classification Review Board: First Half FY 2007 Reclassifications | 319 | 0.0 | 0.0 | −0.3 | 0.2 | −0.3 | 0.0 | 2.1 | 0.0 | 3.1 |
| Urban Nonreclassified, First Half FY 2007 | 2,119 | 0.0 | 0.0 | −0.2 | 0.0 | −0.4 | 0.0 | −0.7 | 0.1 | 3.1 |
| All Urban Hospitals Reclassified Second Half FY 2007 | 339 | 0.0 | 0.0 | −0.2 | 0.1 | −0.2 | 0.0 | 1.9 | 0.0 | 3.2 |
| Urban Nonreclassified Hospitals Second Half FY 2007 | 2,099 | 0.0 | 0.0 | −0.2 | 0.0 | −0.4 | 0.0 | −0.7 | 0.1 | 3.1 |
| All Rural Hospitals Reclassified Full Year FY 2007 | 385 | 0.0 | 0.5 | 1.8 | 0.0 | 1.6 | 0.1 | 3.8 | 0.0 | 5.3 |
| Rural Nonreclassified Hospitals Full Year 2007 | 604 | −0.1 | 0.6 | 4.8 | 0.0 | 4.6 | 0.6 | 0.0 | 0.3 | 8.8 |
| All Section 401 Reclassified Hospitals | 38 | 0.0 | 3.0 | 3.1 | 0.1 | 3.2 | 0.0 | −0.3 | 0.0 | 9.2 |
| Other Reclassified Hospitals (Section 1886(d)(8)(B)) | 54 | −0.1 | 0.5 | 4.8 | 0 | 4.7 | 0.0 | 4.0 | 0.0 | 8.7 |
| Section 508 Hospitals | 95 | 0.0 | 0.0 | −0.4 | 0.3 | −0.2 | 0.0 | −0.2 | 0.1 | 0.6 |

[1] Because data necessary to classify some hospitals by category were missing, the total number of hospitals in each category may not equal the national total. Discharge data are from FY 2003, and hospital cost report data are from reporting periods beginning in FY 2002 and FY 2001.

[2] This column displays the payment impact of the hospitals that did not submit quality update information.

[3] This column displays the impact of the Deficit Reduction Act section 5003 that apply to Medicare Dependent Hospitals.

[4] This column displays the payment impact of the changes to the V24 GROUPER and the recalibration of the DRG HSRVcc weights based on FY 2005 MedPAR data in accordance with section 1886(d)(4)(C)(iii) of the Act.

[5] This column displays the payment impact of updating the wage index data to the FY 2003 cost report data.

[6] This column displays the payment impact of the budget neutrality factor for DRG and wage index changes data in accordance with section 1886(d)(4)(C)(iii) of the Act and section 1886(d)(3)(E) of the Act.

[7] Shown here are the effects of providing rural hospitals formerly located in urban areas with urban wage index values in FY 2007. The effects reflected here are budget neutral: this column therefore includes the effect of the 0.999591 adjustment that we have applied to the rates to ensure budget neutrality.

[8] Shown here are the effects of geographic reclassifications by the Medicare Geographic Classification Review Board (MGCRB). The effects demonstrate the FY 2007 payment impact of going from no reclassifications to the reclassifications scheduled to be in effect for FY 2007. Reclassification for prior years has no bearing on the payment impacts shown here. This column reflects the geographic budget neutrality factor of 0.991727.

[9] This column displays the impact of the FY 2007 implementation of section 505 of Pub. L. 108–173, which provides for an increase in a hospital's wage index if the hospital qualifies by meeting a threshold percentage of residents of the county where the hospital is located who commute to work at hospitals in counties with higher wage indexes.

[10] This column shows changes in payments from FY 2006 to FY 2007. It incorporates all of the changes displayed in Columns 3, 4, 7, 8, and 9 (the changes displayed in Columns 5 and 6 are included in Column 7). It also reflects the impact of the FY 2007 update, changes in hospitals' reclassification status in FY 2007 compared to FY 2006, and the changes in payments as a result of continuing the reclassifications under section 508 of Pub. L. 108–173. The sum of these impacts may be different from the percentage changes shown here due to rounding and interactive effect.

*C. Effects on the Hospitals That Failed the Quality Data Submission Process (Column 2)*

Column 2 of Table I shows the effect of assigning a reduced update to the standardized amount to hospitals that either fail to submit quality data or fail the data validation requirements. This column shows the effect of paying these providers based on an update of market basket, less 2.0 percentage points (1.4 percent) relative to a full market basket update (3.4 percent), for FY 2007. There are 115 hospitals in this analysis that we expect will not receive the full market basket update for FY 2007. Most of these hospitals are either small rural or small urban hospitals. We project that these hospitals will receive an overall decrease in payments of 0.1 percent from last year's payment.

*D. Effects of the DRA Provision Related to MDHs (Column 3)*

In Column 3 of Table I, we show the effects of implementing section 5003 of Pub. L. 109–171 for MDHs. Section 5003 requires MDHs to rebase their hospital-specific rate to the FY 2002 cost reporting period, if doing so increases their target amount. It also increases the hospital-specific payment amount from the Federal rate plus 50 percent of the difference between the Federal rate and the hospital-specific amount (presuming the hospital-specific amount exceeds the Federal amount) to the Federal rate plus 75 percent of the difference. In addition, MDHs are no longer subject to the 12-percent cap on their DSH payments, effective FY 2007.

This column compares the FY 2007 payment rates under the section 5003 provisions to payments under the FY 2006 MDH provisions. (The MDH provisions were set to expire at the end of FY 2006 but were extended by section 5003(a)(1)). Overall, hospitals experience a 0.1 percent increase. This is primarily due to the substantial increase in payments to MDH providers; MDH providers experience a 5.9 percent increase while MDH/RRC combination providers experience a 12.8 percent increase.

*E. Effects of the Changes to the DRG Reclassifications and Relative Cost-Based Weights (Column 4)*

In Column 4 of Table I, we present the combined effects of the DRG reclassifications and recalibration, as discussed in section II. of the preamble to this proposed rule. Section 1886(d)(4)(C)(i) of the Act requires us annually to make appropriate classification changes in order to reflect changes in treatment patterns, technology, and any other

factors that may change the relative use of hospital resources.

As discussed in the preamble of this proposed rule, we are proposing to change the relative weight calculation methodology from a charge-based method to a hospital specific, cost center adjusted method. In this column, we compare aggregate payments using the proposed FY 2007 hospital-specific cost weights (GROUPER Version 24) to the FY 2006 DRG relative charge weights (GROUPER Version 23.0). This method is described in more detail in section II of the preamble to this proposed rule. We note that, consistent with section 1886(d)(4)(C)(iii) of the Act, we have applied a budget neutrality factor to ensure that the overall payment impact of the DRG changes (combined with the wage index changes) is budget neutral. This budget neutrality factor of 0.998363 is applied to payments in Column 6. Because this is a combined DRG reclassification and recalibration and wage index budget neutrality factor, it is not applied to payments in Column 4. We have not proposed substantial changes to the FY 2007 GROUPER in this rule so most of the differences observed in this column illustrate the effect of setting the relative weights under the HSRVcc methodology, which is discussed in detail in section II.C. of the preamble to this proposed rule.

In general, surgical DRGs tend to have charges concentrated in ancillary cost center groups while medical DRGs tend to have charges concentrated in routine or intensive care unit (ICU) cost center groups. As discussed in the preamble of this proposed rule, the cost to charge ratios for ancillary cost center groups are lower than the cost to charge ratios for routine and ICU cost center groups, indicating that the charge mark ups for ancillary services are higher. Because the HSRVcc weighting methodology adjusts the weights to remove differential mark-ups in charges, the FY 2007 weights are redistributed among medical and surgical DRGs, which will result in a redistribution of payments among hospitals according to the types of cases they provide. For instance, hospitals that perform more surgical procedures are likely to experience decreases in payments while hospitals with heavy concentrations of medical DRGs are expected to experience increases in payments. Hospitals with a case-mix that is equal to average will see little or no change in payment.

Rural DSH hospitals with less than 100 beds and small rural hospitals (0–49 beds) show the greatest increase in payments of 5.8 percent. Urban hospitals with more than 500 beds and teaching hospitals with no DSH payments have the largest decrease in payments with declines of 1.5 and 1.4 percent respectively. Urban hospitals in West North Central, Mountain, East South Central, South Atlantic, West South Central, and East North Central experience decreases in payment of .2 to 1.2 percent.

*F. Effects of Proposed Wage Index Changes (Column 5)*

Section 1886(d)(3)(E) of the Act requires that, beginning October 1, 1993, we annually update the wage data used to calculate the wage index. In accordance with this requirement, the proposed wage index for FY 2007 is based on data submitted for hospital cost reporting periods beginning on or after October 1, 2002 and before October 1, 2003. The impact of the new data on hospital payments is isolated in Column 5 by holding the other payment parameters constant in this simulation. That is, Column 5 shows the percentage changes in payments when going from a model using the FY 2006 wage index, based on FY 2002 wage data, to a model using the proposed FY 2007 pre-reclassification wage index, based on FY 2003 wage data. The wage data collected on the FY 2003 cost report are the same as the FY 2002 wage data those were used to calculate the FY 2006 wage index.

Column 5 shows the impacts of updating the wage data using FY 2003 cost reports. Overall, the new wage data will lead to a 0.0 percent change for all hospitals and a 0.1 percent increase for hospitals in urban areas. This increase is due to fluctuations in the wage data. Among regions, the largest increase is in the urban New England region, which experiences a 0.7 percent increase. The largest decline from updating the wage data is seen in the Puerto Rico region (a 1.4 percent decrease).

In looking at the wage data itself, the national average hourly wage increased 5.7 percent compared to FY 2006. Therefore, the only manner in which to maintain or exceed the previous year's wage index was to match or exceed the national 5.7 percent increase in average hourly wage. Of the 3,500 hospitals with wage data for both FYs 2006 and 2007, 1,606, or 45.9 percent, also experienced an average hourly wage increase of 5.7 percent or more.

The following chart compares the shifts in wage index values for hospitals for FY 2007 relative to FY 2006. Among urban hospitals, 45 will experience an increase of between 5 percent and 10 percent and 3 will experience an increase of more than 10 percent. No rural hospitals will experience increases greater than 5 percent. However, 996 rural hospitals will experience increases or decreases of less than 5 percent, while 2,380 urban hospitals will experience increases or decreases of less than 5 percent. Sixty urban hospitals will experience decreases in their wage index values of at least 5 percent, but less than 10 percent. Twelve urban hospitals will experience decreases in their wage index values of greater than 10 percent. Four rural hospitals will experience decreases of more than 10 percent.

The following chart shows the projected impact for urban and rural hospitals.

| Percentage change in area wage index values | Number of hospitals | |
|---|---|---|
| | Urban | Rural |
| Increase more than 10 percent | 3 | 0 |
| Increase more than 5 percent and less than 10 percent | 45 | 0 |
| Increase or decrease less than 5 percent | 2,380 | 996 |
| Decrease more than 5 percent and less than 10 percent | 60 | 0 |
| Decrease more than 10 percent | 12 | 4 |

*G. Combined Effects of Proposed DRG and Wage Index Changes, Including Budget Neutrality Adjustment (Column 6)*

The impact of the DRG reclassifications on aggregate payments is required by section 1886(d)(4)(C)(iii) of the Act to be budget neutral. In addition, section 1886(d)(3)(E) of the Act specifies that any updates or adjustments to the wage index are to be budget neutral. As noted in the Addendum to this proposed rule, in determining the budget neutrality factor, we compared simulated aggregate payments using the FY 2006 DRG relative weights, the blended wage index, and labor share percentage to simulated aggregate payments using the proposed FY 2007 DRG relative weights and wage index.

We computed a wage and DRG recalibration budget neutrality factor of 0.998363. The 0.0 percent impact for all hospitals demonstrates that these changes, in combination with the budget neutrality factor, are budget neutral. In Table I, the combined overall impacts of the effects of both the DRG reclassifications and the updated wage index are shown in Column 6. The changes in this column are the sum of the proposed changes in Columns 4 and 5, combined with the budget neutrality factor and the wage index floor for urban areas required by section 4410 of Pub. L. 105–33 to be budget neutral. There also may be some variation of plus or minus 0.1 percentage point due to rounding.

Small rural hospitals show a 5.7 percent increase in payments that is primarily due to the change to the relative weight methodology used in the DRG recalibration process. Among urban regions, the largest impacts are in the Pacific region and Puerto Rico, with 1.1 and 1.6 percent increases, respectively. The West North Central region experiences the largest decrease of 1.4 percent. Among rural regions, the Pacific region benefits the most with a 3.8 percent increase, while the New England region experiences the smallest increase (1.5 percent).

*H. Effects of the 3-Year Provision Allowing Urban Hospitals That Were Converted to Rural as a Result of the FY 2005 Labor Market Area Changes To Maintain the Wage Index of the Urban Labor Market Area in Which They Were Formerly Located (Column 7)*

To help alleviate the decreased payments for urban hospitals that became rural under the new labor market area definitions, for purposes of the wage index, we adopted a policy in FY 2005 to allow them to maintain the wage index assignment of the MSA where they were located for the 3-year period FY 2005, FY 2006, and FY 2007. Column 7 shows the impact of the remaining labor market area transition, for those hospitals that were urban under the old labor market area designations and are now considered rural hospitals. Section 1886(d)(3)(E) of the Act specifies that any updates or adjustments to the wage index are to be budget neutral. Therefore, we applied an adjustment of 0.999591 to ensure that the effects of reclassification are budget neutral as indicated by the zero effect on payments to hospitals overall. The rural hospital row shows a 0.3 percent benefit from this provision as these hold harmless hospitals are now considered geographically rural.

*I. Effects of MGCRB Reclassifications (Column 8)*

Our impact analysis to this point has assumed hospitals are paid on the basis of their actual geographic location (with the exception of ongoing policies that provide that certain hospitals receive payments on other bases than where they are geographically located, such as hospitals in rural counties that are deemed urban under section 1886(d)(8)(B) of the Act). The changes in Column 8 reflect the per case payment impact of moving from this baseline to a simulation incorporating the MGCRB decisions for FY 2007 which affect hospitals' wage index area assignments.

By February 28 of each year, the MGCRB makes reclassification determinations that will be effective for the next fiscal year, which begins on October 1. The MGCRB may approve a hospital's reclassification request for the purpose of using another area's wage index value. The proposed FY 2007 wage index values incorporate all of the MGCRB's reclassification decisions for FY 2007. The wage index values also reflect any decisions made by the CMS Administrator through the appeals and review process through February 28, 2006.

For FY 2007, as stated in the FY 2006 IPPS final rule (70 FR 47382, August 12, 2005), we established procedural rules under section 1886(d)(10)(D)(v) of the Act to address specific circumstances where individual and group reclassifications involve a section 508 hospital. The rules were designed to recognize the special circumstances of section 508 hospital reclassifications ending mid-year during FY 2007 and were intended to allow previously approved reclassifications to continue through March 31, 2007, and new section 1886(d)(10) reclassifications to begin April 1, 2007, upon the conclusion of the section 508 reclassifications. Under these procedural rules, some section 1886(d)(10) hospital reclassifications are only in effect for the second half of the fiscal year.

The first and second half fiscal year section 1886(d)(10) reclassifications permitted under these procedural rules have implications for the calculation of the reclassified wage indices and the reclassification budget neutrality factor. Section 1886(d)(8)(c) of the Act provides requirements for determining the wage index values for hospitals that were reclassified as a result of the MGCRB decisions under 1886(d)(10) of the Act. As provided in the statute, we are required to calculate a separate wage index for hospitals reclassified to an area if including the wage data for the reclassified hospitals would reduce the area wage index by more than 1 percent.

Because of the half-year reclassifications permitted under the procedural rules, in this proposed rule we are proposing to issue two separate wage indexes for affected areas (one effective from October 1, 2006 through March 31, 2007 and a second reclassified wage index effective April 1, 2007 through September 30, 2007). The proposed FY 2007 wage index values are calculated based on the wage data for hospitals reclassified to the area in the respective half of the fiscal year. The impact of this policy is modeled in Column 8 of Table I above.

The overall effect of geographic reclassification is required by section 1886(d)(8)(D) of the Act to be budget neutral. In this proposed rule, we are proposing to calculate one budget neutrality adjustment that reflects the average of the adjustments required for first and second half fiscal year reclassifications, respectively. Therefore, we applied an adjustment of 0.991727 to ensure that the effects of the section 1886(d)(10) reclassifications are budget neutral. (See section II.A. of the Addendum to this proposed rule.)

As a group, rural hospitals benefit from geographic reclassification. We estimate that their payments will rise 2.2 percent as shown in Column 8. Payments to urban hospitals will decline by 0.3 percent. Hospitals in other urban areas will experience an overall decrease in payments of 0.2 percent, while large urban hospitals will lose 0.5 percent. Among urban hospital groups (that is, bed size, census division, and special payment status), payments generally would decline.

A positive impact is evident among all of the rural hospital groups. The smallest increase among the rural census divisions is 0.6 percent for the Mountain region. The largest increases are in the rural East South Central region, with an increase of 2.8 percent, and in the West South Central region, which would experience an increase of 3.0 percent.

Urban hospitals reclassified for the first half of FY 2007 are expected to receive an increase of 2.1 percent and urban hospitals reclassified for the second half of FY 2007 are expected to receive a 1.9 percent increase in payments. The same set of rural hospital providers are reclassified for the entire FY 2007 year and are expected to receive a 3.8 percent increase in payments from the MGCRB changes. Payments to urban hospitals that did not reclassify for either the first or second half of FY 2007 are expected to decrease slightly (by 0.7 percent) due to the MGCRB changes. FY 2007 payments to non-reclassifying rural hospitals are not affected by the MGCRB changes.

*J. Effects of the Proposed Wage Index Adjustment for Out-Migration (Column 9)*

Section 1886(d)(13) of the Act, as added by section 505 of Pub. L. 108–173, provides for an increase in the wage index for hospitals located in certain counties that have a relatively high percentage of hospital employees who reside in the county, but work in a different area with a higher wage index. Hospitals located in counties that qualify for the payment adjustment are to receive an increase in the wage index that is equal to a weighted average of the difference between the wage index of the resident county and the higher wage index work area(s), weighted by the overall percentage of workers who are employed in an area with a higher wage index. Using our established criteria, 321 counties and 586 hospitals qualify to receive a commuting adjustment in FY 2007.

Due to the statutory formula to calculate the adjustment and the small number of counties that qualify, the impact on hospitals is minimal, with an overall impact on all hospitals of 0.1 percent.

*K. Effects of All Changes (Column 10)*

Column 10 compares our estimate of payments per case, incorporating all changes reflected in this proposed rule for FY 2007 (including statutory changes), to our estimate of payments per case in FY 2006. This column includes all of the proposed policy changes. Column 10 reflects all FY 2007 changes relative to FY 2006, shown in Columns 2 through 9 and those not applied until the final rates are calculated. The average increase for all hospitals is approximately 3.4 percent. This increase includes the effects of the 3.4 percent market basket update. It also reflects the 0.4 percentage point difference between the projected outlier payments in FY 2006 (5.1 percent of total DRG payments) and the current estimate of the percentage of actual outlier payments in FY 2006 (4.7 percent), as described in the introduction to this Appendix and the Addendum to this proposed rule. As a result, payments are projected to be 0.4 percentage points lower in FY 2006 than originally estimated, resulting in a 0.4 percentage point greater increase for FY 2007 than would otherwise occur. In addition, the impact of section 505 adjustments accounted for a 0.1 percent increase. Indirect medical education formula changes for teaching hospitals under section 502 of Pub. L. 108–173, changes in payments due to the difference between the FY 2006 and FY 2007 wage index values assigned to providers reclassified under section 508 of Pub. L. 108–173, and changes in the incremental increase in payments from section 505 of Pub. L. 108–173 out-migration adjustments account for the remaining −0.5 percent.

There might also be interactive effects among the various factors comprising the payment system that we are not able to

isolate. For these reasons, the values in Column 10 may not equal the product of the percentage changes described above.

The overall change in payments per case for hospitals in FY 2007 would increase by 3.4 percent. Hospitals in urban areas would experience a 3.0 percent increase in payments per case compared to FY 2006. Hospitals in large urban areas would experience a 3.4 percent increase in payments and hospitals in other urban areas would experience a 2.5 percent increase in payments. Hospitals in rural areas, meanwhile, would experience a 6.7 percent payment increase.

Among urban census divisions, the largest payment increases would be 4.6 percent in the Pacific region and 5.0 percent in Puerto Rico. The smallest urban increase would occur in the West North Central region, with an increase of 2.1 percent.

Among rural regions in Column 10, no hospital category would experience overall payment decreases. The New England and Middle Atlantic regions would benefit the most, with 7.7 percent increases. The smallest increase would occur in the Mountain region, with a 5.6 percent increase in payments.

Among special categories of rural hospitals in Column 10, MDH/RRC providers receive an increase in payments of 17.5 percent and MDH providers receive an increase of 14.6 percent, primarily due to the changes to MDH payments set forth in section 5003 of Pub. L. 109–171. SCHs also see a positive increase of 7.5 percent.

Urban hospitals reclassified for the first half of FY 2007 are anticipated to receive an increase of 3.1 percent, while urban hospitals that reclassified for the second half of FY 2007 are expected to receive an increase of 3.2 percent. The same set of rural hospitals is reclassified for the first and second half of FY 2007. Rural hospitals reclassifying for the entire year of FY 2007 are anticipated to receive a 5.3 percent payment increase. Those hospitals located in rural counties, but deemed to be urban under section 1886(d)(8)(B) of the Act are expected to receive an increase in payments of 8.7 percent. Hospitals that were reclassified under section 508 of Pub. L. 108–173, which is only effective through March 31, 2007, are expected to receive an increase of 0.6 percent. This is due in large part to the fact that the 508 wage index is only in effect for 6 months of FY 2007. Of the 95 section 508 providers listed in this row, 28 have a reduction in their FY 2007 blended final wage index (relative to their FY 2006 final wage index) of between 5 and 10 percent while 55 others have a reduction of 0 to 5 percent in their wage index values.

*L. Effects of Policy on Payment Adjustments for Low-Volume Hospitals*

For FY 2007, we are proposing to continue to apply the volume adjustment criteria we specified in the FY 2005 IPPS final rule (69 FR 49099). We expect that two providers would receive the low-volume adjustment for FY 2007. We estimate the impact of these providers receiving the additional 25-percent payment increase to be approximately $90,000.

*M. Impact Analysis of Table II*

Table II presents the projected impact of the proposed changes for FY 2007 for urban and rural hospitals and for the different categories of hospitals shown in Table I. It compares the estimated payments per case for FY 2006 with the average estimated per case payments for FY 2007, as calculated under our models. Thus, this table presents, in terms of the average dollar amounts paid per discharge, the combined effects of the changes presented in Table I. The percentage changes shown in the last column of Table II equal the percentage changes in average payments from Column 10 of Table I.

TABLE II.—IMPACT ANALYSIS OF CHANGES FOR FY 2007 OPERATING PROSPECTIVE PAYMENT SYSTEM

[Payments Per Case]

| | Number of hospitals | Average FY 2006 payment per case [1] | Average FY 2007 payment per case [1] | All FY 2007 changes; |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| All hospitals | 3,522 | 8,529 | 8,820 | 3.4 |
| By Geographic Location: | | | | |
| Urban hospitals | 2,517 | 8,933 | 9,201 | 3.0 |
| Large urban areas (populations over 1 million) | 1,391 | 9,335 | 9,652 | 3.4 |
| Other urban areas (populations of 1 million or fewer) | 1,126 | 8,449 | 8,657 | 2.5 |
| Rural hospitals | 1,005 | 6,268 | 6,685 | 6.7 |
| Bed Size (Urban): | | | | |
| 0–99 beds | 590 | 6,736 | 7,015 | 4.1 |
| 100–199 beds | 865 | 7,465 | 7,856 | 5.2 |
| 200–299 beds | 482 | 8,377 | 8,666 | 3.4 |
| 300–499 beds | 414 | 9,437 | 9,647 | 2.2 |
| 500 or more beds | 166 | 11,294 | 11,470 | 1.6 |
| Bed Size (Rural): | | | | |
| 0–49 beds | 349 | 5,285 | 5,817 | 10.1 |
| 50–99 beds | 366 | 5,669 | 6,199 | 9.3 |
| 100–149 beds | 179 | 6,218 | 6,604 | 6.2 |
| 150–199 beds | 64 | 7,053 | 7,351 | 4.2 |
| 200 or more beds | 47 | 7,871 | 8,102 | 2.9 |
| Urban by Region: | | | | |
| New England | 127 | 9,406 | 9,706 | 3.2 |
| Middle Atlantic | 353 | 9,735 | 10,026 | 3.0 |
| South Atlantic | 381 | 8,483 | 8,702 | 2.6 |
| East North Central | 388 | 8,555 | 8,815 | 3.0 |
| East South Central | 163 | 8,252 | 8,460 | 2.5 |
| West North Central | 156 | 8,681 | 8,860 | 2.1 |
| West South Central | 350 | 8,447 | 8,663 | 2.6 |
| Mountain | 143 | 8,872 | 9,140 | 3.0 |
| Pacific | 404 | 10,705 | 11,193 | 4.6 |
| Puerto Rico | 52 | 4,187 | 4,395 | 5.0 |
| Rural by Region: | | | | |
| New England | 19 | 8,209 | 8,838 | 7.7 |
| Middle Atlantic | 72 | 6,283 | 6,766 | 7.7 |
| South Atlantic | 175 | 6,057 | 6,477 | 6.9 |
| East North Central | 125 | 6,482 | 6,860 | 5.8 |
| East South Central | 181 | 6,013 | 6,396 | 6.4 |

TABLE II.—IMPACT ANALYSIS OF CHANGES FOR FY 2007 OPERATING PROSPECTIVE PAYMENT SYSTEM—Continued

[Payments Per Case]

| | Number of hospitals (1) | Average FY 2006 payment per case [1] (2) | Average FY 2007 payment per case [1] (3) | All FY 2007 changes; (4) |
|---|---|---|---|---|
| West North Central | 118 | 6,460 | 6,864 | 6.3 |
| West South Central | 191 | 5,730 | 6,137 | 7.1 |
| Mountain | 80 | 6,723 | 7,099 | 5.6 |
| Pacific | 44 | 7,707 | 8,278 | 7.4 |
| By Payment Classification: | | | | |
| Urban hospitals | 2,539 | 8,916 | 9,185 | 3.0 |
| Large urban areas (populations over 1 million) | 1,400 | 9,321 | 9,639 | 3.4 |
| Other urban areas (populations of 1 million or fewer) | 1,139 | 8,426 | 8,636 | 2.5 |
| Rural areas | 983 | 6,317 | 6,732 | 6.6 |
| Teaching Status: | | | | |
| Non-teaching | 2,449 | 7,131 | 7,475 | 4.8 |
| Fewer than 100 Residents | 836 | 8,634 | 8,857 | 2.6 |
| 100 or more Residents | 237 | 12,590 | 12,857 | 2.1 |
| Urban DSH: | | | | |
| Non-DSH | 854 | 7,716 | 7,915 | 2.6 |
| 100 or more beds | 1,513 | 9,398 | 9,691 | 3.1 |
| Less than 100 beds | 333 | 6,217 | 6,664 | 7.2 |
| Rural DSH: | | | | |
| SCH | 383 | 5,860 | 6,371 | 8.7 |
| RRC | 196 | 7,013 | 7,338 | 4.6 |
| Other Rural:. | | | | |
| 100 or more beds | 55 | 5,729 | 6,144 | 7.2 |
| Less than 100 beds | 188 | 5,140 | 5,606 | 9.1 |
| Urban teaching and DSH: | | | | |
| Both teaching and DSH | 809 | 10,329 | 10,590 | 2.5 |
| Teaching and no DSH | 198 | 8,614 | 8,752 | 1.6 |
| No teaching and DSH | 1,037 | 7,624 | 7,982 | 4.7 |
| No teaching and no DSH | 495 | 7,246 | 7,446 | 2.8 |
| Rural Hospital Types: | | | | |
| Non special status hospitals | 288 | 5,367 | 5,807 | 8.2 |
| RRC | 140 | 6,982 | 7,282 | 4.3 |
| SCH | 341 | 6,079 | 6,535 | 7.5 |
| MDH | 126 | 5,245 | 6,012 | 14.6 |
| SCH and RRC | 80 | 7,261 | 7,562 | 4.1 |
| MDH and RRC | 8 | 6,483 | 7,619 | 17.5 |
| Type of Ownership: | | | | |
| Voluntary | 2,087 | 8,658 | 8,930 | 3.1 |
| Proprietary | 831 | 7,734 | 8,023 | 3.7 |
| Government | 604 | 8,783 | 9,192 | 4.7 |
| Medicare Utilization as a Percent of Inpatient Days: | | | | |
| 0–25 | 252 | 12,185 | 12,897 | 5.8 |
| 25–50 | 1,302 | 9,712 | 9,982 | 2.8 |
| 50–65 | 1,490 | 7,458 | 7,745 | 3.9 |
| Over 65 | 459 | 6,668 | 6,940 | 4.1 |
| Unknown | 19 | 6,427 | 6,956 | 8.2 |
| Hospitals Reclassified by the Medicare Geographic Classification Review Board: FY 2005 Reclassifications. | | | | |
| Urban Hospitals Reclassified by the Medicare Geographic Classification Review Board: First Half FY 2007 Reclassifications | 319 | 8,750 | 9,024 | 3.1 |
| Urban Nonreclassified, First Half FY 2007 | 2,119 | 8,933 | 9,212 | 3.1 |
| All Urban Hospitals Reclassified Second Half FY 2007 | 339 | 8,746 | 9,027 | 3.2 |
| Urban Nonreclassified Hospitals Second Half FY 2007 | 2,099 | 8,935 | 9,213 | 3.1 |
| All Rural Hospitals Reclassified Second Half FY 2007 | 385 | 6,782 | 7,143 | 5.3 |
| Rural Nonreclassified Hospitals Second Half FY 2007 | 604 | 5,616 | 6,108 | 8.8 |
| All Section 401 Reclassified Hospitals | 38 | 6,945 | 7,580 | 9.2 |
| Other Reclassified Hospitals (Section 1886(d)(8)(B)) | 54 | 5,871 | 6,380 | 8.7 |
| Section 508 Hospitals | 95 | 9,341 | 9,401 | 0.6 |

[1] These payment amounts per case do not reflect any estimates of annual case-mix increase.

**VII. Effects of Other Proposed Policy Changes**

In addition to those proposed changes discussed above that we are able to model using our IPPS payment simulation model, we are making various other changes in this proposed rule. Generally, we have limited or no specific data available with which to estimate the impacts of these changes. Our estimates of the likely impacts associated with these other changes are discussed below.

*A. Effects of LTC–DRG Reclassifications and Relative Weights for LTCHs*

In section II.F. of the preamble to this proposed rule, we discuss the proposed changes in the LTC–DRG relative weights for FY 2007, which are based on the proposed version 24.0 of the CMS GROUPER (including the proposed changes in the classifications, relative weights and geometric mean length of stay for each LTC–DRG). As also discussed in that same section of this proposed rule, currently, there is no statutory or regulatory requirement that the annual update to the LTC–DRG classifications and relative weights be done in a budget neutral manner. As discussed in the FY 2006 IPPS final rule (70 FR 47701), the LTCH PPS is still in the midst of a transition from a reasonable cost-based payment system to fully Federal PPS payments, during which time LTCH coding and data are still in flux.

The LTCH PPS was implemented for cost reporting periods beginning on or after October 1, 2002 (FY 2003). Therefore, the FY 2005 MedPAR data used to compute the proposed FY 2007 LTC–DRG relative weights are based on LTCH claims data taken from only the second full year of the LTCH PPS. Based on LTCH cases in the December 2005 update of the FY 2005 MedPAR files, we estimate that the proposed changes to the LTC–DRG classifications and relative weights for FY 2007 would result in an aggregate decrease in LTCH PPS payments of approximately 1.4 percent based on the data from the 363 LTCHs in our database. (We note that this estimated aggregate decrease in LTCH PPS payments of approximately 1.4 percent was determined based on the current payment rates and policies established in the RY 2006 LTCH PPS final rule (70 FR 24168 through 24261, May 6, 2005) and do not include any proposed policy or changes presented in the RY 2007 LTCH PPS proposed rule (71 FR 4648-4779, January 27, 2006).)

When we compared the GROUPER Version 23.0 (FY 2006) LTC–DRG relative weights to the proposed GROUPER Version 24.0 (FY 2007) proposed LTC–DRG relative weights, we found that approximately 62 percent of the LTC–DRGs would have a higher relative weight under Version 23.0, while the remaining approximately 38 percent of the LTC–DRGs would have a higher relative weight under Version 24.0. We also found that, based on FY 2005 LTCH cases, the GROUPER Version 23.0 LTC–DRG relative weights were, on average, approximately 3.1 percent higher than the proposed GROUPER Version 24.0 LTC–DRG relative weights. In addition, based on an analysis of the most recent available LTCH claims data from the FY 2005 MedPAR file, we continue to observe that the average proposed LTC–DRG relative weight decreases due to an increase of relatively lower charge cases being assigned to LTC–DRGs with higher relative weights in the prior year.

Contributing to this increase in these relatively lower charge cases being assigned to proposed LTC–DRGs with higher relative weights in the prior year are improvements in coding practices, which are typical when moving from a reasonable cost-based payment system to a PPS. The impact of including additional cases with relatively lower charges into LTC–DRGs that had a relatively higher relative weight in the GROUPER Version 23.0 (FY 2006) is a decrease in the average relative weight for those LTC–DRGs in the proposed GROUPER Version 24.0. As noted above in section II.F. of the preamble to this proposed rule, LTCHs are a specialized provider type that typically do not treat a broad spectrum of patients in their facilities with many different diagnoses. While there are 526 valid proposed GROUPER Version 24.0 LTC–DRGs, 191 LTC–DRGs have no LTCH cases. In addition, another 173 LTC–DRGs are categorized as ''low volume'' (that is, have less than 25 cases annually). Consequently, only about 162 LTC–DRGs are used by most LTCHs on a ''regular basis'' (that is, nationally LTCHs discharge, in total, an average of 25 or more of these cases annually).

Of these 162 LTC–DRGs that are used on a ''regular basis,'' we found that approximately 60 percent of the LTC–DRGs would have higher relative weights under GROUPER Version 23.0 in comparison to proposed GROUPER Version 24.0, and the remaining 40 percent of the 162 LTC–DRGs that are used on a ''regular basis'' would have higher relative weights under proposed GROUPER Version 24 in comparison to GROUPER Version 23.0. In addition, about 25 percent of the 162 LTC–DRGs that are used on a ''regular basis'' would experience a decrease in the average charge per case as compared to the average charge per case in that DRG based on FY 2004 data, which generally results in a lower relative weight. Moreover, of the162 LTC–DRGs that are used on a ''regular basis,'' approximately 63 percent of those LTC–DRGs would experience a change in the average charge per case from FY 2004 LTCH data as compared to FY 2005 LTCH data that is less than the increase in overall average LTCH charges across all LTC–DRGs from FY 2004 to FY 2005 of about 8.3 percent. Accordingly, those LTC–DRGs would also have a proposed reduction in their relative weight as compared to the relative weight in FY 2006. For those LTC–DRGs in which the average charge within the LTC–DRG increase is less than 8.3 percent, the proposed relative weights for those LTC–DRGs would decrease because the average charge for each of those LTC–DRGs is being divided by a larger number (that is, the average charge across all LTC–DRGs). For the reasons discussed above, we believe that the proposed changes in the LTC–DRG relative weights, which include a significant number of LTC–DRGs with lower proposed relative weights, would result in approximately a 1.4 percent decrease in estimated aggregate LTCH PPS payments.

*B. Effects of Proposed New Technology Add-On Payments*

In section II.G. of the preamble to this proposed rule, we discuss proposed add-on payments for new medical services and technologies. As explained in that section, we are no longer required to ensure that any add-on payments for new technology under section 1886(d)(5)(K) of the Act are budget neutral. However, we are still providing an estimate of the payment increases here, as they will have an impact on total payments made in FY 2007. New technology add-on payments are limited to the lesser of 50 percent of the costs of the technology, or 50 percent of the costs in excess of the DRG payment for the case. Because it is difficult to predict the actual new technology add-on payment for each case, we are estimating the increase in payment for FY 2007 as if every claim with these add-on payments will receive the maximum add-on payment. As discussed in section II.G. of the preamble to this proposed rule, we are not proposing to approve any of the new technology applications that were filed for FY 2007 for new technology add-on payment at this time.

However, we are proposing to continue to make add-on payments in FY 2007 for two technologies that were approved for FY 2006 new technology add-on payments: Restore® Rechargeable Implantable Neurostimulator and GORE TAG. We estimate these payments for these technologies will increase overall FY 2007 payments by $6.01 million and $16.61 million, respectively. The total increase in payments for these two new technologies, approximately $22.6 million, is not reflected in the tables.

*C. Effects of Requirements for Hospital Reporting of Quality Data for Annual Hospital Payment Update*

In section IV.A. of the preamble to this proposed rule, we discuss new requirements for hospital reporting of quality data based on our continuing experience with this program and recent legislation. Section 5001(a) of Pub. L. 109–171 (DRA) sets out extensive new requirements for the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. The RHQDAPU program was established to implement section 501(b) of Pub. L. 108–173 (MMA). Section 5001(a) of Pub. L. 109–171 revised the mechanism used to update the standardized amount for payment for hospital inpatient operating costs. New sections 1886(b)(3)(B)(viii)(I) and (II) of the Act provide that the payment update for FY 2007 and each subsequent fiscal year will be reduced by 2.0 percentage points for any ''subsection (d) hospital'' that does not submit certain quality data in a form and manner, and at a time, specified by the Secretary.

We have modeled the payment impact of this change in Table 1 of this Appendix, and discussed it in section VI. of this Appendix. We discuss other policy changes we propose to make to the RHQDAPU program in section IV.A. of the preamble to this proposed rule.

We also note that, for the FY 2007 payment update, hospitals must pass our validation requirement of a minimum of 80 percent reliability, based upon our chart-audit validation process, for the first three quarters of data from CY 2005. These data were due to the QIO Clinical Warehouse by July 15, 2005 (first quarter CY 2005 discharges), November 15, 2005 (second quarter CY 2005 discharges), and February 15, 2005 (third quarter CY 2005 discharges). We have continued our efforts to ensure that QIOs provide assistance to all hospitals that wish to submit data. In the preamble of this

proposed rule, we are providing additional validation criteria to ensure that the quality data being sent to CMS are accurate. The requirement of 5 charts per hospital will result in approximately 19,000 charts per quarter total submitted to the agency. We reimburse hospitals for the cost of sending charts to the Clinical Data Abstraction Center (CDAC) at the rate of 12 cents per page for copying and approximately $4.00 per chart for postage. Our experience shows that the average chart received at the CDAC is approximately 140 pages. Thus, the agency will have expenditures of approximately $380,000 per quarter to collect the charts. Given that we reimburse for the data collection effort, we believe that a requirement for five charts per hospital per quarter represents a minimal burden to the participating hospital.

*D. Effects of Other Proposed Policy Changes Affecting Sole Community Hospitals (SCHs) and Medicare-Dependent, Small Rural Hospitals (MDHs)*

In section IV.C. of the preamble to this proposed rule, we discuss the payment changes for MDHs made by section 5003 of Pub. L. 109–171. We modeled the payment impact of these changes in Table 1 of this Appendix and discussed them in section VI. of this Appendix.

In addition, in section IV.C.2. of the preamble to this proposed rule, we discussed a proposed change to the data source and methodology that we would use to compute the volume decrease adjustment for MDHs and SCHs. If certain requirements are met, this adjustment may be made if the hospital's total discharges decrease by more than 5 percent from one cost reporting period to the next. We do not believe that these proposed changes, which would not take effect until FY 2008, will have any significant impact on Medicare payment to these hospitals.

*E. Effects of Proposed Policy on Payment for Direct Costs of Graduate Medical Education*

1. Determination of Weighted Average GME PRAs for Merged Teaching Hospitals

In section IV.H.2. of the preamble to this proposed rule, we discuss our proposed changes related to determining the weighted average GME PRA for a merged teaching hospital. Our current policy is that when two or more teaching hospitals merge, we determine a weighted PRA for the surviving merged hospital using GME costs and resident data from the *base year cost report* for each teaching hospital in the merger. We are proposing to revise our policy to determine a merged teaching hospital's PRA by using PRA data and FTE resident data from *the most recent settled cost report*s of the merging hospitals, rather than using the direct GME cost data from the hospitals' base year cost report. This proposed policy revision is administrative in nature, and we do not foresee that the proposed revision would result in payment increases to merged teaching hospitals.

2. Determination of PRAs for New Teaching Hospitals

In section IV.H.3. of the preamble to this proposed rule, we discuss the methodology for determining the hospital-specific PRA for new teaching hospitals and propose to make a change to the existing regulations at § 413.77(e) in order to specify a base period for certain situations, that is, for new teaching hospitals that did not have residents on duty during the first month of the cost reporting period in which the hospital became a new teaching hospital. The proposed base period for these hospitals would be the next cost reporting period following the cost reporting period where any residents were on duty at the new teaching hospital. Because this proposed change is administrative in nature, we do not foresee that it would result in a financial impact for FY 2007.

3. Requirements for Counting and Appropriate Documentation of FTE Residents

In section IV.H.4. of the preamble to this proposed rule, we are proposing to clarify the policies that apply in determining hospitals' FTE resident counts for Medicare GME payment purposes. Because this is a clarification of existing policy, there is no financial impact for FY 2007.

4. Resident Time Spent in Nonpatient Care Activities as Part of an Approved Residency Program

In section IV.H.5. of the preamble to this proposed rule, we are proposing to clarify our policy that, with respect to residency training in nonhospital settings, only the time residents spend in patient care activities may be counted for purposes of direct GME and IME payments; and with respect to training in the hospital, residents training in all areas of the hospital complex may be counted for direct GME purposes, but may only be counted for IME purposes if the residents are furnishing patient care. Because we are proposing to clarify existing policy, there is no financial impact of this proposed clarification for FY 2007.

*F. Effects of Proposed Policy Changes Relating to Emergency Services Under EMTALA*

In section IV.J. of the preamble to this proposed rule, we discuss several proposed policy changes under the EMTALA requirements. We are proposing to clarify that any participating hospital with specialized capabilities or facilities, even if it does not have a dedicated emergency department, may not refuse to accept an appropriate transfer if the hospital has the capacity to treat the individual. We note that this proposed revision does not reflect any change in current CMS policy. We further note that the revision would not require hospitals without dedicated emergency departments to open dedicated emergency departments nor would it impose any EMTALA obligation on these hospitals with respect to individuals who come to the hospital as their initial point of entry into the medical system seeking a medical screening examination or treatment for a medical condition. Thus, there would be no impact on Medicare payment policies or practices.

In addition, we are proposing to modify the definition of ''labor'' to state that a woman experiencing contractions is in true labor unless a physician, certified nurse-midwife, or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and State law, certifies that, after a reasonable time of observation, the woman is in false labor. The effect of this change would be to have a single, uniform policy on the personnel who are authorized to make a determination as to whether an individual has an emergency medical condition. This proposal would have a Medicare payment effect, if any, only on payments to physicians and nonphysician practitioners under the physician fee schedule. The amount of any impact would be negligible because only a very small number of Medicare beneficiaries are women of childbearing age.

*G. Effects of Policy on Rural Community Hospital Demonstration Program*

In section IV.L. of the preamble to this proposed rule, we discuss our implementation of section 410A of Pub.L. 108–173 that required the Secretary to establish a demonstration that will modify reimbursement for inpatient services for up to 15 small rural hospitals. Section 410A(c)(2) requires that ''in conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented.'' As discussed in section IV.L. of the preamble to this proposed rule, we are satisfying this requirement by adjusting national IPPS rates by a factor that is sufficient to account for the added costs of this demonstration. We estimate that the average additional annual payment for FY 2007 that will be made to each participating hospital under the demonstration will be approximately $1,021,985. We based this estimate on the recent historical experience of the difference between inpatient cost and payment for hospitals that are participating in the demonstration. For the 9 participating hospitals, the total annual impact of the demonstration program is estimated to be $9,197,870. The proposed adjustment factor to the Federal rate used in calculating Medicare inpatient prospective payments as a result of the demonstration is 0.999905.

*H. Effects of Proposed Policy on Hospitals-Within-Hospitals and Satellite Facilities*

In section VI.A.5. of the preamble to this proposed rule, we discuss our proposal to revise the regulations for grandfathered HwHs, grandfathered hospital satellites and grandfathered satellite units at §§ 412.22(f), 412.22(h)(3), and 412.25(e)(3), respectively, to allow these facilities to reduce their square footage or number of beds without jeopardizing their grandfathered status. We also discuss our proposal to revise the HwH provision at § 412.22(f)(3) that would allow for increases or decreases in square footage, or decreases in the number of beds of the HwH that are made necessary by the relocation of a hospital in order to permit construction or renovation necessary to comply with Federal, State, or local law affecting the physical facility or because of catastrophic events such as fires, floods, earthquakes, or tornadoes.

Because we are proposing to allow these currently grandfathered HwHs, hospital satellites and satellite units to retain their grandfathered status if they reduce their square footage or number of beds, there would be no effect on the treatment of such hospitals as a result of this proposal. Because payments to HwHs and satellites are made on a per discharge basis (either under a PPS or under reasonable cost principles), if grandfathered HwHs and satellites were to reduce their size in the event this proposal is implemented, the effect of this change would likely be a reduction in Medicare payments to such hospitals and satellites because they would probably have fewer discharges. However, we cannot predict which HwHs or satellite facilities will opt to decrease their size or bed numbers nor can we predict the conditions under which HwHs would have to seek CMS approval for changes in the terms and conditions of their present construction or renovation of square footage or bed numbers made necessary by relocation of a hospital to permit compliance with Federal, State or local law affecting the physical facility or because of catastrophic events, and therefore, we are unable to quantify the impact of these proposed changes.

*I. Effects of Proposed Policy Changes to the Methodology for Determining LTCH CCRs and the Reconciliation of LTCH PPS Outlier Payments*

In section VI.A.6. of the preamble to this proposed rule, we discuss our proposal to revise and clarify the existing policies governing the determination of LTCHs' CCRs and the reconciliation of high-cost and short-stay outlier payments under the LTCH PPS. Under the LTCH PPS high-cost outlier and short-stay outlier policies, CCRs are used to determine the estimated cost of the case by multiplying the LTCH's overall CCR by the Medicare allowable charges for the case.

In that section, specifically, we present our proposal to revise our methodology for determining the annual LTCH CCR ceiling. Based on the most recent complete IPPS total CCR data, we are proposing a total CCR ceiling of 1.313 under the LTCH PPS effective October 1, 2006. This proposed ceiling was determined based on the same data used to determine the separate proposed IPPS operating CCR ceiling (1.25) and proposed IPPS capital CCR ceiling (0.158). The LTCH CCR ceiling determined under our current ''combined'' methodology would result in a slightly higher LTCH CCR ceiling (that is, 1.25 + 0.158 = 1.408) for FY 2007 compared to the proposed ''total'' CCR ceiling of 1.313 for FY 2007. However, we note that, based on the most recent complete IPPS and LTCH CCR data, there are no LTCHs that currently have a CCR that is greater than the proposed ceiling of 1.313 (the highest LTCH CCR in the database of 363 LTCHs is 1.132). Therefore, based on these data, because no LTCHs currently have a CCR that is in excess of the proposed LTCH CCR ceiling, we believe that there would be no significant impact on LTCH PPS payments based on this proposed policy.

Also in section VI.A.6. of the preamble to this proposed rule, we discuss our proposal to revise our methodology for determining the applicable statewide average LTCH CCRs. Based on the most recent complete IPPS total CCR data, the proposed LTCH PPS statewide average CCRs that would be effective October 1, 2006, are presented in Table 8C of the Addendum to this proposed rule. A comparison of the proposed statewide average total CCRs in Table 8C of the Addendum to this proposed rule to the ''combined'' statewide average CCRs that would be calculated under our existing methodology from the proposed operating PPS statewide average CCRs in Table 8A of the Addendum to this proposed rule and the proposed capital PPS statewide average CCRs in Table 8B of the Addendum to this proposed rule shows that the proposed changes to our methodology for determining LTCH statewide average CCRs would result in minor changes in the average CCR for each state. In particular, the largest decrease in a statewide average CCR (with the exception of Maryland, which would be assigned the national average total CCR as discussed in section VI.A.6 of the preamble of this proposed rule) would be in urban Indiana (−1.9 percent), and there are currently no LTCHs located in Indiana. The largest increase in a statewide average CCR would be in urban District of Columbia (2.8 percent), and there are currently only two LTCHs located in the District of Columbia. Thus, we believe that the proposed change in the methodology for determining the applicable statewide average LTCH CCRs would result in no significant impact on LTCH PPS payments.

In addition, in section VI.A.6 of the preamble of this proposed rule we discussed our proposal to codify in Subpart O of 42 CFR Part 412 the provisions governing the determination of LTCHs' CCRs and the reconciliation of high cost and short-stay outlier payments under the LTCH PPS, including proposed modifications and editorial clarifications to our existing methodology. These proposals are similar or almost identical (except for the minor clarifications and modifications) to our current policy governing the determination of LTCHs' CCRs and the reconciliation of high cost and short-stay outlier payments under the LTCH PPS, and therefore, there would be no expected impact if such policies were codified.

*J. Effects of Proposed Policy on Payment for Services Furnished Outside the United States*

In section VII. of the preamble to this proposed rule, we discuss our proposed clarification of our regulations regarding payment for Medicare services furnished outside the United States. The clarification proposes to revise references in our regulations that could be read to limit Medicare payment for certain services furnished outside the United States to services furnished in Canada or Mexico, contrary to the provisions of the Act. Only a small fraction of Medicare claims are paid as a result of services furnished outside of the United States. Moreover, we are unaware of any claims for payment that would otherwise satisfy the requirements under the Act that have not been paid due to the language in our current regulations. Therefore, because we are proposing to clarify existing policy, this proposed clarification has little or no financial impact for FY 2007.

*K. Effects of Proposed Policy on Limitation on Payments to SNFs*

In section IX. of the preamble to this proposed rule, we discuss our proposed implementation of section 5004 of Pub. L. 109–171, which mandated that, for cost reporting periods beginning on or after October 1, 2005, Medicare payments to SNFs for certain otherwise allowable debt amounts attributable to the coinsurance amounts for patients who are not full-benefit dual eligible individuals be reduced by 30 percent. We anticipate that the provisions of section 5004 of Pub. L. 109–171 will result in a decrease in payments to SNFs of $490 million over the 5-year period from FY 2006 to FY 2010.

**VIII. Impact of Proposed Changes in the Capital PPS**

*A. General Considerations*

Fiscal year (FY) 2001 was the last year of the 10-year transition period established to phase in the PPS for hospital capital-related costs. During the transition period, hospitals were paid under one of two payment methodologies: fully prospective or hold harmless. Under the fully prospective methodology, hospitals were paid a blend of the capital Federal rate and their hospital-specific rate (see § 412.340). Under the hold-harmless methodology, unless a hospital elected payment based on 100 percent of the capital Federal rate, hospitals were paid 85 percent of reasonable costs for old capital costs (100 percent for SCHs) plus an amount for new capital costs based on a proportion of the capital Federal rate (see § 412.344). As we state in section V. of the preamble of this proposed rule, with the 10-year transition period ending with hospital cost reporting periods beginning on or after October 1, 2001 (FY 2002), beginning in FY 2002 capital prospective payment system payments for most hospitals are based solely on the capital Federal rate. Therefore, we no longer include information on obligated capital costs or projections of old capital costs and new capital costs, which were factors needed to calculate payments during the transition period, for our impact analysis.

In accordance with § 412.312, the basic methodology for determining a capital PPS payment is:

(Standard Federal Rate) x (DRG weight) x (Geographic Adjustment Factor (GAF)) x (Large Urban Add-on, if applicable) x (COLA for hospitals located in Alaska and Hawaii) x (1 + Disproportionate Share (DSH) Adjustment Factor + Indirect Medical Education (IME) Adjustment Factor, if applicable).

In addition, hospitals may also receive outlier payments for those cases that qualify under the threshold established for each fiscal year.

The data used in developing the impact analysis presented below are taken from the December 2005 update of the FY 2005 MedPAR file and the December 2005 update of the Provider-Specific File that is used for payment purposes. Although the analyses of

the changes to the capital prospective payment system do not incorporate cost data, we used the December 2005 update of the most recently available hospital cost report data (FYs 2003–2004) to categorize hospitals. Our analysis has several qualifications. First, we do not make adjustments for behavioral changes that hospitals may adopt in response to policy changes. Second, due to the interdependent nature of the IPPS, it is very difficult to precisely quantify the impact associated with each change. Third, we draw upon various sources for the data used to categorize hospitals in the tables. In some cases (for instance, the number of beds), there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available sources overall. However, for individual hospitals, some miscategorizations are possible.

Using cases from the December 2005 update of the FY 2005 MedPAR file, we simulated payments under the capital PPS for FY 2006 and FY 2007 for a comparison of total payments per case. Any short-term, acute care hospitals not paid under the general IPPS (Indian Health Service hospitals and hospitals in Maryland) are excluded from the simulations.

As we explain in section III.A. of the Addendum to this proposed rule, payments are no longer made under the regular exceptions provision under §§ 412.348(b) through (e). Therefore, we no longer use the actuarial capital cost model (described in Appendix B of the August 1, 2001 proposed rule (66 FR 40099)). We modeled payments for each hospital by multiplying the capital Federal rate by the GAF and the hospital's case-mix. We then added estimated payments for indirect medical education, disproportionate share, large urban add-on, and outliers, if applicable. For purposes of this impact analysis, the model includes the following assumptions:

- We estimate that the Medicare case-mix index will increase by 1.0 percent in both FYs 2006 and 2007.
- We estimate that the Medicare discharges will be 13.5 million in FY 2006 and 13.1 million in FY 2007 for a 3.0 percent decrease from FY 2006 to FY 2007.
- The capital Federal rate was updated beginning in FY 1996 by an analytical framework that considers changes in the prices associated with capital-related costs and adjustments to account for forecast error, changes in the case-mix index, allowable changes in intensity, and other factors. The proposed FY 2007 update is 0.8 percent (see section III.A.1. of the Addendum to this proposed rule).
- In addition to the proposed FY 2007 update factor, the proposed FY 2007 capital Federal rate was calculated based on a proposed GAF/DRG budget neutrality factor of 1.0012, a proposed outlier adjustment factor of 0.9513, and a proposed exceptions adjustment factor of 0.9997.

*B. Results*

We used the actuarial model described above to estimate the potential impact of our proposed changes for FY 2007 on total capital payments per case, using a universe of 3,522 hospitals. As described above, the individual hospital payment parameters are taken from the best available data, including the December 2005 update of the FY 2005 MedPAR file, the December 2005 update to the Provider-Specific File, and the most recent cost report data from the December 2005 update of HCRIS. In Table III, we present a comparison of total payments per case for FY 2006 compared to FY 2007 based on the proposed FY 2007 payment policies. Column 2 shows estimates of payments per case under our model for FY 2006. Column 3 shows estimates of payments per case under our model for FY 2007. Column 4 shows the total percentage change in payments from FY 2006 to FY 2007. The change represented in Column 4 includes the proposed 0.8 percent update to the capital Federal rate, a proposed 0.0 percent increase in case-mix, proposed changes in the adjustments to the capital Federal rate (for example, the effect of the proposed hospital wage index on the GAF), and reclassifications by the MGCRB. The comparisons are provided by: (1) Geographic location; (2) region; and (3) payment classification.

The simulation results show that, on average, capital payments per case can be expected to increase 2.0 percent in FY 2007. In addition to the 0.8 percent increase due to the capital market basket update, this projected increase in capital payments per case is largely attributable to the proposed change in the DRG recalibration process methodology for FY 2007 as discussed in section II.C. of the preamble, and to a lesser extent, an estimated increase in capital PPS outlier payments. The results of our comparisons by geographic location and by region are indicative of the results we expected after applying the proposed changes to the DRG recalibration methodology.

The geographic comparison shows that urban hospitals are expected to experience a 1.7 percent increase in IPPS capital payments per case, while rural hospitals are expected to experience a 4.6 percent increase in capital payments per case. This difference is mostly due to the proposed changes to the methodology used to recalibrate DRGs discussed in section II.C. of the preamble of this proposed rule. As discussed in greater detail in that section of this proposed rule, analysis of our current methodology for setting DRG weights (using gross charges) indicates that bias is introduced into the weighting process. Specifically, we have also observed that ancillary service cost centers, in general, have higher charge markups than routine and ICU service cost centers, and therefore, higher weights for DRGs that use more ancillary services as opposed to DRGs that use more routine services. Surgical DRGs tend to have charges concentrated in ancillary cost center groups while medical DRGs tend to have charges concentrated in routine or ICU cost center groups. The bias in our current methodology results in artificially higher DRG relative weights for hospitals that are generally more expensive, such as teaching hospitals and specialty hospitals. Hospitals with these characteristics are generally found in urban locations.

Since the proposed HSRVcc weighting methodology (discussed in section II.C. of the preamble of this proposed rule) would adjust the weights to remove differential markups in charges, the proposed FY 2007 DRG relative weights are redistributed among medical and surgical DRGs, which translates into a redistribution of payments among hospitals. For instance, hospitals that perform more surgical procedures (such as many urban hospitals) are likely to experience decreases in payments, while hospitals with heavy concentrations of medical DRGs (such as many rural hospitals) are expected to experience increases in payments as a result of this proposed change in our DRG recalibration methodology.

All regions are estimated to receive an increase in total capital payments per case from FY 2006 to FY 2007. Changes by region vary from a minimum increase of 0.7 percent (West North Central urban) to a maximum increase of 6.1 percent (Pacific rural). As previously discussed, the relatively small increase in projected capital payments per discharge for hospitals located in the urban regions and the larger increase for hospitals in rural regions is largely attributable to the proposed changes in the DRG recalibration methodology. Hospitals located in Puerto Rico are expected to experience an increase in total capital payments per case of 2.4 percent. This slightly higher than average increase in payment per case for hospitals located in Puerto Rico is, again, largely due to the proposed changes in the DRG recalibration methodology. By type of ownership, government hospitals are projected to have the largest rate of increase of total payment changes (3.2 percent). Similarly, payments to voluntary and proprietary hospitals are expected to increase 1.8 percent and 2.1 percent, respectively. As noted above, this slightly larger projected increase in capital payments per case for government hospitals is mostly due to the changes in the DRG calibration methodology.

Section 1886(d)(10) of the Act established the MGCRB. Before FY 2005, hospitals could apply to the MGCRB for reclassification for purposes of the standardized amount, wage index, or both. Section 401(c) of Pub. L. 108–173 equalized the standardized amounts under the operating IPPS. Therefore, beginning in FY 2005, there is no longer reclassification for the purposes of the standardized amounts; however, hospitals still may apply for reclassification for purposes of the wage index for FY 2007. Reclassification for wage index purposes also affects the GAF because that factor is constructed from the hospital wage index.

As discussed in section III.H.5. of the preamble of this proposed rule, procedural rules were established in the FY 2006 final rule (70 FR 47382) to recognize the special circumstances of section 508 hospital reclassifications ending mid-year during FY 2007. Under these procedural rules, some § 1886(d)(10) hospital reclassifications are only in effect for the second half of the fiscal year. These half fiscal year reclassifications have implications for the calculation of reclassified wage indices and therefore, affect capital payments since GAF values are calculated from the hospital wage index.

To present the effects of the hospitals being reclassified for FY 2007, we show the average

payments per case for reclassified hospitals for each half of FY 2007 compared to the average payments per case for the same time period in FY 2006. The reclassified groups are compared to all other nonreclassified hospitals for the same time period. These categories are further identified by urban and rural designation. In general, the average payments per case in the first half of FY 2007 is the same as the average payments per case in the second half of FY 2007 with the exception of urban reclassifications, which increases by 0.1 percent (1.9 percent to 2.0 percent) for the second half of FY 2007. Rural hospitals, both reclassified and non-reclassified, are expected to have the largest increases in payments, although rural non-reclassified hospitals are projected to have the greater increase of 6.3 percent (for both halves of FY 2007) as compared to the 3.5 percent increase for rural reclassified hospitals (for both halves of FY 2007). As explained above in this section, this larger than average increase in payments per case from FY 2006 to FY 2007 for both rural reclassified and non-reclassified hospitals is mostly due to the redistributive effects of the proposed changes in the DRG recalibration methodology. Conversely, for urban hospitals, reclassified (urban) hospitals are projected to have increases of 1.9 percent and 2.0 percent in the first and second halves of FY 2007, respectively, while non-reclassified (urban) hospitals are projected to have a slightly lesser increase of 1.7 percent.

As discussed in section VI.B. of the preamble of this proposed rule, we are proposing a technical revision to § 412.316(b) and § 412.320 to clarify that hospitals reclassified as rural under § 412.103 are not eligible for the large urban add-on or for capital DSH to reflect our historic policy that hospitals reclassified as rural under § 412.103 also are considered rural under capital PPS regulations. Currently, there are 38 hospitals that reclassified under this regulation and only 12 of these hospitals (about 0.3 percent of all IPPS hospitals) would be affected by the proposed technical revisions to sections § 412.316(b) and § 412.320 concerning the treatment of hospitals reclassified as rural under section § 412.103. Based on the most recent available data, we estimate that the impact of these proposed changes would be less than a 0.00001 percent decrease in aggregate IPPS payments.

TABLE III.—COMPARISON OF TOTAL PAYMENTS PER CASE

[FY 2006 Payments Compared To Proposed FY 2007 Payments]

| | Number of hospitals | Average FY 2006 payments/case | Average FY 2007 payments/case | Change |
|---|---|---|---|---|
| By Geographic Location: | | | | |
| All hospitals | 3,522 | 740 | 755 | 2.0 |
| Large urban areas (populations over 1 million) | 1,391 | 823 | 840 | 2.1 |
| Other urban areas (populations of 1 million of fewer) | 1,126 | 729 | 738 | 1.2 |
| Rural areas | 1,005 | 512 | 535 | 4.6 |
| Urban hospitals | 2,517 | 780 | 794 | 1.7 |
| 0–99 beds | 590 | 607 | 624 | 2.7 |
| 100–199 beds | 865 | 660 | 684 | 3.8 |
| 200–299 beds | 482 | 735 | 750 | 2.0 |
| 300–499 beds | 414 | 816 | 823 | 0.9 |
| 500 or more beds | 166 | 978 | 984 | 0.7 |
| Rural hospitals | 1,005 | 512 | 535 | 4.6 |
| 0–49 beds | 349 | 422 | 454 | 7.6 |
| 50–99 beds | 366 | 472 | 501 | 6.3 |
| 100–149 beds | 179 | 514 | 537 | 4.3 |
| 150–199 beds | 64 | 567 | 582 | 2.7 |
| 200 or more beds | 47 | 630 | 642 | 1.8 |
| By Region: | | | | |
| Urban by Region | 2,517 | 780 | 794 | 1.7 |
| New England | 127 | 831 | 853 | 2.7 |
| Middle Atlantic | 353 | 844 | 862 | 2.1 |
| South Atlantic | 381 | 746 | 754 | 1.1 |
| East North Central | 388 | 766 | 781 | 1.9 |
| East South Central | 163 | 713 | 720 | 0.9 |
| West North Central | 156 | 769 | 775 | 0.7 |
| West South Central | 350 | 729 | 737 | 1.1 |
| Mountain | 143 | 787 | 799 | 1.6 |
| Pacific | 404 | 899 | 926 | 3.0 |
| Puerto Rico | 52 | 342 | 351 | 2.4 |
| Rural by Region | 1,005 | 512 | 535 | 4.6 |
| New England | 19 | 685 | 709 | 3.5 |
| Middle Atlantic | 72 | 516 | 539 | 4.5 |
| South Atlantic | 175 | 497 | 522 | 5.0 |
| East North Central | 125 | 544 | 566 | 4.2 |
| East South Central | 181 | 475 | 496 | 4.4 |
| West North Central | 118 | 533 | 555 | 4.1 |
| West South Central | 191 | 470 | 494 | 5.1 |
| Mountain | 80 | 535 | 554 | 3.5 |
| Pacific | 44 | 615 | 652 | 6.1 |
| By Payment Classification: | | | | |
| All hospitals | 3,522 | 740 | 755 | 2.0 |
| Large urban areas (populations over 1 million) | 1,400 | 821 | 839 | 2.1 |
| Other urban areas (populations of 1 million of fewer) | 1,139 | 728 | 737 | 1.3 |
| Rural areas | 983 | 513 | 536 | 4.5 |
| Teaching Status. | | | | |
| Non-teaching | 2,449 | 621 | 640 | 3.0 |
| Fewer than 100 Residents | 836 | 753 | 762 | 1.2 |
| 100 or more Residents | 237 | 1,075 | 1,090 | 1.4 |
| Urban DSH: | | | | |
| 100 or more beds | 1,513 | 806 | 821 | 1.8 |

TABLE III.—COMPARISON OF TOTAL PAYMENTS PER CASE—Continued

[FY 2006 Payments Compared To Proposed FY 2007 Payments]

| | Number of hospitals | Average FY 2006 payments/case | Average FY 2007 payments/case | Change |
|---|---|---|---|---|
| Less than 100 beds | 333 | 542 | 572 | 5.6 |
| Rural DSH: | | | | |
| Sole Community (SCH/EACH) | 383 | 465 | 493 | 6.1 |
| Referral Center (RRC/EACH) | 196 | 567 | 585 | 3.0 |
| Other Rural: | | | | |
| 100 or more beds | 55 | 469 | 496 | 5.8 |
| Less than 100 beds | 188 | 425 | 457 | 7.4 |
| Urban teaching and DSH: | | | | |
| Both teaching and DSH | 809 | 884 | 896 | 1.4 |
| Teaching and no DSH | 198 | 792 | 798 | 0.7 |
| No teaching and DSH | 1,037 | 658 | 678 | 3.1 |
| No teaching and no DSH | 495 | 682 | 691 | 1.3 |
| Rural Hospital Types: | | | | |
| Non special status hospitals | 288 | 448 | 477 | 6.6 |
| RRC/EACH | 40 | 575 | 590 | 2.6 |
| SCH/EACH | 341 | 479 | 507 | 5.8 |
| Medicare-dependent hospitals (MDH) | 126 | 433 | 463 | 6.9 |
| SCH, RRC and EACH | 80 | 577 | 596 | 3.3 |
| Hospitals Reclassified by the Medicare Geographic Classification Review Board: | | | | |
| FY2007 Reclassifications: | | | | |
| All Urban Reclassified 1st Half | 316 | 767 | 782 | 1.9 |
| All Urban Non-Reclassified 1st Half | 2,178 | 783 | 796 | 1.7 |
| All Rural Reclassified 1st Half | 373 | 556 | 576 | 3.5 |
| All Rural Non-Reclassified 1st Half | 563 | 451 | 480 | 6.3 |
| All Urban Reclassified 2nd Half | 374 | 785 | 801 | 2.0 |
| All Urban Non-Reclassified 2nd Half | 2,120 | 780 | 793 | 1.7 |
| All Rural Reclassified 2nd Half | 373 | 556 | 576 | 3.5 |
| All Rural Non-Reclassified 2nd Half | 563 | 451 | 480 | 6.3 |
| All Section 401 Reclassified Hospitals | 38 | 516 | 537 | 4.1 |
| Other Reclassified Hospitals (Section 1886(d)(8)(B)) | 54 | 513 | 544 | 6.1 |
| Type of Ownership: | | | | |
| Voluntary | 2,087 | 757 | 770 | 1.8 |
| Proprietary | 831 | 670 | 685 | 2.1 |
| Government | 604 | 727 | 751 | 3.2 |
| Medicare Utilization as a Percent of Inpatient Days: | | | | |
| 0–25 | 252 | 970 | 1,016 | 4.7 |
| 25–50 | 1,302 | 838 | 851 | 1.5 |
| 50–65 | 1,490 | 655 | 670 | 2.4 |
| Over 65 | 459 | 589 | 601 | 2.1 |

**IX. Alternatives Considered**

This proposed rule contains a range of policies, including some proposals related to specific DRA and MMA provisions. The preamble of this proposed rule provides descriptions of the statutory provisions that are addressed, identifies those policies when discretion has been exercised, presents rationale for our decisions and, where relevant, alternatives that were considered.

**X. Overall Conclusion**

The changes in this proposed rule would affect all classes of hospitals. Some hospitals are expected to experience significant gains and others less significant gains, but overall hospitals are projected to experience positive updates in IPPS payments in FY 2007. Table I of section VI of this Appendix demonstrates the estimated distributional impact of the IPPS budget neutrality requirements for DRG and wage index changes, for the hold harmless transition for rural hospitals formerly classified as urban, and for the wage index reclassifications under the MGCRB. Table I also shows an overall increase of 3.4 percent in operating payments, which, in conjunction with the estimated 2.0 percent increase in capital payments to IPPS providers shown in Table III of section VIII of this Appendix, should result in a net increase of $3.33 billion to IPPS providers. The discussions presented in the previous pages, in combination with the rest of this proposed rule, constitute a regulatory impact analysis.

**XI. Accounting Statement**

As required by OMB Circular A–4 (available at *http://www.whitehousegov/omb/circulars/a004/a-4.pdf),* in Table IV below, we have prepared an accounting statement showing the classification of the expenditures associated with the provisions of this proposed rule. This table provides our best estimate of the increase in Medicare payments on providers as a result of the proposed changes to the IPPS, the LTCH case-mix, and the limitation on payments to SNFs for bad debt presented in this rule. All expenditures are classified as transfers to Medicare providers.

TABLE IV.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES FROM FY 2006 TO FY 2007

| Category | Transfers |
|---|---|
| Annualized Monetized Transfers | $3.809 Billion. |

TABLE IV.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES FROM FY 2006 TO FY 2007—Continued

| Category | Transfers |
|---|---|
| From Whom to Whom | Federal Government to IPPS Medicare Providers, LTCHs, and SNFs. |
| Total | $3.809 Billion. |

**XII. Executive Order 12866**

In accordance with the provisions of Executive Order 12866, the Office of Management and Budget reviewed this proposed rule.

## Appendix B: Recommendation of Update Factors for Operating Cost Rates of Payment for Inpatient Hospital Services

(If you choose to comment on issues in this section, please include the caption ''Update Factors'' at the beginning of your comment.)

**I. Background**

Section 1886(e)(4)(A) of the Act requires that the Secretary, taking into consideration the recommendations of the Medicare Payment Advisory Commission (MedPAC), recommend update factors for inpatient hospital services for each fiscal year that take into account the amounts necessary for the efficient and effective delivery of medically appropriate and necessary care of high quality. Under section 1886(e)(5)(B) of the Act, we are required to publish the proposed and final update factors recommended by the Secretary in the proposed and final IPPS rules respectively. Accordingly, this Appendix provides the recommendations of appropriate update factors for the IPPS standardized amount, the hospital-specific rates for SCHs and MDHs, and the rate-of-increase limits for hospitals and hospital units excluded from the IPPS. We also discuss our response to MedPAC's recommended update factors for inpatient hospital services.

**II. Inpatient Hospital Update for FY 2007**

Section 1886(b)(3)(B)(i)(XX) of the Act, as amended by section 5001(a) of Pub. L. 109–171, sets the FY 2007 percentage increase in the operating cost standardized amount equal to the rate-of-increase in the hospital market basket for IPPS hospitals in all areas, subject to the hospital submitting quality information under rules established by the Secretary under section 1886(b)(3)(B)(viii) of the Act. For hospitals that do not provide these data, the update is equal to the market basket percentage increase less 2.0 percentage points. Consistent with current law, based on the Office of the Actuary's first quarter 2006 forecast of the FY 2007 market basket increase, we are estimating that the FY 2007 update to the standardized amount will be 3.4 percent (that is, the current estimate of the market basket rate-of-increase) for hospitals in all areas, provided the hospital submits quality data in accordance with our rules. For hospitals that do not submit quality data, we are estimating that the update to the standardized amount will be 1.4 percent (that is, the current estimate of the market basket rate-of-increase minus 2.0 percentage points).

Section 1886(b)(3)(B)(iv) of the Act sets the FY 2007 percentage increase in the hospital-specific rates applicable to SCHs and MDHs equal to the rate set forth in section 1886(b)(3)(B)(i) of the Act (that is, the same update factor as for all other hospitals subject to the IPPS, or the rate-of-increase in the market basket). Therefore, the update to the hospital-specific rates applicable to SCHs and MDHs is also estimated to be 3.4 percent.

Section 1886(b)(3)(B)(ii) of the Act is used for purposes of determining the percentage increase in the rate-of-increase limits for children's and cancer hospitals. Section 1886(b)(3)(B)(ii) of the Act sets the percentage increase in the rate-of-increase limits equal to the market basket percentage increase for years after FY 2002. In accordance with § 403.752(a) of the regulations, RNHCIs are paid under § 413.40, which also uses section 1886(b)(3)(B)(ii) of the Act to update the percentage increase in the rate-of-increase limits. Section 1886(j)(3)(C) of the Act addresses the increase factor for the Federal prospective payment rate of IRFs. Section 123 of Pub. L. 106–113, as amended by section 307(b) of Pub. L. 106–554, provides the statutory authority for updating payment rates under the LTCH PPS. In addition, section 124 of the BBRA provides the statutory authority for updating the payment rates of IPFs. Under this broad authority, IPFs that are not defined as new under § 412.426(c) will be paid under a blend methodology for cost reporting periods beginning on or after January 1, 2005, through June 30, 2008. The blend methodology consists of a blend of the estimated Federal per diem payment amount and a facility-specific payment amount. Under the authority of section 124 of the BBRA, the estimated Federal per diem payment amount is updated and the facility-specific payment is updated in accordance with 42 CFR Part 413, which uses section 1886(b)(3)(B)(ii) of the Act to determine the percentage increase in the rate-of-increase limits. New IPFs are paid based on 100 percent of the Federal per diem payment amount, which is updated under the authority of section 124 of the BBRA.

In addition, some LTCHs and IPFs are transitioning to 100 percent of the Federal rate and currently receive a blend of reasonable cost-based payments computed under the TEFRA methodology and their respective Federal payment rates. As discussed below, the transition ends for LTCHs (not defined as new and that have not elected to be paid under 100 percent of the Federal rate) for cost reporting periods beginning on or after October 1, 2006. Therefore, because no portion of LTCHs' prospective payments will be based on reasonable costs for cost reporting periods beginning on or after October 1, 2006, we are not proposing an FY 2007 rate-of-increase adjustment under section 1886(b)(3)(B)(ii) of the Act for LTCHs. Any IPFs that receive reasonable cost-based payments will have that portion of its payments determined subject to the TEFRA rate-of-increase limits for FY 2007.

Currently, children's hospitals, cancer hospitals and RNHCIs are the remaining three types of hospitals still reimbursed fully under reasonable costs. As we discuss in section IV. of the Addendum to this proposed rule, we are proposing to provide an estimate of the FY 2007 IPPS operating market basket percentage increase (3.4 percent) that will be used to update the target limits for children's hospitals, cancer hospitals, and RNHCIs.

Effective since cost reporting periods beginning FY 2003, LTCHs have been paid under the LTCH PPS, which was implemented with a 5-year transition period for LTCHs not defined as new under § 412.23(e)(4) (hereafter referred to as ''existing''). (Refer to 67 FR 55954, August 30, 2002.) An existing LTCH could have elected to be paid on 100 percent of the Federal prospective rate at the start of any of its cost reporting periods during the 5-year transition period. During this transition period, if an existing LTCH did not elect to be paid 100 percent of the Federal prospective payment rate, it received a payment which consisted of a blend of its reasonable cost-based payment (subject to the TEFRA rate-of-increase limits) and the Federal prospective payment rate. Because the transition period ends with LTCH cost reporting periods beginning on or after October 1, 2006, those LTCHs who now receive blended payments will be paid based on 100 percent of the Federal prospective rate.

Effective for cost reporting periods beginning on or after January 1, 2005, IPFs are paid under the IPF PPS. IPF PPS payments are based on a Federal per diem rate that is based on the sum of the average routine operating, ancillary, and capital costs for each patient day of psychiatric care in an IPF, adjusted for budget neutrality. During a transition period between January 1, 2005 and January 1, 2008, existing IPFs are paid based on a blend of the reasonable cost-based payments, subject to the TEFRA limit, and the Federal per diem base rate. For cost reporting periods beginning on or after January 1, 2008, IPFs will be paid based on 100 percent of the Federal per diem rate. For purposes of the update factor for FY 2007, the portion of the IPF PPS transitional blend payment based on reasonable costs would be determined by updating the IPF's TEFRA limit by the current estimate of the excluded

hospital market basket, which is estimated to be 3.6 percent. The estimated update to the Federal per diem rate for July 1, 2006, through June 30, 2007, was provided in the RY 2007 IPF proposed rule (71 FR 3620).

IRFs are paid under the IRF PPS for cost reporting periods beginning on or after January 1, 2002. For cost reporting periods beginning on or after October 1, 2002 (FY 2003), and thereafter, the Federal prospective payments to IRFs are based on 100 percent of the adjusted Federal IRF prospective payment amount, updated annually. (Refer to the IRF final rule (69 FR 45721).)

**III. Secretary's Recommendation**

In previous years, in making a recommendation, we included an update framework that analyzed hospital productivity, scientific and technological advances, practice pattern changes, changes in case-mix, the effects of reclassification on recalibration and forecast error correction. Although we have used this framework in past years, as we stated in the FY 2006 proposed rule, we are no longer including this analysis in our recommendation for the update (70 FR 23672, May 4, 2005).

MedPAC is recommending an inpatient hospital update equal to the market basket rate of increase for FY 2007 minus an adjustment factor of 0.45 percentage points. The 0.45 percentage point reduction represents half of estimated productivity growth in the general economy for 2007 that the Commission expects the hospital industry to achieve. MedPAC's rationale for this update recommendation is described in more detail below. Using the 2006 first quarter forecast from the Office of the Actuary of the FY 2007 market basket increase and an adjustment factor based on the FY 2007 President's budget, we are recommending an update to the standardized amount of 2.95 percent (that is, the market basket rate-of-increase of 3.4 minus an adjustment factor of 0.45 percentage points). Our update recommendation is the same as MedPAC's.

In addition to making a recommendation for IPPS hospitals, in accordance with section 1886(e)(4)(A) of the Act, we are also recommending update factors for all other types of hospitals. Using the 2006 first quarter forecast from the Office of the Actuary of the FY 2007 market basket increase and an adjustment factor based on the FY 2007 President's budget, for FY 2007, for SCHs and MDHs, we are recommending an update of 2.95 percent.

For FY 2007, for children's hospitals, cancer hospitals, and RNHCIs, based on the first quarter forecast from the Office of the Actuary of the FY 2007 market basket increase and an adjustment factor from the FY 2007 President's budget, we are also recommending an update of 2.95 percent to the target limits.

For IPFs that are currently paid a blend of reasonable cost-based (subject to the TEFRA limits) and Federal prospective payment amounts, based on the latest estimate from the Office of the Actuary and an adjustment factor from the FY 2007 President's budget, we are recommending an update factor of 3.15 percent for the portion of the payment that is based on reasonable costs, subject to the TEFRA limits.

We note that section 1886(e)(3) of the Act directs the Secretary to report to Congress an initial estimate of the recommendation of an appropriate payment inflation update for inpatient hospital services for the upcoming fiscal year. In the Secretary's Report to Congress this year, the Secretary recommended the President's FY 2007 update of 2.95 percent (3.4 percent minus an adjustment factor of 0.45 percentage points) for the market basket update for the TEFRA portion of IPF blended payment rates. The difference between the update recommendation in the Secretary's Report to Congress and the update we are recommending in this proposed rule (3.15 percent) is due to the availability and use of more recent data for the market basket than were available at the time the Secretary's recommendation was developed.

Consistent with our proposal in the RY 2007 LTCH PPS proposed rule (71 FR 4667, January 27, 2006), we are recommending the Federal rate remain unchanged for RY 2007. In the RY 2007 IPF PPS proposed rule (71 FR 3620, January 23, 2006), we proposed an update factor of 4.5 percent to the IPF PPS for RY 2007. The proposed update reflects an increase from the 18-month period beginning January 1, 2005, when the IPF PPS was first adopted. Consistent with the RY 2007 IPF proposed rule, we are recommending an update factor of 4.5 percent for inpatient psychiatric facilities. Finally, consistent with the President's FY 2007 budget, we are recommending the Federal rate to the IRF PPS remain unchanged for FY 2007.

**IV. MedPAC Recommendation for Assessing Payment Adequacy and Updating Payments in Traditional Medicare**

In the past, MedPAC has suggested specific adjustments to its update recommendation for each of the factors discussed under section III. of this Appendix. In its March 2006 Report to Congress, MedPAC assessed the adequacy of current payments and costs and the relationship between payments and an appropriate cost base, utilizing an established methodology used by the Commission in the past several years.

Despite a projected negative overall Medicare margin of −2.2 percent in 2006, the Commission recommended an update to the hospital inpatient rates equal to the increase in the hospital market basket minus an adjustment factor of 0.45 percentage points. The 0.45 percentage point reduction represents half of an estimate of productivity growth in the general economy for 2007 that the Commission expects the hospital industry to achieve.

MedPAC noted that, notwithstanding negative overall Medicare margins, most of the indicators of Medicare payment adequacy to hospitals are positive, including beneficiaries' access to care, increased access to capital, and service volume increases. MedPAC also noted that Medicare payment rates should cover the costs of efficient hospitals and that, ''more efficient hospitals may not be performing as poorly as the [hospital] industry's aggregate margin would suggest.''

*Response:* We agree with MedPAC and are also recommending an inpatient hospital update equal to the market basket minus an adjustment factor of 0.45 percentage points. However, we note that the law would need to be changed in order for the MedPAC recommendation and our update recommendation to be applied. Without a change in law, we will update the IPPS rates by the full market basket, which we currently estimate to be 3.4 percent for FY 2007, for hospitals that submit quality data that meet our validation requirements. For all other hospitals, the IPPS update will equal the market basket minus 2.0 percentage points.

In addition, because the operating and capital prospective payment systems remain separate, we are proposing to continue to use separate updates for operating and capital payments. The proposed update to the capital payment rate is discussed in section III. of the Addendum to this proposed rule.

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| S | 0 | 1 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 1 & 2. |
| S | 0 | 2 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 3. |
| S | 0 | 3 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 4. |
| S | 0 | 4 | HEART &/OR LUNG TRANSPLANT SOI 1 & 2. |
| S | 0 | 5 | HEART &/OR LUNG TRANSPLANT SOI 3. |
| S | 0 | 6 | HEART &/OR LUNG TRANSPLANT SOI 4. |
| S | 0 | 7 | BONE MARROW TRANSPLANT SOI 1. |
| S | 0 | 8 | BONE MARROW TRANSPLANT SOI 2. |
| S | 0 | 9 | BONE MARROW TRANSPLANT SOI 3. |
| S | 0 | 10 | BONE MARROW TRANSPLANT SOI 4. |
| S | 0 | 11 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 1 & 2. |
| S | 0 | 12 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 3. |
| S | 0 | 13 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 4. |
| S | 0 | 14 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 1 & 2. |
| S | 0 | 15 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 3. |
| S | 0 | 16 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 4. |
| S | 0 | 17 | PANCREAS TRANSPLANT SOI 1 & 2. |
| S | 0 | 18 | PANCREAS TRANSPLANT SOI 3. |
| S | 0 | 19 | PANCREAS TRANSPLANT SOI 4. |
| S | 1 | 20 | NERVOUS SYSTEM PROCDURES SOI 4. |
| S | 1 | 21 | CRANIOTOMY FOR TRAUMA SOI 1. |
| S | 1 | 22 | CRANIOTOMY FOR TRAUMA SOI 2. |
| S | 1 | 23 | CRANIOTOMY FOR TRAUMA SOI 3. |
| S | 1 | 24 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 1. |
| S | 1 | 25 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 2. |
| S | 1 | 26 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 3. |
| S | 1 | 27 | VENTRICULAR SHUNT PROCEDURES SOI 1. |
| S | 1 | 28 | VENTRICULAR SHUNT PROCEDURES SOI 2. |
| S | 1 | 29 | VENTRICULAR SHUNT PROCEDURES SOI 3. |
| S | 1 | 30 | SPINAL PROCEDURES SOI 1. |
| S | 1 | 31 | SPINAL PROCEDURES SOI 2. |
| S | 1 | 32 | SPINAL PROCEDURES SOI 3. |
| S | 1 | 33 | EXTRACRANIAL VASCULAR PROCEDURES SOI 1. |
| S | 1 | 34 | EXTRACRANIAL VASCULAR PROCEDURES SOI 2. |
| S | 1 | 35 | EXTRACRANIAL VASCULAR PROCEDURES SOI 3. |
| S | 1 | 36 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 1. |
| S | 1 | 37 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 2. |
| S | 1 | 38 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 3. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. |
| M | 1 | 40 | INFECTIONS OF NERVOUS SYSTEM SOI 4. |
| M | 1 | 41 | SPINAL DISORDERS & INJURIES SOI 1. |
| M | 1 | 42 | SPINAL DISORDERS & INJURIES SOI 2. |
| M | 1 | 43 | SPINAL DISORDERS & INJURIES SOI 3. |
| M | 1 | 44 | NERVOUS SYSTEM MALIGNANCY SOI 1. |
| M | 1 | 45 | NERVOUS SYSTEM MALIGNANCY SOI 2. |
| M | 1 | 46 | NERVOUS SYSTEM MALIGNANCY SOI 3. |
| M | 1 | 47 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 1. |
| M | 1 | 48 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 2. |
| M | 1 | 49 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 3. |
| M | 1 | 50 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 1. |
| M | 1 | 51 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 2. |
| M | 1 | 52 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 3. |
| M | 1 | 53 | INTRACRANIAL HEMORRHAGE SOI 1. |
| M | 1 | 54 | INTRACRANIAL HEMORRHAGE SOI 2. |
| M | 1 | 55 | INTRACRANIAL HEMORRHAGE SOI 3. |
| M | 1 | 56 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 1. |
| M | 1 | 57 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 2. |
| M | 1 | 58 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 3. |
| M | 1 | 59 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 1. |
| M | 1 | 60 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 2. |
| M | 1 | 61 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 3. |
| M | 1 | 62 | TRANSIENT ISCHEMIA SOI 1. |
| M | 1 | 63 | TRANSIENT ISCHEMIA SOI 2. |
| M | 1 | 64 | TRANSIENT ISCHEMIA SOI 3. |
| M | 1 | 65 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 1. |
| M | 1 | 66 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 2. |
| M | 1 | 67 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 3. |
| M | 1 | 68 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 1. |
| M | 1 | 69 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 2. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| M ..... | 1 | 70 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 3. |
| M ..... | 1 | 71 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 1. |
| M ..... | 1 | 72 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 2. |
| M ..... | 1 | 73 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 3. |
| M ..... | 1 | 74 | VIRAL MENINGITIS SOI 1. |
| M ..... | 1 | 75 | VIRAL MENINGITIS SOI 2. |
| M ..... | 1 | 76 | VIRAL MENINGITIS SOI 3. |
| M ..... | 1 | 77 | NONTRAUMATIC STUPOR & COMA SOI 1. |
| M ..... | 1 | 78 | NONTRAUMATIC STUPOR & COMA SOI 2. |
| M ..... | 1 | 79 | NONTRAUMATIC STUPOR & COMA SOI 3. |
| M ..... | 1 | 80 | SEIZURE SOI 1. |
| M ..... | 1 | 81 | SEIZURE SOI 2. |
| M ..... | 1 | 82 | SEIZURE SOI 3. |
| M ..... | 1 | 83 | MIGRAINE & OTHER HEADACHES SOI 1. |
| M ..... | 1 | 84 | MIGRAINE & OTHER HEADACHES SOI 2. |
| M ..... | 1 | 85 | MIGRAINE & OTHER HEADACHES SOI 3. |
| M ..... | 1 | 86 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 1. |
| M ..... | 1 | 87 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 2. |
| M ..... | 1 | 88 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 3. |
| M ..... | 1 | 89 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA SOI 1. |
| M ..... | 1 | 90 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA SOI 2. |
| M ..... | 1 | 91 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA SOI 3. |
| M ..... | 1 | 92 | CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HR OR NO COMA SOI 1. |
| M ..... | 1 | 93 | CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HR OR NO COMA SOI 2. |
| M ..... | 1 | 94 | CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HR OR NO COMA SOI 3. |
| M ..... | 1 | 95 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 1. |
| M ..... | 1 | 96 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 2. |
| M ..... | 1 | 97 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 3. |
| S ..... | 2 | 98 | EYE PROCEDURES SOI 4. |
| S ..... | 2 | 99 | ORBITAL PROCEDURES SOI 1. |
| S ..... | 2 | 100 | ORBITAL PROCEDURES SOI 2. |
| S ..... | 2 | 101 | ORBITAL PROCEDURES SOI 3. |
| S ..... | 2 | 102 | EYE PROCEDURES EXCEPT ORBIT SOI 1. |
| S ..... | 2 | 103 | EYE PROCEDURES EXCEPT ORBIT SOI 2. |
| S ..... | 2 | 104 | EYE PROCEDURES EXCEPT ORBIT SOI 3. |
| M ..... | 2 | 105 | EYE DIAGNOSES SOI 4. |
| M ..... | 2 | 106 | ACUTE MAJOR EYE INFECTIONS SOI 1. |
| M ..... | 2 | 107 | ACUTE MAJOR EYE INFECTIONS SOI 2. |
| M ..... | 2 | 108 | ACUTE MAJOR EYE INFECTIONS SOI 3. |
| M ..... | 2 | 109 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 1. |
| M ..... | 2 | 110 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 2. |
| M ..... | 2 | 111 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 3. |
| S ..... | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. |
| S ..... | 3 | 113 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 1. |
| S ..... | 3 | 114 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 2. |
| S ..... | 3 | 115 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 3. |
| S ..... | 3 | 116 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 1. |
| S ..... | 3 | 117 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 2. |
| S ..... | 3 | 118 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 3. |
| S ..... | 3 | 119 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 1. |
| S ..... | 3 | 120 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 2. |
| S ..... | 3 | 121 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 3. |
| S ..... | 3 | 122 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 1. |
| S ..... | 3 | 123 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 2. |
| S ..... | 3 | 124 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 3. |
| S ..... | 3 | 125 | SINUS & MASTOID PROCEDURES SOI 1. |
| S ..... | 3 | 126 | SINUS & MASTOID PROCEDURES SOI 2. |
| S ..... | 3 | 127 | SINUS & MASTOID PROCEDURES SOI 3. |
| S ..... | 3 | 128 | CLEFT LIP & PALATE REPAIR SOI 1. |
| S ..... | 3 | 129 | CLEFT LIP & PALATE REPAIR SOI 2. |
| S ..... | 3 | 130 | CLEFT LIP & PALATE REPAIR SOI 3. |
| S ..... | 3 | 131 | TONSIL & ADENOID PROCEDURES SOI 1. |
| S ..... | 3 | 132 | TONSIL & ADENOID PROCEDURES SOI 2. |
| S ..... | 3 | 133 | TONSIL & ADENOID PROCEDURES SOI 3. |
| S ..... | 3 | 134 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 1. |
| S ..... | 3 | 135 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 2. |
| S ..... | 3 | 136 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 3 |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| M ..... | 3 | 137 | EAR, NOSE, MOUTH & THROAT DIAGNOSES SOI 4. |
| M ..... | 3 | 138 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES . SOI 1. |
| M ..... | 3 | 139 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES . SOI 2. |
| M ..... | 3 | 140 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES . SOI 3. |
| M ..... | 3 | 141 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 1. |
| M ..... | 3 | 142 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 2. |
| M ..... | 3 | 143 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 3. |
| M ..... | 3 | 144 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 1. |
| M ..... | 3 | 145 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 2. |
| M ..... | 3 | 146 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 3. |
| M ..... | 3 | 147 | DENTAL & ORAL DISEASES & INJURIES SOI 1. |
| M ..... | 3 | 148 | DENTAL & ORAL DISEASES & INJURIES SOI 2. |
| M ..... | 3 | 149 | DENTAL & ORAL DISEASES & INJURIES SOI 3. |
| M ..... | 3 | 150 | OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES SOI 1. |
| M ..... | 3 | 151 | OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES SOI 2. |
| M ..... | 3 | 152 | OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES SOI 3. |
| S ..... | 4 | 153 | RESPIRATORY & CHEST PROCEDURES SOI 4. |
| S ..... | 4 | 154 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 1. |
| S ..... | 4 | 155 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 2. |
| S ..... | 4 | 156 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 3. |
| S ..... | 4 | 157 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 1. |
| S ..... | 4 | 158 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 2. |
| S ..... | 4 | 159 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 3. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR . SUPPORT 96+ HOURS SOI 4. |
| M ..... | 4 | 161 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 1. |
| M ..... | 4 | 162 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 2. |
| M ..... | 4 | 163 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 3. |
| M ..... | 4 | 164 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 4. |
| M ..... | 4 | 165 | CYSTIC FIBROSIS - PULMONARY DISEASE SOI 1. |
| M ..... | 4 | 166 | CYSTIC FIBROSIS - PULMONARY DISEASE SOI 2. |
| M ..... | 4 | 167 | CYSTIC FIBROSIS - PULMONARY DISEASE SOI 3. |
| M ..... | 4 | 168 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 1. |
| M ..... | 4 | 169 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 2. |
| M ..... | 4 | 170 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 3. |
| M ..... | 4 | 171 | PULMONARY EMBOLISM SOI 1. |
| M ..... | 4 | 172 | PULMONARY EMBOLISM SOI 2. |
| M ..... | 4 | 173 | PULMONARY EMBOLISM SOI 3. |
| M ..... | 4 | 174 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 1. |
| M ..... | 4 | 175 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 2. |
| M ..... | 4 | 176 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 3. |
| M ..... | 4 | 177 | RESPIRATORY MALIGNANCY SOI 1. |
| M ..... | 4 | 178 | RESPIRATORY MALIGNANCY SOI 2. |
| M ..... | 4 | 179 | RESPIRATORY MALIGNANCY SOI 3. |
| M ..... | 4 | 180 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 1. |
| M ..... | 4 | 181 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 2. |
| M ..... | 4 | 182 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 3. |
| M ..... | 4 | 183 | BRONCHIOLITIS & RSV PNEUMONIA SOI 1. |
| M ..... | 4 | 184 | BRONCHIOLITIS & RSV PNEUMONIA SOI 2. |
| M ..... | 4 | 185 | BRONCHIOLITIS & RSV PNEUMONIA SOI 3. |
| M ..... | 4 | 186 | OTHER PNEUMONIA SOI 1. |
| M ..... | 4 | 187 | OTHER PNEUMONIA SOI 2. |
| M ..... | 4 | 188 | OTHER PNEUMONIA SOI 3. |
| M ..... | 4 | 189 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 1. |
| M ..... | 4 | 190 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 2. |
| M ..... | 4 | 191 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 3. |
| M ..... | 4 | 192 | ASTHMA SOI 1. |
| M ..... | 4 | 193 | ASTHMA SOI 2. |
| M ..... | 4 | 194 | ASTHMA SOI 3. |
| M ..... | 4 | 195 | INTERSTITIAL LUNG DISEASE SOI 1. |
| M ..... | 4 | 196 | INTERSTITIAL LUNG DISEASE SOI 2. |
| M ..... | 4 | 197 | INTERSTITIAL LUNG DISEASE SOI 3. |
| M ..... | 4 | 198 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & . MINOR DIAGNOSES SOI 1. |
| M ..... | 4 | 199 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & . MINOR DIAGNOSES SOI 2. |
| M ..... | 4 | 200 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & . MINOR DIAGNOSES SOI 3. |
| M ..... | 4 | 201 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 1. |
| M ..... | 4 | 202 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 2. |
| M ..... | 4 | 203 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 3. |
| S ..... | 5 | 204 | CARDIOTHORACIC PROCEDURES SOI 4. |
| S ..... | 5 | 205 | VASCULAR PROCEDURES SOI 4. |
| S ..... | 5 | 206 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| S ..... | 5 | 207 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 1. |
| S ..... | 5 | 208 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 2. |
| S ..... | 5 | 209 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 3. |
| S ..... | 5 | 210 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION . SOI 1. |
| S ..... | 5 | 211 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION . SOI 2. |
| S ..... | 5 | 212 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION . SOI 3. |
| S ..... | 5 | 213 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 1. |
| S ..... | 5 | 214 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 2. |
| S ..... | 5 | 215 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 3. |
| S ..... | 5 | 216 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 1. |
| S ..... | 5 | 217 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 2. |
| S ..... | 5 | 218 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 3. |
| S ..... | 5 | 219 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 1. |
| S ..... | 5 | 220 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 2. |
| S ..... | 5 | 221 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 3. |
| S ..... | 5 | 222 | OTHER CARDIOTHORACIC PROCEDURES SOI 1. |
| S ..... | 5 | 223 | OTHER CARDIOTHORACIC PROCEDURES SOI 2. |
| S ..... | 5 | 224 | OTHER CARDIOTHORACIC PROCEDURES SOI 3. |
| S ..... | 5 | 225 | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 1. |
| S ..... | 5 | 226 | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 2. |
| S ..... | 5 | 227 | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 3. |
| S ..... | 5 | 228 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 1. |
| S ..... | 5 | 229 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 2. |
| S ..... | 5 | 230 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 3. |
| S ..... | 5 | 231 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 1. |
| S ..... | 5 | 232 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 2. |
| S ..... | 5 | 233 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 3. |
| S ..... | 5 | 234 | OTHER VASCULAR PROCEDURES SOI 1. |
| S ..... | 5 | 235 | OTHER VASCULAR PROCEDURES SOI 2. |
| S ..... | 5 | 236 | OTHER VASCULAR PROCEDURES SOI 3. |
| S ..... | 5 | 237 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 1. |
| S ..... | 5 | 238 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 2. |
| S ..... | 5 | 239 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 3. |
| S ..... | 5 | 240 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 1. |
| S ..... | 5 | 241 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 2. |
| S ..... | 5 | 242 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 3. |
| S ..... | 5 | 243 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 1. |
| S ..... | 5 | 244 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 2. |
| S ..... | 5 | 245 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 3. |
| S ..... | 5 | 246 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 1. |
| S ..... | 5 | 247 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 2. |
| S ..... | 5 | 248 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 3. |
| S ..... | 5 | 249 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 1. |
| S ..... | 5 | 250 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 2. |
| S ..... | 5 | 251 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 3. |
| M ..... | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. |
| M ..... | 5 | 253 | ACUTE MYOCARDIAL INFARCTION SOI 1. |
| M ..... | 5 | 254 | ACUTE MYOCARDIAL INFARCTION SOI 2. |
| M ..... | 5 | 255 | ACUTE MYOCARDIAL INFARCTION SOI 3. |
| M ..... | 5 | 256 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 1. |
| M ..... | 5 | 257 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 2. |
| M ..... | 5 | 258 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 3. |
| M ..... | 5 | 259 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 1. |
| M ..... | 5 | 260 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 2. |
| M ..... | 5 | 261 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 3. |
| M ..... | 5 | 262 | ACUTE & SUBACUTE ENDOCARDITIS SOI 1. |
| M ..... | 5 | 263 | ACUTE & SUBACUTE ENDOCARDITIS SOI 2. |
| M ..... | 5 | 264 | ACUTE & SUBACUTE ENDOCARDITIS SOI 3. |
| M ..... | 5 | 265 | HEART FAILURE SOI 1. |
| M ..... | 5 | 266 | HEART FAILURE SOI 2. |
| M ..... | 5 | 267 | HEART FAILURE SOI 3. |
| M ..... | 5 | 268 | CARDIAC ARREST SOI 1. |
| M ..... | 5 | 269 | CARDIAC ARREST SOI 2. |
| M ..... | 5 | 270 | CARDIAC ARREST SOI 3. |
| M ..... | 5 | 271 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 1. |
| M ..... | 5 | 272 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 2. |
| M ..... | 5 | 273 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 3. |
| M ..... | 5 | 274 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 1. |
| M ..... | 5 | 275 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 2. |
| M ..... | 5 | 276 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 3. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| M ..... | 5 | 277 | HYPERTENSION SOI 1. |
| M ..... | 5 | 278 | HYPERTENSION SOI 2. |
| M ..... | 5 | 279 | HYPERTENSION SOI 3. |
| M ..... | 5 | 280 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 1. |
| M ..... | 5 | 281 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 2. |
| M ..... | 5 | 282 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 3. |
| M ..... | 5 | 283 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 1. |
| M ..... | 5 | 284 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 2. |
| M ..... | 5 | 285 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 3. |
| M ..... | 5 | 286 | CHEST PAIN SOI 1. |
| M ..... | 5 | 287 | CHEST PAIN SOI 2. |
| M ..... | 5 | 288 | CHEST PAIN SOI 3. |
| M ..... | 5 | 289 | SYNCOPE & COLLAPSE SOI 1. |
| M ..... | 5 | 290 | SYNCOPE & COLLAPSE SOI 2. |
| M ..... | 5 | 291 | SYNCOPE & COLLAPSE SOI 3. |
| M ..... | 5 | 292 | CARDIOMYOPATHY SOI 1. |
| M ..... | 5 | 293 | CARDIOMYOPATHY SOI 2. |
| M ..... | 5 | 294 | CARDIOMYOPATHY SOI 3. |
| M ..... | 5 | 295 | MALFUNCTION, REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 1. |
| M ..... | 5 | 296 | MALFUNCTION, REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 2. |
| M ..... | 5 | 297 | MALFUNCTION, REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 3. |
| M ..... | 5 | 298 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 1. |
| M ..... | 5 | 299 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 2. |
| M ..... | 5 | 300 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 3. |
| S ..... | 6 | 301 | MAJOR GASTROINTESTINAL PROCEDURES SOI 4. |
| S ..... | 6 | 302 | OTHER GASTROINTESTINAL & ABDOMINAL PROCEDURES SOI 4. |
| S ..... | 6 | 303 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 1. |
| S ..... | 6 | 304 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 2. |
| S ..... | 6 | 305 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 3. |
| S ..... | 6 | 306 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 1. |
| S ..... | 6 | 307 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 2. |
| S ..... | 6 | 308 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 3. |
| S ..... | 6 | 309 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 1. |
| S ..... | 6 | 310 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 2. |
| S ..... | 6 | 311 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 3. |
| S ..... | 6 | 312 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 1. |
| S ..... | 6 | 313 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 2. |
| S ..... | 6 | 314 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 3. |
| S ..... | 6 | 315 | PERITONEAL ADHESIOLYSIS SOI 1. |
| S ..... | 6 | 316 | PERITONEAL ADHESIOLYSIS SOI 2. |
| S ..... | 6 | 317 | PERITONEAL ADHESIOLYSIS SOI 3. |
| S ..... | 6 | 318 | APPENDECTOMY SOI 1. |
| S ..... | 6 | 319 | APPENDECTOMY SOI 2. |
| S ..... | 6 | 320 | APPENDECTOMY SOI 3. |
| S ..... | 6 | 321 | ANAL PROCEDURES SOI 1. |
| S ..... | 6 | 322 | ANAL PROCEDURES SOI 2. |
| S ..... | 6 | 323 | ANAL PROCEDURES SOI 3. |
| S ..... | 6 | 324 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 1. |
| S ..... | 6 | 325 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 2. |
| S ..... | 6 | 326 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 3. |
| S ..... | 6 | 327 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 1. |
| S ..... | 6 | 328 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 2. |
| S ..... | 6 | 329 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 3. |
| S ..... | 6 | 330 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 1. |
| S ..... | 6 | 331 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 2. |
| S ..... | 6 | 332 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 3. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4. |
| M ..... | 6 | 334 | DIGESTIVE MALIGNANCY SOI 1. |
| M ..... | 6 | 335 | DIGESTIVE MALIGNANCY SOI 2. |
| M ..... | 6 | 336 | DIGESTIVE MALIGNANCY SOI 3. |
| M ..... | 6 | 337 | PEPTIC ULCER & GASTRITIS SOI 1. |
| M ..... | 6 | 338 | PEPTIC ULCER & GASTRITIS SOI 2. |
| M ..... | 6 | 339 | PEPTIC ULCER & GASTRITIS SOI 3. |
| M ..... | 6 | 340 | MAJOR ESOPHAGEAL DISORDERS SOI 1. |
| M ..... | 6 | 341 | MAJOR ESOPHAGEAL DISORDERS SOI 2. |
| M ..... | 6 | 342 | MAJOR ESOPHAGEAL DISORDERS SOI 3. |
| M ..... | 6 | 343 | OTHER ESOPHAGEAL DISORDERS SOI 1. |
| M ..... | 6 | 344 | OTHER ESOPHAGEAL DISORDERS SOI 2. |
| M ..... | 6 | 345 | OTHER ESOPHAGEAL DISORDERS SOI 3. |
| M ..... | 6 | 346 | DIVERTICULITIS & DIVERTICULOSIS SOI 1. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| M ..... | 6 | 347 | DIVERTICULITIS & DIVERTICULOSIS SOI 2. |
| M ..... | 6 | 348 | DIVERTICULITIS & DIVERTICULOSIS SOI 3. |
| M ..... | 6 | 349 | INFLAMMATORY BOWEL DISEASE SOI 1. |
| M ..... | 6 | 350 | INFLAMMATORY BOWEL DISEASE SOI 2. |
| M ..... | 6 | 351 | INFLAMMATORY BOWEL DISEASE SOI 3. |
| M ..... | 6 | 352 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 1. |
| M ..... | 6 | 353 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 2. |
| M ..... | 6 | 354 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 3. |
| M ..... | 6 | 355 | INTESTINAL OBSTRUCTION SOI 1. |
| M ..... | 6 | 356 | INTESTINAL OBSTRUCTION SOI 2. |
| M ..... | 6 | 357 | INTESTINAL OBSTRUCTION SOI 3. |
| M ..... | 6 | 358 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 1. |
| M ..... | 6 | 359 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 2. |
| M ..... | 6 | 360 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 3. |
| M ..... | 6 | 361 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 1. |
| M ..... | 6 | 362 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 2. |
| M ..... | 6 | 363 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 3. |
| M ..... | 6 | 364 | ABDOMINAL PAIN SOI 1. |
| M ..... | 6 | 365 | ABDOMINAL PAIN SOI 2. |
| M ..... | 6 | 366 | ABDOMINAL PAIN SOI 3. |
| M ..... | 6 | 367 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 1. |
| M ..... | 6 | 368 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 2. |
| M ..... | 6 | 369 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 3. |
| M ..... | 6 | 370 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 1. |
| M ..... | 6 | 371 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 2. |
| M ..... | 6 | 372 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 3. |
| M ..... | 6 | 373 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 1. |
| M ..... | 6 | 374 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 2. |
| M ..... | 6 | 375 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 3. |
| S ..... | 7 | 376 | MAJOR HEPATOBILIARY, PANCREAS & LIVER PROCEDURES SOI 4. |
| S ..... | 7 | 377 | CHOLECYSTECTOMY AND OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 4. |
| S ..... | 7 | 378 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 1. |
| S ..... | 7 | 379 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 2. |
| S ..... | 7 | 380 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 3. |
| S ..... | 7 | 381 | MAJOR BILIARY TRACT PROCEDURES SOI 1. |
| S ..... | 7 | 382 | MAJOR BILIARY TRACT PROCEDURES SOI 2. |
| S ..... | 7 | 383 | MAJOR BILIARY TRACT PROCEDURES SOI 3. |
| S ..... | 7 | 384 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 1. |
| S ..... | 7 | 385 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 2. |
| S ..... | 7 | 386 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 3. |
| S ..... | 7 | 387 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 1. |
| S ..... | 7 | 388 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 2. |
| S ..... | 7 | 389 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 3. |
| S ..... | 7 | 390 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 1. |
| S ..... | 7 | 391 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 2. |
| S ..... | 7 | 392 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 3. |
| M ..... | 7 | 393 | HEPATOBILIARY, PANCREAS & ABDOMINAL DIAGNOSES SOI 4. |
| M ..... | 7 | 394 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 1. |
| M ..... | 7 | 395 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 2. |
| M ..... | 7 | 396 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 3. |
| M ..... | 7 | 397 | ALCOHOLIC LIVER DISEASE SOI 1. |
| M ..... | 7 | 398 | ALCOHOLIC LIVER DISEASE SOI 2. |
| M ..... | 7 | 399 | ALCOHOLIC LIVER DISEASE SOI 3. |
| M ..... | 7 | 400 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 1. |
| M ..... | 7 | 401 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 2. |
| M ..... | 7 | 402 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 3. |
| M ..... | 7 | 403 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 1. |
| M ..... | 7 | 404 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 2. |
| M ..... | 7 | 405 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 3. |
| M ..... | 7 | 406 | OTHER DISORDERS OF THE LIVER SOI 1. |
| M ..... | 7 | 407 | OTHER DISORDERS OF THE LIVER SOI 2. |
| M ..... | 7 | 408 | OTHER DISORDERS OF THE LIVER SOI 3. |
| M ..... | 7 | 409 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 1. |
| M ..... | 7 | 410 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 2. |
| M ..... | 7 | 411 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 3. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. |
| S ..... | 8 | 413 | SPINAL FUSION PROCEDURES SOI 4. |
| S ..... | 8 | 414 | HIP JOINT REPLACEMENT SOI 1. |
| S ..... | 8 | 415 | HIP JOINT REPLACEMENT SOI 2. |
| S ..... | 8 | 416 | HIP JOINT REPLACEMENT SOI 3. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| S | 8 | 417 | KNEE JOINT REPLACEMENT SOI 1. |
| S | 8 | 418 | KNEE JOINT REPLACEMENT SOI 2. |
| S | 8 | 419 | KNEE JOINT REPLACEMENT SOI 3. |
| S | 8 | 420 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 1. |
| S | 8 | 421 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 2. |
| S | 8 | 422 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 3. |
| S | 8 | 423 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 1. |
| S | 8 | 424 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 2. |
| S | 8 | 425 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 3. |
| S | 8 | 426 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 1. |
| S | 8 | 427 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 2. |
| S | 8 | 428 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 3. |
| S | 8 | 429 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 1. |
| S | 8 | 430 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 2. |
| S | 8 | 431 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 3. |
| S | 8 | 432 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 1. |
| S | 8 | 433 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 2. |
| S | 8 | 434 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 3. |
| S | 8 | 435 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 1. |
| S | 8 | 436 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 2. |
| S | 8 | 437 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 3. |
| S | 8 | 438 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 1. |
| S | 8 | 439 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 2. |
| S | 8 | 440 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 3. |
| S | 8 | 441 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 4. |
| S | 8 | 442 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 1. |
| S | 8 | 443 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 2. |
| S | 8 | 444 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 3. |
| S | 8 | 445 | FOOT & TOE PROCEDURES SOI 1. |
| S | 8 | 446 | FOOT & TOE PROCEDURES SOI 2. |
| S | 8 | 447 | FOOT & TOE PROCEDURES SOI 3. |
| S | 8 | 448 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 1. |
| S | 8 | 449 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 2. |
| S | 8 | 450 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 3. |
| S | 8 | 451 | HAND & WRIST PROCEDURES SOI 1. |
| S | 8 | 452 | HAND & WRIST PROCEDURES SOI 2. |
| S | 8 | 453 | HAND & WRIST PROCEDURES SOI 3. |
| S | 8 | 454 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 1. |
| S | 8 | 455 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 2. |
| S | 8 | 456 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 3. |
| S | 8 | 457 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 1. |
| S | 8 | 458 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 2. |
| S | 8 | 459 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 3. |
| S | 8 | 460 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 4. |
| S | 8 | 461 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 1. |
| S | 8 | 462 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 2. |
| S | 8 | 463 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 3. |
| M | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. |
| M | 8 | 465 | FRACTURE OF FEMUR SOI 1. |
| M | 8 | 466 | FRACTURE OF FEMUR SOI 2. |
| M | 8 | 467 | FRACTURE OF FEMUR SOI 3. |
| M | 8 | 468 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 1. |
| M | 8 | 469 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 2. |
| M | 8 | 470 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 3. |
| M | 8 | 471 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 1. |
| M | 8 | 472 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 2. |
| M | 8 | 473 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 3. |
| M | 8 | 474 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 1. |
| M | 8 | 475 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 2. |
| M | 8 | 476 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 3. |
| M | 8 | 477 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 1. |
| M | 8 | 478 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 2. |
| M | 8 | 479 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 3. |
| M | 8 | 480 | CONNECTIVE TISSUE DISORDERS SOI 1. |
| M | 8 | 481 | CONNECTIVE TISSUE DISORDERS SOI 2. |
| M | 8 | 482 | CONNECTIVE TISSUE DISORDERS SOI 3. |
| M | 8 | 483 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 1. |
| M | 8 | 484 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 2. |
| M | 8 | 485 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 3. |
| M | 8 | 486 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 1. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| M | 8 | 487 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 2. |
| M | 8 | 488 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 3. |
| M | 8 | 489 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 1. |
| M | 8 | 490 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 2. |
| M | 8 | 491 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 3. |
| S | 9 | 492 | SKIN, SUBCUTANEOUS TISSUE, BREAST & RELATED PROCEDURES SOI 4. |
| S | 9 | 493 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 1. |
| S | 9 | 494 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 2. |
| S | 9 | 495 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 3. |
| S | 9 | 496 | MASTECTOMY PROCEDURES SOI 1. |
| S | 9 | 497 | MASTECTOMY PROCEDURES SOI 2. |
| S | 9 | 498 | MASTECTOMY PROCEDURES SOI 3. |
| S | 9 | 499 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 1. |
| S | 9 | 500 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 2. |
| S | 9 | 501 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 3. |
| S | 9 | 502 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 1. |
| S | 9 | 503 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 2. |
| S | 9 | 504 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 3. |
| M | 9 | 505 | SKIN, SUBCUTANEOUS TISSUE & BREAST DIAGNOSES SOI 4. |
| M | 9 | 506 | SKIN ULCERS SOI 1. |
| M | 9 | 507 | SKIN ULCERS SOI 2. |
| M | 9 | 508 | SKIN ULCERS SOI 3. |
| M | 9 | 509 | MAJOR SKIN DISORDERS SOI 1. |
| M | 9 | 510 | MAJOR SKIN DISORDERS SOI 2. |
| M | 9 | 511 | MAJOR SKIN DISORDERS SOI 3. |
| M | 9 | 512 | MALIGNANT BREAST DISORDERS SOI 1. |
| M | 9 | 513 | MALIGNANT BREAST DISORDERS SOI 2. |
| M | 9 | 514 | MALIGNANT BREAST DISORDERS SOI 3. |
| M | 9 | 515 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 1. |
| M | 9 | 516 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 2. |
| M | 9 | 517 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 3. |
| M | 9 | 518 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 1. |
| M | 9 | 519 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 2. |
| M | 9 | 520 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 3. |
| M | 9 | 521 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 1. |
| M | 9 | 522 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 2. |
| M | 9 | 523 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 3. |
| S | 10 | 524 | PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 4. |
| S | 10 | 525 | PITUITARY & ADRENAL PROCEDURES SOI 1. |
| S | 10 | 526 | PITUITARY & ADRENAL PROCEDURES SOI 2. |
| S | 10 | 527 | PITUITARY & ADRENAL PROCEDURES SOI 3. |
| S | 10 | 528 | PROCEDURES FOR OBESITY SOI 1. |
| S | 10 | 529 | PROCEDURES FOR OBESITY SOI 2. |
| S | 10 | 530 | PROCEDURES FOR OBESITY SOI 3. |
| S | 10 | 531 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 1. |
| S | 10 | 532 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 2. |
| S | 10 | 533 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 3. |
| S | 10 | 534 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 1. |
| S | 10 | 535 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 2. |
| S | 10 | 536 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 3. |
| M | 10 | 537 | ENDOCRINE DIAGNOSES SOI 4. |
| M | 10 | 538 | DIABETES SOI 1. |
| M | 10 | 539 | DIABETES SOI 2. |
| M | 10 | 540 | DIABETES SOI 3. |
| M | 10 | 541 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 1. |
| M | 10 | 542 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 2. |
| M | 10 | 543 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 3. |
| M | 10 | 544 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 1. |
| M | 10 | 545 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 2. |
| M | 10 | 546 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 3. |
| M | 10 | 547 | INBORN ERRORS OF METABOLISM SOI 1. |
| M | 10 | 548 | INBORN ERRORS OF METABOLISM SOI 2. |
| M | 10 | 549 | INBORN ERRORS OF METABOLISM SOI 3. |
| M | 10 | 550 | OTHER ENDOCRINE DISORDERS SOI 1. |
| M | 10 | 551 | OTHER ENDOCRINE DISORDERS SOI 2. |
| M | 10 | 552 | OTHER ENDOCRINE DISORDERS SOI 3. |
| M | 10 | 553 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 1. |
| M | 10 | 554 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 2. |
| M | 10 | 555 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 3. |
| S | 11 | 556 | URINARY TRACT & RELATED PROCEDURES EXCEPT KIDNEY TRANSPLANT SOI 4. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| S | 11 | 557 | KIDNEY TRANSPLANT SOI 1. |
| S | 11 | 558 | KIDNEY TRANSPLANT SOI 2. |
| S | 11 | 559 | KIDNEY TRANSPLANT SOI 3. |
| S | 11 | 560 | KIDNEY TRANSPLANT SOI 4. |
| S | 11 | 561 | MAJOR BLADDER PROCEDURES SOI 1. |
| S | 11 | 562 | MAJOR BLADDER PROCEDURES SOI 2. |
| S | 11 | 563 | MAJOR BLADDER PROCEDURES SOI 3. |
| S | 11 | 564 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 1. |
| S | 11 | 565 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 2. |
| S | 11 | 566 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 3. |
| S | 11 | 567 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 1. |
| S | 11 | 568 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 2. |
| S | 11 | 569 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 3. |
| S | 11 | 570 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 1. |
| S | 11 | 571 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 2. |
| S | 11 | 572 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 3. |
| S | 11 | 573 | OTHER BLADDER PROCEDURES SOI 1. |
| S | 11 | 574 | OTHER BLADDER PROCEDURES SOI 2. |
| S | 11 | 575 | OTHER BLADDER PROCEDURES SOI 3. |
| S | 11 | 576 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 1. |
| S | 11 | 577 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 2. |
| S | 11 | 578 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 3. |
| S | 11 | 579 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 1. |
| S | 11 | 580 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 2. |
| S | 11 | 581 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 3. |
| M | 11 | 582 | KIDNEY & URINARY TRACT DIAGNOSES SOI 4. |
| M | 11 | 583 | RENAL FAILURE SOI 1. |
| M | 11 | 584 | RENAL FAILURE SOI 2. |
| M | 11 | 585 | RENAL FAILURE SOI 3. |
| M | 11 | 586 | KIDNEY & URINARY TRACT MALIGNANCY SOI 1. |
| M | 11 | 587 | KIDNEY & URINARY TRACT MALIGNANCY SOI 2. |
| M | 11 | 588 | KIDNEY & URINARY TRACT MALIGNANCY SOI 3. |
| M | 11 | 589 | NEPHRITIS & NEPHROSIS SOI 1. |
| M | 11 | 590 | NEPHRITIS & NEPHROSIS SOI 2. |
| M | 11 | 591 | NEPHRITIS & NEPHROSIS SOI 3. |
| M | 11 | 592 | KIDNEY & URINARY TRACT INFECTIONS SOI 1. |
| M | 11 | 593 | KIDNEY & URINARY TRACT INFECTIONS SOI 2. |
| M | 11 | 594 | KIDNEY & URINARY TRACT INFECTIONS SOI 3. |
| M | 11 | 595 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 1. |
| M | 11 | 596 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 2. |
| M | 11 | 597 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 3. |
| M | 11 | 598 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 1. |
| M | 11 | 599 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 2. |
| M | 11 | 600 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 3. |
| M | 11 | 601 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 1. |
| M | 11 | 602 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 2. |
| M | 11 | 603 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 3. |
| S | 12 | 604 | MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. |
| S | 12 | 605 | MAJOR MALE PELVIC PROCEDURES SOI 1. |
| S | 12 | 606 | MAJOR MALE PELVIC PROCEDURES SOI 2. |
| S | 12 | 607 | MAJOR MALE PELVIC PROCEDURES SOI 3. |
| S | 12 | 608 | PENIS PROCEDURES SOI 1. |
| S | 12 | 609 | PENIS PROCEDURES SOI 2. |
| S | 12 | 610 | PENIS PROCEDURES SOI 3. |
| S | 12 | 611 | TRANSURETHRAL PROSTATECTOMY SOI 1. |
| S | 12 | 612 | TRANSURETHRAL PROSTATECTOMY SOI 2. |
| S | 12 | 613 | TRANSURETHRAL PROSTATECTOMY SOI 3. |
| S | 12 | 614 | TESTES & SCROTAL PROCEDURES SOI 1. |
| S | 12 | 615 | TESTES & SCROTAL PROCEDURES SOI 2. |
| S | 12 | 616 | TESTES & SCROTAL PROCEDURES SOI 3. |
| S | 12 | 617 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 1. |
| S | 12 | 618 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 2. |
| S | 12 | 619 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 3. |
| M | 12 | 620 | MALE REPRODUCTIVE SYSTEM DIAGNOSES SOI 4. |
| M | 12 | 621 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 1. |
| M | 12 | 622 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 2. |
| M | 12 | 623 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 3. |
| M | 12 | 624 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 1. |
| M | 12 | 625 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 2. |
| M | 12 | 626 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 3. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. |
| S ..... | 13 | 628 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 1. |
| S ..... | 13 | 629 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 2. |
| S ..... | 13 | 630 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 3. |
| S ..... | 13 | 631 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 1. |
| S ..... | 13 | 632 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 2. |
| S ..... | 13 | 633 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 3. |
| S ..... | 13 | 634 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 1. |
| S ..... | 13 | 635 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 2. |
| S ..... | 13 | 636 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 3. |
| S ..... | 13 | 637 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 1. |
| S ..... | 13 | 638 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 2. |
| S ..... | 13 | 639 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 3. |
| S ..... | 13 | 640 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 1. |
| S ..... | 13 | 641 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 2. |
| S ..... | 13 | 642 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 3. |
| S ..... | 13 | 643 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 1. |
| S ..... | 13 | 644 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 2. |
| S ..... | 13 | 645 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 3. |
| S ..... | 13 | 646 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 1. |
| S ..... | 13 | 647 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 2. |
| S ..... | 13 | 648 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 3. |
| S ..... | 13 | 649 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 1. |
| S ..... | 13 | 650 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 2. |
| S ..... | 13 | 651 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 3. |
| M ..... | 13 | 652 | FEMALE REPRODUCTIVE SYSTEM DIAGNOSES SOI 4. |
| M ..... | 13 | 653 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 1. |
| M ..... | 13 | 654 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 2. |
| M ..... | 13 | 655 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 3. |
| M ..... | 13 | 656 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 1. |
| M ..... | 13 | 657 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 2. |
| M ..... | 13 | 658 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 3. |
| M ..... | 13 | 659 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 1. |
| M ..... | 13 | 660 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 2. |
| M ..... | 13 | 661 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 3. |
| S ..... | 14 | 662 | O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT CESAREAN DELIVERY SOI 4. |
| S ..... | 14 | 663 | CESAREAN DELIVERY SOI 1. |
| S ..... | 14 | 664 | CESAREAN DELIVERY SOI 2. |
| S ..... | 14 | 665 | CESAREAN DELIVERY SOI 3. |
| S ..... | 14 | 666 | CESAREAN DELIVERY SOI 4. |
| S ..... | 14 | 667 | VAGINAL DELIVERY PROCEDURES SOI 1. |
| S ..... | 14 | 668 | VAGINAL DELIVERY PROCEDURES SOI 2. |
| S ..... | 14 | 669 | VAGINAL DELIVERY PROCEDURES SOI 3. |
| S ..... | 14 | 670 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 1. |
| S ..... | 14 | 671 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 2. |
| S ..... | 14 | 672 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 3. |
| M ..... | 14 | 673 | ANTEPARTUM DIAGNOSES EXCEPT VAGINAL DELIVERY DIAGNOSIS SOI 4. |
| M ..... | 14 | 674 | VAGINAL DELIVERY SOI 1. |
| M ..... | 14 | 675 | VAGINAL DELIVERY SOI 2. |
| M ..... | 14 | 676 | VAGINAL DELIVERY SOI 3. |
| M ..... | 14 | 677 | VAGINAL DELIVERY SOI 4. |
| M ..... | 14 | 678 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 1. |
| M ..... | 14 | 679 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 2. |
| M ..... | 14 | 680 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 3. |
| M ..... | 14 | 681 | ANTEPARTUM DIAGNOSES SOI 1. |
| M ..... | 14 | 682 | ANTEPARTUM DIAGNOSES SOI 2. |
| M ..... | 14 | 683 | ANTEPARTUM DIAGNOSES SOI 3. |
| M ..... | 15 | 684 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 1 & 2. |
| M ..... | 15 | 685 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 3 & 4. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. |
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. |
| M ..... | 15 | 694 | NEONATE WITH OTHER SIGNIFICANT PROBLEMS SOI 1 & 2. |
| M ..... | 15 | 695 | NEONATE WITH OTHER SIGNIFICANT PROBLEMS SOI 3 & 4. |
| M ..... | 15 | 696 | NEONATE > 2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 1 & 2. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| M | 15 | 697 | NEONATE > 2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 3 & 4. |
| S | 16 | 698 | PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. |
| S | 16 | 699 | SPLENECTOMY SOI 1. |
| S | 16 | 700 | SPLENECTOMY SOI 2. |
| S | 16 | 701 | SPLENECTOMY SOI 3. |
| S | 16 | 702 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 1. |
| S | 16 | 703 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 2. |
| S | 16 | 704 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 3. |
| M | 16 | 705 | ANEMIA & DIAGNOSES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. |
| M | 16 | 706 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 1. |
| M | 16 | 707 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 2. |
| M | 16 | 708 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 3. |
| M | 16 | 709 | COAGULATION & PLATELET DISORDERS SOI 1. |
| M | 16 | 710 | COAGULATION & PLATELET DISORDERS SOI 2. |
| M | 16 | 711 | COAGULATION & PLATELET DISORDERS SOI 3. |
| M | 16 | 712 | SICKLE CELL ANEMIA CRISIS SOI 1. |
| M | 16 | 713 | SICKLE CELL ANEMIA CRISIS SOI 2. |
| M | 16 | 714 | SICKLE CELL ANEMIA CRISIS SOI 3. |
| M | 16 | 715 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 1. |
| M | 16 | 716 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 2. |
| M | 16 | 717 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 3. |
| S | 17 | 718 | PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 4. |
| S | 17 | 719 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 1. |
| S | 17 | 720 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 2. |
| S | 17 | 721 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 3. |
| S | 17 | 722 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 1. |
| S | 17 | 723 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 2. |
| S | 17 | 724 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 3. |
| M | 17 | 725 | LEUKEMIA, LYMPHOMA, MYELOMA, CHEMOTHERAPY, AND RADIOTHERAPY SOI 4. |
| M | 17 | 726 | ACUTE LEUKEMIA SOI 1. |
| M | 17 | 727 | ACUTE LEUKEMIA SOI 2. |
| M | 17 | 728 | ACUTE LEUKEMIA SOI 3. |
| M | 17 | 729 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 1. |
| M | 17 | 730 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 2. |
| M | 17 | 731 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 3. |
| M | 17 | 732 | RADIOTHERAPY SOI 1. |
| M | 17 | 733 | RADIOTHERAPY SOI 2. |
| M | 17 | 734 | RADIOTHERAPY SOI 3. |
| M | 17 | 735 | CHEMOTHERAPY SOI 1. |
| M | 17 | 736 | CHEMOTHERAPY SOI 2. |
| M | 17 | 737 | CHEMOTHERAPY SOI 3. |
| M | 17 | 738 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 1. |
| M | 17 | 739 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 2. |
| M | 17 | 740 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 3. |
| M | 17 | 741 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 4. |
| S | 18 | 742 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE SOI 4. |
| S | 18 | 743 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 1. |
| S | 18 | 744 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 2. |
| S | 18 | 745 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 3. |
| S | 18 | 746 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 1. |
| S | 18 | 747 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 2. |
| S | 18 | 748 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 3. |
| M | 18 | 749 | INFECTIOUS & PARASITIC DISEASES SOI 4. |
| M | 18 | 750 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 1. |
| M | 18 | 751 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 2. |
| M | 18 | 752 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 3. |
| M | 18 | 753 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 1. |
| M | 18 | 754 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 2. |
| M | 18 | 755 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 3. |
| M | 18 | 756 | FEVER SOI 1. |
| M | 18 | 757 | FEVER SOI 2. |
| M | 18 | 758 | FEVER SOI 3. |
| M | 18 | 759 | VIRAL ILLNESS SOI 1. |
| M | 18 | 760 | VIRAL ILLNESS SOI 2. |
| M | 18 | 761 | VIRAL ILLNESS SOI 3. |
| M | 18 | 762 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 1. |
| M | 18 | 763 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 2. |
| M | 18 | 764 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 3. |
| S | 19 | 765 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 1. |
| S | 19 | 766 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 2. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| S | 19 | 767 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 3. |
| S | 19 | 768 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 4. |
| M | 19 | 769 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 1. |
| M | 19 | 770 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 2. |
| M | 19 | 771 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 3. |
| M | 19 | 772 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 4. |
| M | 19 | 773 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 1. |
| M | 19 | 774 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 2. |
| M | 19 | 775 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 3. |
| M | 19 | 776 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 4. |
| M | 19 | 777 | OTHER MENTAL HEALTH DISORDERS SOI 1. |
| M | 19 | 778 | OTHER MENTAL HEALTH DISORDERS SOI 2. |
| M | 19 | 779 | OTHER MENTAL HEALTH DISORDERS SOI 3. |
| M | 19 | 780 | OTHER MENTAL HEALTH DISORDERS SOI 4. |
| M | 20 | 781 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 1 & 2. |
| M | 20 | 782 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 3 & 4. |
| M | 20 | 783 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 1. |
| M | 20 | 784 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 2. |
| M | 20 | 785 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 3. |
| M | 20 | 786 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 4. |
| S | 21 | 787 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 1. |
| S | 21 | 788 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 2. |
| S | 21 | 789 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 3. |
| S | 21 | 790 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 4. |
| M | 21 | 791 | INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS DIAGNOSES SOI 4. |
| M | 21 | 792 | ALLERGIC REACTIONS SOI 1. |
| M | 21 | 793 | ALLERGIC REACTIONS SOI 2. |
| M | 21 | 794 | ALLERGIC REACTIONS SOI 3. |
| M | 21 | 795 | POISONING OF MEDICINAL AGENTS SOI 1. |
| M | 21 | 796 | POISONING OF MEDICINAL AGENTS SOI 2. |
| M | 21 | 797 | POISONING OF MEDICINAL AGENTS SOI 3. |
| M | 21 | 798 | OTHER COMPLICATIONS OF TREATMENT SOI 1. |
| M | 21 | 799 | OTHER COMPLICATIONS OF TREATMENT SOI 2. |
| M | 21 | 800 | OTHER COMPLICATIONS OF TREATMENT SOI 3. |
| M | 21 | 801 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 1. |
| M | 21 | 802 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 2. |
| M | 21 | 803 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 3. |
| S | 22 | 804 | BURN PROCEDURES SOI 4. |
| S | 22 | 805 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 1. |
| S | 22 | 806 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 2. |
| S | 22 | 807 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 3. |
| M | 22 | 808 | BURN DIAGNOSES SOI 4. |
| M | 22 | 809 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 1. |
| M | 22 | 810 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 2. |
| M | 22 | 811 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 3. |
| M | 22 | 812 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 1. |
| M | 22 | 813 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 2. |
| M | 22 | 814 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 3. |
| S | 23 | 815 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 1. |
| S | 23 | 816 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 2. |
| S | 23 | 817 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 3. |
| S | 23 | 818 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 4. |
| M | 23 | 819 | REHABILITATION / AFTERCARE / CONVALESCENCE EXCEPT NEONATAL AFTERCARE SOI 4. |
| M | 23 | 820 | REHABILITATION SOI 1. |
| M | 23 | 821 | REHABILITATION SOI 2. |
| M | 23 | 822 | REHABILITATION SOI 3. |
| M | 23 | 823 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 1. |
| M | 23 | 824 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 2. |
| M | 23 | 825 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 3. |
| M | 23 | 826 | OTHER AFTERCARE & CONVALESCENCE SOI 1. |
| M | 23 | 827 | OTHER AFTERCARE & CONVALESCENCE SOI 2. |
| M | 23 | 828 | OTHER AFTERCARE & CONVALESCENCE SOI 3. |
| M | 24 | 829 | HIV DIAGNOSES SOI 4. |
| M | 24 | 830 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 1 & 2. |
| M | 24 | 831 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 3. |
| M | 24 | 832 | HIV W MAJOR HIV RELATED CONDITION SOI 1 & 2. |
| M | 24 | 833 | HIV W MAJOR HIV RELATED CONDITION SOI 3. |
| M | 24 | 834 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 1 & 2. |
| M | 24 | 835 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 3. |
| M | 24 | 836 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 1. |

APPENDIX C.—COMBINATIONS OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS—Continued

| Type | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description |
|---|---|---|---|
| M ..... | 24 | 837 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 2. |
| M ..... | 24 | 838 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 3. |
| S ..... | 25 | 839 | MULTIPLE SIGNIFICANT TRAUMA PROCEDURES SOI 4. |
| S ..... | 25 | 840 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 1 & 2. |
| S ..... | 25 | 841 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 3. |
| S ..... | 25 | 842 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 1 & 2. |
| S ..... | 25 | 843 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 3. |
| S ..... | 25 | 844 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 1 & 2. |
| S ..... | 25 | 845 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 3. |
| M ..... | 25 | 846 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 1 & 2. |
| M ..... | 25 | 847 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 3. |
| M ..... | 25 | 848 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 4. |
| S ..... | 25 | 987 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. |
| S ..... | 25 | 988 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. |
| S ..... | 25 | 989 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. |
| S ..... | 25 | 990 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 4. |
| S ..... | 25 | 991 | NON MAJOR PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 4. |
| S ..... | 25 | 992 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. |
| S ..... | 25 | 993 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. |
| S ..... | 25 | 994 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. |
| S ..... | 25 | 995 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. |
| S ..... | 25 | 996 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. |
| S ..... | 25 | 997 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. |
| | 26 | 998 | PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS. |
| | 26 | 999 | UNGROUPABLE. |

M = Medical.
S = Surgical.
SOI = Severity of Illness Subclass

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S ..... | 0 | 1 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 1 & 2. | 001 | 1 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 1. |
| S ..... | 0 | 1 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 1 & 2. | 001 | 2 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 2. |
| S ..... | 0 | 2 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 3. | 001 | 3 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 3. |
| S ..... | 0 | 3 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 4. | 001 | 4 | LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT SOI 4. |
| S ..... | 0 | 4 | HEART &/OR LUNG TRANSPLANT SOI 1 & 2. | 002 | 1 | HEART &/OR LUNG TRANSPLANT SOI 1. |
| S ..... | 0 | 4 | HEART &/OR LUNG TRANSPLANT SOI 1 & 2. | 002 | 2 | HEART &/OR LUNG TRANSPLANT SOI 2. |
| S ..... | 0 | 5 | HEART &/OR LUNG TRANSPLANT SOI 3 | 002 | 3 | HEART &/OR LUNG TRANSPLANT SOI 3. |
| S ..... | 0 | 6 | HEART &/OR LUNG TRANSPLANT SOI 4 | 002 | 4 | HEART &/OR LUNG TRANSPLANT SOI 4. |
| S ..... | 0 | 7 | BONE MARROW TRANSPLANT SOI 1 ..... | 003 | 1 | BONE MARROW TRANSPLANT SOI 1. |
| S ..... | 0 | 8 | BONE MARROW TRANSPLANT SOI 2 ..... | 003 | 2 | BONE MARROW TRANSPLANT SOI 2. |
| S ..... | 0 | 9 | BONE MARROW TRANSPLANT SOI 3 ..... | 003 | 3 | BONE MARROW TRANSPLANT SOI 3. |
| S ..... | 0 | 10 | BONE MARROW TRANSPLANT SOI 4 ..... | 003 | 4 | BONE MARROW TRANSPLANT SOI 4. |
| S ..... | 0 | 11 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 1 & 2. | 004 | 1 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 1. |
| S ..... | 0 | 11 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 1 & 2. | 004 | 2 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 2. |
| S ..... | 0 | 12 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 3. | 004 | 3 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 3. |
| S ..... | 0 | 13 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 4. | 004 | 4 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE SOI 4. |
| S ..... | 0 | 14 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 1 & 2. | 005 | 1 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 0 | 14 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 1 & 2. | 005 | 2 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 2. |
| S | 0 | 15 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 3. | 005 | 3 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 3. |
| S | 0 | 16 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 4. | 005 | 4 | TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE SOI 4. |
| S | 0 | 17 | PANCREAS TRANSPLANT SOI 1 & 2 | 006 | 1 | PANCREAS TRANSPLANT SOI 1. |
| S | 0 | 17 | PANCREAS TRANSPLANT SOI 1 & 2 | 006 | 2 | PANCREAS TRANSPLANT SOI 2. |
| S | 0 | 18 | PANCREAS TRANSPLANT SOI 3 | 006 | 3 | PANCREAS TRANSPLANT SOI 3. |
| S | 0 | 19 | PANCREAS TRANSPLANT SOI 4 | 006 | 4 | PANCREAS TRANSPLANT SOI 4. |
| S | 1 | 20 | NERVOUS SYSTEM PROCDURES SOI 4 | 020 | 4 | CRANIOTOMY FOR TRAUMA SOI 4. |
| S | 1 | 20 | NERVOUS SYSTEM PROCDURES SOI 4 | 021 | 4 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 4. |
| S | 1 | 20 | NERVOUS SYSTEM PROCDURES SOI 4 | 022 | 4 | VENTRICULAR SHUNT PROCEDURES SOI 4. |
| S | 1 | 20 | NERVOUS SYSTEM PROCDURES SOI 4 | 023 | 4 | SPINAL PROCEDURES SOI 4. |
| S | 1 | 20 | NERVOUS SYSTEM PROCDURES SOI 4 | 024 | 4 | EXTRACRANIAL VASCULAR PROCEDURES SOI 4. |
| S | 1 | 20 | NERVOUS SYSTEM PROCDURES SOI 4 | 026 | 4 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 4. |
| S | 1 | 21 | CRANIOTOMY FOR TRAUMA SOI 1 | 020 | 1 | CRANIOTOMY FOR TRAUMA SOI 1. |
| S | 1 | 22 | CRANIOTOMY FOR TRAUMA SOI 2 | 020 | 2 | CRANIOTOMY FOR TRAUMA SOI 2. |
| S | 1 | 23 | CRANIOTOMY FOR TRAUMA SOI 3 | 020 | 3 | CRANIOTOMY FOR TRAUMA SOI 3. |
| S | 1 | 24 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 1. | 021 | 1 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 1. |
| S | 1 | 25 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 2. | 021 | 2 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 2. |
| S | 1 | 26 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 3. | 021 | 3 | CRANIOTOMY EXCEPT FOR TRAUMA SOI 3. |
| S | 1 | 27 | VENTRICULAR SHUNT PROCEDURES SOI 1. | 022 | 1 | VENTRICULAR SHUNT PROCEDURES SOI 1. |
| S | 1 | 28 | VENTRICULAR SHUNT PROCEDURES SOI 2. | 022 | 2 | VENTRICULAR SHUNT PROCEDURES SOI 2. |
| S | 1 | 29 | VENTRICULAR SHUNT PROCEDURES SOI 3. | 022 | 3 | VENTRICULAR SHUNT PROCEDURES SOI 3. |
| S | 1 | 30 | SPINAL PROCEDURES SOI 1 | 023 | 1 | SPINAL PROCEDURES SOI 1. |
| S | 1 | 31 | SPINAL PROCEDURES SOI 2 | 023 | 2 | SPINAL PROCEDURES SOI 2. |
| S | 1 | 32 | SPINAL PROCEDURES SOI 3 | 023 | 3 | SPINAL PROCEDURES SOI 3. |
| S | 1 | 33 | EXTRACRANIAL VASCULAR PROCEDURES SOI 1. | 024 | 1 | EXTRACRANIAL VASCULAR PROCEDURES SOI 1. |
| S | 1 | 34 | EXTRACRANIAL VASCULAR PROCEDURES SOI 2. | 024 | 2 | EXTRACRANIAL VASCULAR PROCEDURES SOI 2. |
| S | 1 | 35 | EXTRACRANIAL VASCULAR PROCEDURES SOI 3. | 024 | 3 | EXTRACRANIAL VASCULAR PROCEDURES SOI 3. |
| S | 1 | 36 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 1. | 026 | 1 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 1. |
| S | 1 | 37 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 2. | 026 | 2 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 2. |
| S | 1 | 38 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 3. | 026 | 3 | OTHER NERVOUS SYSTEM & RELATED PROCEDURES SOI 3. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 040 | 4 | SPINAL DISORDERS & INJURIES SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 041 | 4 | NERVOUS SYSTEM MALIGNANCY SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 042 | 4 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 043 | 4 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 044 | 4 | INTRACRANIAL HEMORRHAGE SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 045 | 4 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 046 | 4 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 047 | 4 | TRANSIENT ISCHEMIA SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 048 | 4 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 051 | 4 | VIRAL MENINGITIS SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 052 | 4 | NONTRAUMATIC STUPOR & COMA SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 053 | 4 | SEIZURE SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 054 | 4 | MIGRAINE & OTHER HEADACHES SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 055 | 4 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 056 | 4 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA <1 HR OR NO COMA SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 057 | 4 | CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA <1 HR OR NO COMA SOI 4. |
| M | 1 | 39 | NERVOUS SYSTEM MEDICAL DIAGNOSES EXCEPT INFECTIONS SOI 4. | 058 | 4 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 4. |
| M | 1 | 40 | INFECTIONS OF NERVOUS SYSTEM SOI 4. | 049 | 4 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 4. |
| M | 1 | 40 | INFECTIONS OF NERVOUS SYSTEM SOI 4. | 050 | 4 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 4. |
| M | 1 | 41 | SPINAL DISORDERS & INJURIES SOI 1 .. | 040 | 1 | SPINAL DISORDERS & INJURIES SOI 1. |
| M | 1 | 42 | SPINAL DISORDERS & INJURIES SOI 2 .. | 040 | 2 | SPINAL DISORDERS & INJURIES SOI 2. |
| M | 1 | 43 | SPINAL DISORDERS & INJURIES SOI 3 .. | 040 | 3 | SPINAL DISORDERS & INJURIES SOI 3. |
| M | 1 | 44 | NERVOUS SYSTEM MALIGNANCY SOI 1 | 041 | 1 | NERVOUS SYSTEM MALIGNANCY SOI 1. |
| M | 1 | 45 | NERVOUS SYSTEM MALIGNANCY SOI 2 | 041 | 2 | NERVOUS SYSTEM MALIGNANCY SOI 2. |
| M | 1 | 46 | NERVOUS SYSTEM MALIGNANCY SOI 3 | 041 | 3 | NERVOUS SYSTEM MALIGNANCY SOI 3. |
| M | 1 | 47 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 1. | 042 | 1 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 1. |
| M | 1 | 48 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 2. | 042 | 2 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 2. |
| M | 1 | 49 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 3. | 042 | 3 | DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS SOI 3. |
| M | 1 | 50 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 1. | 043 | 1 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 1. |
| M | 1 | 51 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 2. | 043 | 2 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 2. |
| M | 1 | 52 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 3. | 043 | 3 | MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES SOI 3. |
| M | 1 | 53 | INTRACRANIAL HEMORRHAGE SOI 1 ..... | 044 | 1 | INTRACRANIAL HEMORRHAGE SOI 1. |
| M | 1 | 54 | INTRACRANIAL HEMORRHAGE SOI 2 ..... | 044 | 2 | INTRACRANIAL HEMORRHAGE SOI 2. |
| M | 1 | 55 | INTRACRANIAL HEMORRHAGE SOI 3 ..... | 044 | 3 | INTRACRANIAL HEMORRHAGE SOI 3. |
| M | 1 | 56 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 1. | 045 | 1 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 1. |
| M | 1 | 57 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 2. | 045 | 2 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 2. |
| M | 1 | 58 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 3. | 045 | 3 | CVA & PRECEREBRAL OCCLUSION W INFARCT SOI 3. |
| M | 1 | 59 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 1. | 046 | 1 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 1. |
| M | 1 | 60 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 2. | 046 | 2 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 2. |
| M | 1 | 61 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 3. | 046 | 3 | NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT SOI 3. |
| M | 1 | 62 | TRANSIENT ISCHEMIA SOI 1 ..... | 047 | 1 | TRANSIENT ISCHEMIA SOI 1. |
| M | 1 | 63 | TRANSIENT ISCHEMIA SOI 2 ..... | 047 | 2 | TRANSIENT ISCHEMIA SOI 2. |
| M | 1 | 64 | TRANSIENT ISCHEMIA SOI 3 ..... | 047 | 3 | TRANSIENT ISCHEMIA SOI 3. |
| M | 1 | 65 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 1. | 048 | 1 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 1 | 66 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 2. | 048 | 2 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 2. |
| M ..... | 1 | 67 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 3. | 048 | 3 | PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS SOI 3. |
| M ..... | 1 | 68 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 1. | 049 | 1 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 1. |
| M ..... | 1 | 69 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 2. | 049 | 2 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 2. |
| M ..... | 1 | 70 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 3. | 049 | 3 | BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM SOI 3. |
| M ..... | 1 | 71 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 1. | 050 | 1 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 1. |
| M ..... | 1 | 72 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 2. | 050 | 2 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 2. |
| M ..... | 1 | 73 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 3. | 050 | 3 | NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS SOI 3. |
| M ..... | 1 | 74 | VIRAL MENINGITIS SOI 1 ..... | 051 | 1 | VIRAL MENINGITIS SOI 1. |
| M ..... | 1 | 75 | VIRAL MENINGITIS SOI 2 ..... | 051 | 2 | VIRAL MENINGITIS SOI 2. |
| M ..... | 1 | 76 | VIRAL MENINGITIS SOI 3 ..... | 051 | 3 | VIRAL MENINGITIS SOI 3. |
| M ..... | 1 | 77 | NONTRAUMATIC STUPOR & COMA SOI 1. | 052 | 1 | NONTRAUMATIC STUPOR & COMA SOI 1. |
| M ..... | 1 | 78 | NONTRAUMATIC STUPOR & COMA SOI 2. | 052 | 2 | NONTRAUMATIC STUPOR & COMA SOI 2. |
| M ..... | 1 | 79 | NONTRAUMATIC STUPOR & COMA SOI 3. | 052 | 3 | NONTRAUMATIC STUPOR & COMA SOI 3. |
| M ..... | 1 | 80 | SEIZURE SOI 1 ..... | 053 | 1 | SEIZURE SOI 1. |
| M ..... | 1 | 81 | SEIZURE SOI 2 ..... | 053 | 2 | SEIZURE SOI 2. |
| M ..... | 1 | 82 | SEIZURE SOI 3 ..... | 053 | 3 | SEIZURE SOI 3. |
| M ..... | 1 | 83 | MIGRAINE & OTHER HEADACHES SOI 1 | 054 | 1 | MIGRAINE & OTHER HEADACHES SOI 1. |
| M ..... | 1 | 84 | MIGRAINE & OTHER HEADACHES SOI 2 | 054 | 2 | MIGRAINE & OTHER HEADACHES SOI 2. |
| M ..... | 1 | 85 | MIGRAINE & OTHER HEADACHES SOI 3 | 054 | 3 | MIGRAINE & OTHER HEADACHES SOI 3. |
| M ..... | 1 | 86 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 1. | 055 | 1 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 1. |
| M ..... | 1 | 87 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 2. | 055 | 2 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 2. |
| M ..... | 1 | 88 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 3. | 055 | 3 | HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE SOI 3. |
| M ..... | 1 | 89 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA <1 HR OR NO COMA SOI 1. | 056 | 1 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA <1 HR OR NO COMA SOI 1. |
| M ..... | 1 | 90 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA <1 HR OR NO COMA SOI 2. | 056 | 2 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA <1 HR OR NO COMA SOI 2. |
| M ..... | 1 | 91 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA <1 HR OR NO COMA SOI 3. | 056 | 3 | BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA <1 HR OR NO COMA SOI 3. |
| M ..... | 1 | 92 | CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA <1 HR OR NO COMA SOI 1. | 057 | 1 | CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA <1 HR OR NO COMA SOI 1. |
| M ..... | 1 | 93 | CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA <1 HR OR NO COMA SOI 2. | 057 | 2 | CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA <1 HR OR NO COMA SOI 2. |
| M ..... | 1 | 94 | CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA <1 HR OR NO COMA SOI 3. | 057 | 3 | CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA <1 HR OR NO COMA SOI 3. |
| M ..... | 1 | 95 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 1. | 058 | 1 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 1. |
| M ..... | 1 | 96 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 2. | 058 | 2 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 2. |
| M ..... | 1 | 97 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 3. | 058 | 3 | OTHER DISORDERS OF NERVOUS SYSTEM SOI 3. |
| S ..... | 2 | 98 | EYE PROCEDURES SOI 4 ..... | 070 | 4 | ORBITAL PROCEDURES SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 2 | 98 | EYE PROCEDURES SOI 4 | 073 | 4 | EYE PROCEDURES EXCEPT ORBIT SOI 4. |
| S | 2 | 99 | ORBITAL PROCEDURES SOI 1 | 070 | 1 | ORBITAL PROCEDURES SOI 1. |
| S | 2 | 100 | ORBITAL PROCEDURES SOI 2 | 070 | 2 | ORBITAL PROCEDURES SOI 2. |
| S | 2 | 101 | ORBITAL PROCEDURES SOI 3 | 070 | 3 | ORBITAL PROCEDURES SOI 3. |
| S | 2 | 102 | EYE PROCEDURES EXCEPT ORBIT SOI 1. | 073 | 1 | EYE PROCEDURES EXCEPT ORBIT SOI 1. |
| S | 2 | 103 | EYE PROCEDURES EXCEPT ORBIT SOI 2. | 073 | 2 | EYE PROCEDURES EXCEPT ORBIT SOI 2. |
| S | 2 | 104 | EYE PROCEDURES EXCEPT ORBIT SOI 3. | 073 | 3 | EYE PROCEDURES EXCEPT ORBIT SOI 3. |
| M | 2 | 105 | EYE DIAGNOSES SOI 4 | 080 | 4 | ACUTE MAJOR EYE INFECTIONS SOI 4. |
| M | 2 | 105 | EYE DIAGNOSES SOI 4 | 082 | 4 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 4. |
| M | 2 | 106 | ACUTE MAJOR EYE INFECTIONS SOI 1 | 080 | 1 | ACUTE MAJOR EYE INFECTIONS SOI 1. |
| M | 2 | 107 | ACUTE MAJOR EYE INFECTIONS SOI 2 | 080 | 2 | ACUTE MAJOR EYE INFECTIONS SOI 2. |
| M | 2 | 108 | ACUTE MAJOR EYE INFECTIONS SOI 3 | 080 | 3 | ACUTE MAJOR EYE INFECTIONS SOI 3. |
| M | 2 | 109 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 1. | 082 | 1 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 1. |
| M | 2 | 110 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 2. | 082 | 2 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 2. |
| M | 2 | 111 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 3. | 082 | 3 | EYE DISORDERS EXCEPT MAJOR INFECTIONS SOI 3. |
| S | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. | 089 | 4 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 4. |
| S | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. | 090 | 4 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 4. |
| S | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. | 091 | 4 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 4. |
| S | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. | 092 | 4 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 4. |
| S | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. | 093 | 4 | SINUS & MASTOID PROCEDURES SOI 4. |
| S | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. | 095 | 4 | CLEFT LIP & PALATE REPAIR SOI 4. |
| S | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. | 097 | 4 | TONSIL & ADENOID PROCEDURES SOI 4. |
| S | 3 | 112 | EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. | 098 | 4 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 4. |
| S | 3 | 113 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 1. | 089 | 1 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 1. |
| S | 3 | 114 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 2. | 089 | 2 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 2. |
| S | 3 | 115 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 3. | 089 | 3 | MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 3. |
| S | 3 | 116 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 1. | 090 | 1 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 1. |
| S | 3 | 117 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 2. | 090 | 2 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 2. |
| S | 3 | 118 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 3. | 090 | 3 | MAJOR LARYNX & TRACHEA PROCEDURES SOI 3. |
| S | 3 | 119 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 1. | 091 | 1 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 1. |
| S | 3 | 120 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 2. | 091 | 2 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 2. |
| S | 3 | 121 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 3. | 091 | 3 | OTHER MAJOR HEAD & NECK PROCEDURES SOI 3. |
| S | 3 | 122 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 1. | 092 | 1 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 1. |
| S | 3 | 123 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 2. | 092 | 2 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 2. |
| S | 3 | 124 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 3. | 092 | 3 | FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES SOI 3. |
| S | 3 | 125 | SINUS & MASTOID PROCEDURES SOI 1 | 093 | 1 | SINUS & MASTOID PROCEDURES SOI 1. |
| S | 3 | 126 | SINUS & MASTOID PROCEDURES SOI 2 | 093 | 2 | SINUS & MASTOID PROCEDURES SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 3 | 127 | SINUS & MASTOID PROCEDURES SOI 3 | 093 | 3 | SINUS & MASTOID PROCEDURES SOI 3. |
| S | 3 | 128 | CLEFT LIP & PALATE REPAIR SOI 1 | 095 | 1 | CLEFT LIP & PALATE REPAIR SOI 1. |
| S | 3 | 129 | CLEFT LIP & PALATE REPAIR SOI 2 | 095 | 2 | CLEFT LIP & PALATE REPAIR SOI 2. |
| S | 3 | 130 | CLEFT LIP & PALATE REPAIR SOI 3 | 095 | 3 | CLEFT LIP & PALATE REPAIR SOI 3. |
| S | 3 | 131 | TONSIL & ADENOID PROCEDURES SOI 1. | 097 | 1 | TONSIL & ADENOID PROCEDURES SOI 1. |
| S | 3 | 132 | TONSIL & ADENOID PROCEDURES SOI 2. | 097 | 2 | TONSIL & ADENOID PROCEDURES SOI 2. |
| S | 3 | 133 | TONSIL & ADENOID PROCEDURES SOI 3. | 097 | 3 | TONSIL & ADENOID PROCEDURES SOI 3. |
| S | 3 | 134 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 1. | 098 | 1 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 1. |
| S | 3 | 135 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 2. | 098 | 2 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 2. |
| S | 3 | 136 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 3. | 098 | 3 | OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES SOI 3. |
| M | 3 | 137 | EAR, NOSE, MOUTH & THROAT DIAGNOSES SOI 4. | 110 | 4 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES SOI 4. |
| M | 3 | 137 | EAR, NOSE, MOUTH & THROAT DIAGNOSES SOI 4. | 111 | 4 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 4. |
| M | 3 | 137 | EAR, NOSE, MOUTH & THROAT DIAGNOSES SOI 4. | 113 | 4 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 4. |
| M | 3 | 137 | EAR, NOSE, MOUTH & THROAT DIAGNOSES SOI 4. | 114 | 4 | DENTAL & ORAL DISEASES & INJURIES SOI 4. |
| M | 3 | 137 | EAR, NOSE, MOUTH & THROAT DIAGNOSES SOI 4. | 115 | 4 | OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES SOI 4. |
| M | 3 | 138 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES SOI 1. | 110 | 1 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES SOI 1. |
| M | 3 | 139 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES SOI 2. | 110 | 2 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES SOI 2. |
| M | 3 | 140 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES SOI 3. | 110 | 3 | EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES SOI 3. |
| M | 3 | 141 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 1. | 111 | 1 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 1. |
| M | 3 | 142 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 2. | 111 | 2 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 2. |
| M | 3 | 143 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 3. | 111 | 3 | VERTIGO & OTHER LABYRINTH DISORDERS SOI 3. |
| M | 3 | 144 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 1. | 113 | 1 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 1. |
| M | 3 | 145 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 2. | 113 | 2 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 2. |
| M | 3 | 146 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 3. | 113 | 3 | INFECTIONS OF UPPER RESPIRATORY TRACT SOI 3. |
| M | 3 | 147 | DENTAL & ORAL DISEASES & INJURIES SOI 1. | 114 | 1 | DENTAL & ORAL DISEASES & INJURIES SOI 1. |
| M | 3 | 148 | DENTAL & ORAL DISEASES & INJURIES SOI 2. | 114 | 2 | DENTAL & ORAL DISEASES & INJURIES SOI 2. |
| M | 3 | 149 | DENTAL & ORAL DISEASES & INJURIES SOI 3. | 114 | 3 | DENTAL & ORAL DISEASES & INJURIES SOI 3. |
| M | 3 | 150 | OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES SOI 1. | 115 | 1 | OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES SOI 1. |
| M | 3 | 151 | OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES SOI 2. | 115 | 2 | OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES SOI 2. |
| M | 3 | 152 | OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES SOI 3. | 115 | 3 | OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES SOI 3. |
| S | 4 | 153 | RESPIRATORY & CHEST PROCEDURES SOI 4. | 120 | 4 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 4. |
| S | 4 | 153 | RESPIRATORY & CHEST PROCEDURES SOI 4. | 121 | 4 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 4. |
| S | 4 | 154 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 1. | 120 | 1 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 1. |
| S | 4 | 155 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 2. | 120 | 2 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 2. |
| S | 4 | 156 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 3. | 120 | 3 | MAJOR RESPIRATORY & CHEST PROCEDURES SOI 3. |
| S | 4 | 157 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 1. | 121 | 1 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S ..... | 4 | 158 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 2. | 121 | 2 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 2. |
| S ..... | 4 | 159 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 3. | 121 | 3 | OTHER RESPIRATORY & CHEST PROCEDURES SOI 3. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 131 | 4 | CYSTIC FIBROSIS—PULMONARY DISEASE SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 132 | 4 | BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 133 | 4 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 134 | 4 | PULMONARY EMBOLISM SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 135 | 4 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 136 | 4 | RESPIRATORY MALIGNANCY SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 137 | 4 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 138 | 4 | BRONCHIOLITIS & RSV PNEUMONIA SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 139 | 4 | OTHER PNEUMONIA SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 140 | 4 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 141 | 4 | ASTHMA SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 142 | 4 | INTERSTITIAL LUNG DISEASE SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 143 | 4 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 4. |
| M ..... | 4 | 160 | RESPIRATORY SYSTEM DIAGNOSES EXCEPT W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 144 | 4 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 4. |
| M ..... | 4 | 161 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 1. | 130 | 1 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 1. |
| M ..... | 4 | 162 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 2. | 130 | 2 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 2. |
| M ..... | 4 | 163 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 3. | 130 | 3 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 3. |
| M ..... | 4 | 164 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 4. | 130 | 4 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS SOI 4. |
| M ..... | 4 | 165 | CYSTIC FIBROSIS—PULMONARY DISEASE SOI 1. | 131 | 1 | CYSTIC FIBROSIS—PULMONARY DISEASE SOI 1. |
| M ..... | 4 | 166 | CYSTIC FIBROSIS—PULMONARY DISEASE SOI 2. | 131 | 2 | CYSTIC FIBROSIS—PULMONARY DISEASE SOI 2. |
| M ..... | 4 | 167 | CYSTIC FIBROSIS—PULMONARY DISEASE SOI 3. | 131 | 3 | CYSTIC FIBROSIS—PULMONARY DISEASE SOI 3. |
| M ..... | 4 | 168 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 1. | 133 | 1 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 1. |
| M ..... | 4 | 169 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 2. | 133 | 2 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 4 | 170 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 3. | 133 | 3 | PULMONARY EDEMA & RESPIRATORY FAILURE SOI 3. |
| M ..... | 4 | 171 | PULMONARY EMBOLISM SOI 1 ..... | 134 | 1 | PULMONARY EMBOLISM SOI 1. |
| M ..... | 4 | 172 | PULMONARY EMBOLISM SOI 2 ..... | 134 | 2 | PULMONARY EMBOLISM SOI 2. |
| M ..... | 4 | 173 | PULMONARY EMBOLISM SOI 3 ..... | 134 | 3 | PULMONARY EMBOLISM SOI 3. |
| M ..... | 4 | 174 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 1. | 135 | 1 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 1. |
| M ..... | 4 | 175 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 2. | 135 | 2 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 2. |
| M ..... | 4 | 176 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 3. | 135 | 3 | MAJOR CHEST & RESPIRATORY TRAUMA SOI 3. |
| M ..... | 4 | 177 | RESPIRATORY MALIGNANCY SOI 1 ..... | 136 | 1 | RESPIRATORY MALIGNANCY SOI 1. |
| M ..... | 4 | 178 | RESPIRATORY MALIGNANCY SOI 2 ..... | 136 | 2 | RESPIRATORY MALIGNANCY SOI 2. |
| M ..... | 4 | 179 | RESPIRATORY MALIGNANCY SOI 3 ..... | 136 | 3 | RESPIRATORY MALIGNANCY SOI 3. |
| M ..... | 4 | 180 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 1. | 137 | 1 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 1. |
| M ..... | 4 | 181 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 2. | 137 | 2 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 2. |
| M ..... | 4 | 182 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 3. | 137 | 3 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS SOI 3. |
| M ..... | 4 | 183 | BRONCHIOLITIS & RSV PNEUMONIA SOI 1. | 138 | 1 | BRONCHIOLITIS & RSV PNEUMONIA SOI 1. |
| M ..... | 4 | 184 | BRONCHIOLITIS & RSV PNEUMONIA SOI 2. | 138 | 2 | BRONCHIOLITIS & RSV PNEUMONIA SOI 2. |
| M ..... | 4 | 185 | BRONCHIOLITIS & RSV PNEUMONIA SOI 3. | 138 | 3 | BRONCHIOLITIS & RSV PNEUMONIA SOI 3. |
| M ..... | 4 | 186 | OTHER PNEUMONIA SOI 1 ..... | 139 | 1 | OTHER PNEUMONIA SOI 1. |
| M ..... | 4 | 187 | OTHER PNEUMONIA SOI 2 ..... | 139 | 2 | OTHER PNEUMONIA SOI 2. |
| M ..... | 4 | 188 | OTHER PNEUMONIA SOI 3 ..... | 139 | 3 | OTHER PNEUMONIA SOI 3. |
| M ..... | 4 | 189 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 1. | 140 | 1 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 1. |
| M ..... | 4 | 190 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 2. | 140 | 2 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 2. |
| M ..... | 4 | 191 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 3. | 140 | 3 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE SOI 3. |
| M ..... | 4 | 192 | ASTHMA SOI 1 ..... | 141 | 1 | ASTHMA SOI 1. |
| M ..... | 4 | 193 | ASTHMA SOI 2 ..... | 141 | 2 | ASTHMA SOI 2. |
| M ..... | 4 | 194 | ASTHMA SOI 3 ..... | 141 | 3 | ASTHMA SOI 3. |
| M ..... | 4 | 195 | INTERSTITIAL LUNG DISEASE SOI 1 ..... | 132 | 1 | BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD SOI 1. |
| M ..... | 4 | 195 | INTERSTITIAL LUNG DISEASE SOI 1 ..... | 142 | 1 | INTERSTITIAL LUNG DISEASE SOI 1. |
| M ..... | 4 | 196 | INTERSTITIAL LUNG DISEASE SOI 2 ..... | 132 | 2 | BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD SOI 2. |
| M ..... | 4 | 196 | INTERSTITIAL LUNG DISEASE SOI 2 ..... | 142 | 2 | INTERSTITIAL LUNG DISEASE SOI 2. |
| M ..... | 4 | 197 | INTERSTITIAL LUNG DISEASE SOI 3 ..... | 132 | 3 | BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD SOI 3. |
| M ..... | 4 | 197 | INTERSTITIAL LUNG DISEASE SOI 3 ..... | 142 | 3 | INTERSTITIAL LUNG DISEASE SOI 3. |
| M ..... | 4 | 198 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 1. | 143 | 1 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 1. |
| M ..... | 4 | 199 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 2. | 143 | 2 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 2. |
| M ..... | 4 | 200 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 3. | 143 | 3 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 3. |
| M ..... | 4 | 201 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 1. | 144 | 1 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 1. |
| M ..... | 4 | 202 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 2. | 144 | 2 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 2. |
| M ..... | 4 | 203 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 3. | 144 | 3 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES SOI 3. |
| S ..... | 5 | 204 | CARDIOTHORACIC PROCEDURES SOI 4 | 160 | 4 | MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY SOI 4. |
| S ..... | 5 | 204 | CARDIOTHORACIC PROCEDURES SOI 4 | 161 | 4 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S ..... | 5 | 204 | CARDIOTHORACIC PROCEDURES SOI 4 | 162 | 4 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION SOI 4. |
| S ..... | 5 | 204 | CARDIOTHORACIC PROCEDURES SOI 4 | 163 | 4 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 4. |
| S ..... | 5 | 204 | CARDIOTHORACIC PROCEDURES SOI 4 | 165 | 4 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 4. |
| S ..... | 5 | 204 | CARDIOTHORACIC PROCEDURES SOI 4 | 166 | 4 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 4. |
| S ..... | 5 | 204 | CARDIOTHORACIC PROCEDURES SOI 4 | 167 | 4 | OTHER CARDIOTHORACIC PROCEDURES SOI 4. |
| S ..... | 5 | 205 | VASCULAR PROCEDURES SOI 4 ..... | 169 | 4 | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 4. |
| S ..... | 5 | 205 | VASCULAR PROCEDURES SOI 4 ..... | 173 | 4 | OTHER VASCULAR PROCEDURES SOI 4. |
| S ..... | 5 | 206 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. | 170 | 4 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 4. |
| S ..... | 5 | 206 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. | 171 | 4 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 4. |
| S ..... | 5 | 206 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. | 174 | 4 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 4. |
| S ..... | 5 | 206 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. | 175 | 4 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 4. |
| S ..... | 5 | 206 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. | 176 | 4 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 4. |
| S ..... | 5 | 206 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. | 177 | 4 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 4. |
| S ..... | 5 | 206 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. | 180 | 4 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 4. |
| S ..... | 5 | 207 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 1. | 161 | 1 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 1. |
| S ..... | 5 | 208 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 2. | 161 | 2 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 2. |
| S ..... | 5 | 209 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 3. | 161 | 3 | CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT SOI 3. |
| S ..... | 5 | 210 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION SOI 1. | 162 | 1 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION SOI 1. |
| S ..... | 5 | 211 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION SOI 2. | 162 | 2 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION SOI 2. |
| S ..... | 5 | 212 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION SOI 3. | 162 | 3 | CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION SOI 3. |
| S ..... | 5 | 213 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 1. | 163 | 1 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 1. |
| S ..... | 5 | 214 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 2. | 163 | 2 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 2. |
| S ..... | 5 | 215 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 3. | 163 | 3 | CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION SOI 3. |
| S ..... | 5 | 216 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 1. | 165 | 1 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 1. |
| S ..... | 5 | 217 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 2. | 165 | 2 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 2. |
| S ..... | 5 | 218 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 3. | 165 | 3 | CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 3. |
| S ..... | 5 | 219 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 1. | 166 | 1 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 1. |
| S ..... | 5 | 220 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 2. | 166 | 2 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 5 | 221 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 3. | 166 | 3 | CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE SOI 3. |
| S | 5 | 222 | OTHER CARDIOTHORACIC PROCEDURES SOI 1. | 160 | 1 | MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY SOI 1. |
| S | 5 | 222 | OTHER CARDIOTHORACIC PROCEDURES SOI 1. | 167 | 1 | OTHER CARDIOTHORACIC PROCEDURES SOI 1. |
| S | 5 | 223 | OTHER CARDIOTHORACIC PROCEDURES SOI 2. | 160 | 2 | MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY SOI 2. |
| S | 5 | 223 | OTHER CARDIOTHORACIC PROCEDURES SOI 2. | 167 | 2 | OTHER CARDIOTHORACIC PROCEDURES SOI 2. |
| S | 5 | 224 | OTHER CARDIOTHORACIC PROCEDURES SOI 3. | 160 | 3 | MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY SOI 3. |
| S | 5 | 224 | OTHER CARDIOTHORACIC PROCEDURES SOI 3. | 167 | 3 | OTHER CARDIOTHORACIC PROCEDURES SOI 3. |
| S | 5 | 225. | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 1. | 169 | 1 | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 1. |
| S | 5 | 226. | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 2. | 169 | 2 | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 2. |
| S | 5 | 227 | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 3. | 169 | 3 | MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES SOI 3. |
| S | 5 | 228 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 1. | 170 | 1 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 1. |
| S | 5 | 229 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 2. | 170 | 2 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 2. |
| S | 5 | 230 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 3. | 170 | 3 | PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK SOI 3. |
| S | 5 | 231 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 1. | 171 | 1 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 1. |
| S | 5 | 232 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 2. | 171 | 2 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 2. |
| S | 5 | 233 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 3. | 171 | 3 | PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK SOI 3. |
| S | 5 | 234 | OTHER VASCULAR PROCEDURES SOI 1 | 173 | 1 | OTHER VASCULAR PROCEDURES SOI 1. |
| S | 5 | 235 | OTHER VASCULAR PROCEDURES SOI 2 | 173 | 2 | OTHER VASCULAR PROCEDURES SOI 2. |
| S | 5 | 236 | OTHER VASCULAR PROCEDURES SOI 3 | 173 | 3 | OTHER VASCULAR PROCEDURES SOI 3. |
| S | 5 | 237 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 1. | 174 | 1 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 1. |
| S | 5 | 238 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 2. | 174 | 2 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 2. |
| S | 5 | 239 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 3. | 174 | 3 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI SOI 3. |
| S | 5 | 240 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 1. | 175 | 1 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 1. |
| S | 5 | 241 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 2. | 175 | 2 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 2. |
| S | 5 | 242 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 3. | 175 | 3 | PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI SOI 3. |
| S | 5 | 243 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 1. | 176 | 1 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 1. |
| S | 5 | 244 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 2. | 176 | 2 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 2. |
| S | 5 | 245 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 3. | 176 | 3 | CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT SOI 3. |
| S | 5 | 246 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 1. | 177 | 1 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 5 | 247 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 2. | 177 | 2 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 2. |
| S | 5 | 248 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 3. | 177 | 3 | CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT SOI 3. |
| S | 5 | 249 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 1. | 180 | 1 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 1. |
| S | 5 | 250 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 2. | 180 | 2 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 2. |
| S | 5 | 251 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 3. | 180 | 3 | OTHER CIRCULATORY SYSTEM PROCEDURES SOI 3. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 190 | 4 | ACUTE MYOCARDIAL INFARCTION SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 191 | 4 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 192 | 4 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 193 | 4 | ACUTE & SUBACUTE ENDOCARDITIS SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 194 | 4 | HEART FAILURE SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 196 | 4 | CARDIAC ARREST SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 197 | 4 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 198 | 4 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 199 | 4 | HYPERTENSION SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 200 | 4 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 201 | 4 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 203 | 4 | CHEST PAIN SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 204 | 4 | SYNCOPE & COLLAPSE SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 205 | 4 | CARDIOMYOPATHY SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 206 | 4 | MALFUNCTION, REACTION, COMP LICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 4. |
| M | 5 | 252 | CIRCULATORY SYSTEM DIAGNOSES SOI 4. | 207 | 4 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 4. |
| M | 5 | 253 | ACUTE MYOCARDIAL INFARCTION SOI 1. | 190 | 1 | ACUTE MYOCARDIAL INFARCTION SOI 1. |
| M | 5 | 254 | ACUTE MYOCARDIAL INFARCTION SOI 2. | 190 | 2 | ACUTE MYOCARDIAL INFARCTION SOI 2. |
| M | 5 | 255 | ACUTE MYOCARDIAL INFARCTION SOI 3. | 190 | 3 | ACUTE MYOCARDIAL INFARCTION SOI 3. |
| M | 5 | 256 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 1. | 191 | 1 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 1. |
| M | 5 | 257 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 2. | 191 | 2 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 2. |
| M | 5 | 258 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 3. | 191 | 3 | CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE SOI 3. |
| M | 5 | 259 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 1. | 192 | 1 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 1. |
| M | 5 | 260 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 2. | 192 | 2 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 2. |
| M | 5 | 261 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 3. | 192 | 3 | CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE SOI 3. |
| M | 5 | 262 | ACUTE & SUBACUTE ENDOCARDITIS SOI 1. | 193 | 1 | ACUTE & SUBACUTE ENDOCARDITIS SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M | 5 | 263 | ACUTE & SUBACUTE ENDOCARDITIS SOI 2. | 193 | 2 | ACUTE & SUBACUTE ENDOCARDITIS SOI 2. |
| M | 5 | 264 | ACUTE & SUBACUTE ENDOCARDITIS SOI 3. | 193 | 3 | ACUTE & SUBACUTE ENDOCARDITIS SOI 3. |
| M | 5 | 265 | HEART FAILURE SOI 1 | 194 | 1 | HEART FAILURE SOI 1. |
| M | 5 | 266 | HEART FAILURE SOI 2 | 194 | 2 | HEART FAILURE SOI 2. |
| M | 5 | 267 | HEART FAILURE SOI 3 | 194 | 3 | HEART FAILURE SOI 3. |
| M | 5 | 268 | CARDIAC ARREST SOI 1 | 196 | 1 | CARDIAC ARREST SOI 1. |
| M | 5 | 269 | CARDIAC ARREST SOI 2 | 196 | 2 | CARDIAC ARREST SOI 2. |
| M | 5 | 270 | CARDIAC ARREST SOI 3 | 196 | 3 | CARDIAC ARREST SOI 3. |
| M | 5 | 271 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 1. | 197 | 1 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 1. |
| M | 5 | 272 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 2. | 197 | 2 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 2. |
| M | 5 | 273 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 3. | 197 | 3 | PERIPHERAL & OTHER VASCULAR DISORDERS SOI 3. |
| M | 5 | 274 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 1. | 198 | 1 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 1. |
| M | 5 | 275 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 2. | 198 | 2 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 2. |
| M | 5 | 276 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 3. | 198 | 3 | ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS SOI 3. |
| M | 5 | 277 | HYPERTENSION SOI 1 | 199 | 1 | HYPERTENSION SOI 1. |
| M | 5 | 278 | HYPERTENSION SOI 2 | 199 | 2 | HYPERTENSION SOI 2. |
| M | 5 | 279 | HYPERTENSION SOI 3 | 199 | 3 | HYPERTENSION SOI 3. |
| M | 5 | 280 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 1. | 200 | 1 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 1. |
| M | 5 | 281 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 2. | 200 | 2 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 2. |
| M | 5 | 282 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 3. | 200 | 3 | CARDIAC STRUCTURAL & VALVULAR DISORDERS SOI 3. |
| M | 5 | 283 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 1. | 201 | 1 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 1. |
| M | 5 | 284 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 2. | 201 | 2 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 2. |
| M | 5 | 285 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 3. | 201 | 3 | CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS SOI 3. |
| M | 5 | 286 | CHEST PAIN SOI 1 | 203 | 1 | CHEST PAIN SOI 1. |
| M | 5 | 287 | CHEST PAIN SOI 2 | 203 | 2 | CHEST PAIN SOI 2. |
| M | 5 | 288 | CHEST PAIN SOI 3 | 203 | 3 | CHEST PAIN SOI 3. |
| M | 5 | 289 | SYNCOPE & COLLAPSE SOI 1 | 204 | 1 | SYNCOPE & COLLAPSE SOI 1. |
| M | 5 | 290 | SYNCOPE & COLLAPSE SOI 2 | 204 | 2 | SYNCOPE & COLLAPSE SOI 2. |
| M | 5 | 291 | SYNCOPE & COLLAPSE SOI 3 | 204 | 3 | SYNCOPE & COLLAPSE SOI 3. |
| M | 5 | 292 | CARDIOMYOPATHY SOI 1 | 205 | 1 | CARDIOMYOPATHY SOI 1. |
| M | 5 | 293 | CARDIOMYOPATHY SOI 2 | 205 | 2 | CARDIOMYOPATHY SOI 2. |
| M | 5 | 294 | CARDIOMYOPATHY SOI 3 | 205 | 3 | CARDIOMYOPATHY SOI 3. |
| M | 5 | 295 | MALFUNCTION, REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 1. | 206 | 1 | MALFUNCTION, REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 1. |
| M | 5 | 296 | MALFUNCTION, REACTION, CO. MPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 2. | 206 | 2 | MALFUNCTION, REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 2. |
| M | 5 | 297 | MALFUNCTION, REACTION, CO. MPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 3. | 206 | 3 | MALFUNCTION, REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE SOI 3. |
| M | 5 | 298 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 1. | 207 | 1 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 1. |
| M | 5 | 299 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 2. | 207 | 2 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 2. |
| M | 5 | 300 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 3. | 207 | 3 | OTHER CIRCULATORY SYSTEM DIAGNOSES SOI 3. |
| S | 6 | 301 | MAJOR GASTROINTESTINAL PROCEDURES SOI 4. | 220 | 4 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 4. |
| S | 6 | 301 | MAJOR GASTROINTESTINAL PROCEDURES SOI 4. | 221 | 4 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 4. |
| S | 6 | 301 | MAJOR GASTROINTESTINAL PROCEDURES SOI 4. | 222 | 4 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 4. |
| S | 6 | 301 | MAJOR GASTROINTESTINAL PROCEDURES SOI 4. | 223 | 4 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 6 | 302 | OTHER GASTROINTESTINAL & ABDOMINAL PROCEDURES SOI 4. | 224 | 4 | PERITONEAL ADHESIOLYSIS SOI 4. |
| S | 6 | 302 | OTHER GASTROINTESTINAL & ABDOMINAL PROCEDURES SOI 4. | 225 | 4 | APPENDECTOMY SOI 4. |
| S | 6 | 302 | OTHER GASTROINTESTINAL & ABDOMINAL PROCEDURES SOI 4. | 226 | 4 | ANAL PROCEDURES SOI 4. |
| S | 6 | 302 | OTHER GASTROINTESTINAL & ABDOMINAL PROCEDURES SOI 4. | 227 | 4 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 4. |
| S | 6 | 302 | OTHER GASTROINTESTINAL & ABDOMINAL PROCEDURES SOI 4. | 228 | 4 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 4. |
| S | 6 | 302 | OTHER GASTROINTESTINAL & ABDOMINAL PROCEDURES SOI 4. | 229 | 4 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 4. |
| S | 6 | 303 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 1. | 220 | 1 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 1. |
| S | 6 | 304 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 2. | 220 | 2 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 2. |
| S | 6 | 305 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 3. | 220 | 3 | MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 3. |
| S | 6 | 306 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 1. | 221 | 1 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 1. |
| S | 6 | 307 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 2. | 221 | 2 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 2. |
| S | 6 | 308 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 3. | 221 | 3 | MAJOR SMALL & LARGE BOWEL PROCEDURES SOI 3. |
| S | 6 | 309 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 1. | 222 | 1 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 1. |
| S | 6 | 310 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 2. | 222 | 2 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 2. |
| S | 6 | 311 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 3. | 222 | 3 | OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES SOI 3. |
| S | 6 | 312 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 1. | 223 | 1 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 1. |
| S | 6 | 313 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 2. | 223 | 2 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 2. |
| S | 6 | 314 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 3. | 223 | 3 | OTHER SMALL & LARGE BOWEL PROCEDURES SOI 3. |
| S | 6 | 315 | PERITONEAL ADHESIOLYSIS SOI 1 | 224 | 1 | PERITONEAL ADHESIOLYSIS SOI 1. |
| S | 6 | 316 | PERITONEAL ADHESIOLYSIS SOI 2 | 224 | 2 | PERITONEAL ADHESIOLYSIS SOI 2. |
| S | 6 | 317 | PERITONEAL ADHESIOLYSIS SOI 3 | 224 | 3 | PERITONEAL ADHESIOLYSIS SOI 3. |
| S | 6 | 318 | APPENDECTOMY SOI 1 | 225 | 1 | APPENDECTOMY SOI 1. |
| S | 6 | 319 | APPENDECTOMY SOI 2 | 225 | 2 | APPENDECTOMY SOI 2. |
| S | 6 | 320 | APPENDECTOMY SOI 3 | 225 | 3 | APPENDECTOMY SOI 3. |
| S | 6 | 321 | ANAL PROCEDURES SOI 1 | 226 | 1 | ANAL PROCEDURES SOI 1. |
| S | 6 | 322 | ANAL PROCEDURES SOI 2 | 226 | 2 | ANAL PROCEDURES SOI 2. |
| S | 6 | 323 | ANAL PROCEDURES SOI 3 | 226 | 3 | ANAL PROCEDURES SOI 3. |
| S | 6 | 324 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 1. | 227 | 1 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 1. |
| S | 6 | 325 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 2. | 227 | 2 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 2. |
| S | 6 | 326 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 3. | 227 | 3 | HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL SOI 3. |
| S | 6 | 327 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 1. | 228 | 1 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 1. |
| S | 6 | 328 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 2. | 228 | 2 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 2. |
| S | 6 | 329 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 3. | 228 | 3 | INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES SOI 3. |
| S | 6 | 330 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 1. | 229 | 1 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 1. |
| S | 6 | 331 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 2. | 229 | 2 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 2. |
| S | 6 | 332 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 3. | 229 | 3 | OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES SOI 3. |
| M | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 240 | 4 | DIGESTIVE MALIGNANCY SOI 4. |
| M | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 241 | 4 | PEPTIC ULCER & GASTRITIS SOI 4. |
| M | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 242 | 4 | MAJOR ESOPHAGEAL DISORDERS SOI 4. |
| M | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 243 | 4 | OTHER ESOPHAGEAL DISORDERS SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 244 | 4 | DIVERTICULITIS & DIVERTICULOSIS SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 245 | 4 | INFLAMMATORY BOWEL DISEASE SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 246 | 4 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 247 | 4 | INTESTINAL OBSTRUCTION SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 248 | 4 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 249 | 4 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 251 | 4 | ABDOMINAL PAIN SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 252 | 4 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 253 | 4 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 4. |
| M ..... | 6 | 333 | DIGESTIVE SYSTEM DIAGNOSES SOI 4 | 254 | 4 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 4. |
| M ..... | 6 | 334 | DIGESTIVE MALIGNANCY SOI 1 ..... | 240 | 1 | DIGESTIVE MALIGNANCY SOI 1. |
| M ..... | 6 | 335 | DIGESTIVE MALIGNANCY SOI 2 ..... | 240 | 2 | DIGESTIVE MALIGNANCY SOI 2. |
| M ..... | 6 | 336 | DIGESTIVE MALIGNANCY SOI 3 ..... | 240 | 3 | DIGESTIVE MALIGNANCY SOI 3. |
| M ..... | 6 | 337 | PEPTIC ULCER & GASTRITIS SOI 1 ..... | 241 | 1 | PEPTIC ULCER & GASTRITIS SOI 1. |
| M ..... | 6 | 338 | PEPTIC ULCER & GASTRITIS SOI 2 ..... | 241 | 2 | PEPTIC ULCER & GASTRITIS SOI 2. |
| M ..... | 6 | 339 | PEPTIC ULCER & GASTRITIS SOI 3 ..... | 241 | 3 | PEPTIC ULCER & GASTRITIS SOI 3. |
| M ..... | 6 | 340 | MAJOR ESOPHAGEAL DISORDERS SOI 1. | 242 | 1 | MAJOR ESOPHAGEAL DISORDERS SOI 1. |
| M ..... | 6 | 341 | MAJOR ESOPHAGEAL DISORDERS SOI 2. | 242 | 2 | MAJOR ESOPHAGEAL DISORDERS SOI 2. |
| M ..... | 6 | 342 | MAJOR ESOPHAGEAL DISORDERS SOI 3. | 242 | 3 | MAJOR ESOPHAGEAL DISORDERS SOI 3. |
| M ..... | 6 | 343 | OTHER ESOPHAGEAL DISORDERS SOI 1. | 243 | 1 | OTHER ESOPHAGEAL DISORDERS SOI 1. |
| M ..... | 6 | 344 | OTHER ESOPHAGEAL DISORDERS SOI 2. | 243 | 2 | OTHER ESOPHAGEAL DISORDERS SOI 2. |
| M ..... | 6 | 345 | OTHER ESOPHAGEAL DISORDERS SOI 3. | 243 | 3 | OTHER ESOPHAGEAL DISORDERS SOI 3. |
| M ..... | 6 | 346 | DIVERTICULITIS & DIVERTICULOSIS SOI 1. | 244 | 1 | DIVERTICULITIS & DIVERTICULOSIS SOI 1. |
| M ..... | 6 | 347 | DIVERTICULITIS & DIVERTICULOSIS SOI 2. | 244 | 2 | DIVERTICULITIS & DIVERTICULOSIS SOI 2. |
| M ..... | 6 | 348 | DIVERTICULITIS & DIVERTICULOSIS SOI 3. | 244 | 3 | DIVERTICULITIS & DIVERTICULOSIS SOI 3. |
| M ..... | 6 | 349 | INFLAMMATORY BOWEL DISEASE SOI 1 | 245 | 1 | INFLAMMATORY BOWEL DISEASE SOI 1. |
| M ..... | 6 | 350 | INFLAMMATORY BOWEL DISEASE SOI 2 | 245 | 2 | INFLAMMATORY BOWEL DISEASE SOI 2. |
| M ..... | 6 | 351 | INFLAMMATORY BOWEL DISEASE SOI 3 | 245 | 3 | INFLAMMATORY BOWEL DISEASE SOI 3. |
| M ..... | 6 | 352 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 1. | 246 | 1 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 1. |
| M ..... | 6 | 353 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 2. | 246 | 2 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 2. |
| M ..... | 6 | 354 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 3. | 246 | 3 | GASTROINTESTINAL VASCULAR INSUFFICIENCY SOI 3. |
| M ..... | 6 | 355 | INTESTINAL OBSTRUCTION SOI 1 ..... | 247 | 1 | INTESTINAL OBSTRUCTION SOI 1. |
| M ..... | 6 | 356 | INTESTINAL OBSTRUCTION SOI 2 ..... | 247 | 2 | INTESTINAL OBSTRUCTION SOI 2. |
| M ..... | 6 | 357 | INTESTINAL OBSTRUCTION SOI 3 ..... | 247 | 3 | INTESTINAL OBSTRUCTION SOI 3. |
| M ..... | 6 | 358 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 1. | 248 | 1 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 1. |
| M ..... | 6 | 359 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 2. | 248 | 2 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 2. |
| M ..... | 6 | 360 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 3. | 248 | 3 | MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS SOI 3. |
| M ..... | 6 | 361 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 1. | 249 | 1 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 1. |
| M ..... | 6 | 362 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 2. | 249 | 2 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M | 6 | 363 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 3. | 249 | 3 | NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING SOI 3. |
| M | 6 | 364 | ABDOMINAL PAIN SOI 1 | 251 | 1 | ABDOMINAL PAIN SOI 1. |
| M | 6 | 365 | ABDOMINAL PAIN SOI 2 | 251 | 2 | ABDOMINAL PAIN SOI 2. |
| M | 6 | 366 | ABDOMINAL PAIN SOI 3 | 251 | 3 | ABDOMINAL PAIN SOI 3. |
| M | 6 | 367 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 1. | 252 | 1 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 1. |
| M | 6 | 368 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 2. | 252 | 2 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 2. |
| M | 6 | 369 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 3. | 252 | 3 | MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE SOI 3. |
| M | 6 | 370 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 1. | 253 | 1 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 1. |
| M | 6 | 371 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 2. | 253 | 2 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 2. |
| M | 6 | 372 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 3. | 253 | 3 | OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE SOI 3. |
| M | 6 | 373 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 1. | 254 | 1 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 1. |
| M | 6 | 374 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 2. | 254 | 2 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 2. |
| M | 6 | 375 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 3. | 254 | 3 | OTHER DIGESTIVE SYSTEM DIAGNOSES SOI 3. |
| S | 7 | 376 | MAJOR HEPATOBILIARY, PANCREAS & LIVER PROCEDURES SOI 4. | 260 | 4 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 4. |
| S | 7 | 376 | MAJOR HEPATOBILIARY, PANCREAS & LIVER PROCEDURES SOI 4. | 261 | 4 | MAJOR BILIARY TRACT PROCEDURES SOI 4. |
| S | 7 | 377 | CHOLECYSTECTOMY AND OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 4. | 262 | 4 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 4. |
| S | 7 | 377 | CHOLECYSTECTOMY AND OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 4. | 264 | 4 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 4. |
| S | 7 | 377 | CHOLECYSTECTOMY AND OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 4. | 263 | 4 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 4. |
| S | 7 | 378 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 1. | 260 | 1 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 1. |
| S | 7 | 379 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 2. | 260 | 2 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 2. |
| S | 7 | 380 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 3. | 260 | 3 | MAJOR PANCREAS, LIVER & SHUNT PROCEDURES SOI 3. |
| S | 7 | 381 | MAJOR BILIARY TRACT PROCEDURES SOI 1. | 261 | 1 | MAJOR BILIARY TRACT PROCEDURES SOI 1. |
| S | 7 | 382 | MAJOR BILIARY TRACT PROCEDURES SOI 2. | 261 | 2 | MAJOR BILIARY TRACT PROCEDURES SOI 2. |
| S | 7 | 383 | MAJOR BILIARY TRACT PROCEDURES SOI 3. | 261 | 3 | MAJOR BILIARY TRACT PROCEDURES SOI 3. |
| S | 7 | 384 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 1. | 262 | 1 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 1. |
| S | 7 | 385 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 2. | 262 | 2 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 2. |
| S | 7 | 386 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 3. | 262 | 3 | CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC SOI 3. |
| S | 7 | 387 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 1. | 263 | 1 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 1. |
| S | 7 | 388 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 2. | 263 | 2 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 2. |
| S | 7 | 389 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 3. | 263 | 3 | LAPAROSCOPIC CHOLECYSTECTOMY SOI 3. |
| S | 7 | 390 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 1. | 264 | 1 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 1. |
| S | 7 | 391 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 2. | 264 | 2 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 2. |
| S | 7 | 392 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 3. | 264 | 3 | OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES SOI 3. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 7 | 393 | HEPATOBILIARY, PANCREAS & ABDOMINAL DIAGNOSES SOI 4. | 279 | 4 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 4. |
| M ..... | 7 | 393 | HEPATOBILIARY, PANCREAS & ABDOMINAL DIAGNOSES SOI 4. | 280 | 4 | ALCOHOLIC LIVER DISEASE SOI 4. |
| M ..... | 7 | 393 | HEPATOBILIARY, PANCREAS & ABDOMINAL DIAGNOSES SOI 4. | 281 | 4 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 4. |
| M ..... | 7 | 393 | HEPATOBILIARY, PANCREAS & ABDOMINAL DIAGNOSES SOI 4. | 282 | 4 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 4. |
| M ..... | 7 | 393 | HEPATOBILIARY, PANCREAS & ABDOMINAL DIAGNOSES SOI 4. | 283 | 4 | OTHER DISORDERS OF THE LIVER SOI 4. |
| M ..... | 7 | 393 | HEPATOBILIARY, PANCREAS & ABDOMINAL DIAGNOSES SOI 4. | 284 | 4 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 4. |
| M ..... | 7 | 394 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 1. | 279 | 1 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 1. |
| M ..... | 7 | 395 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 2. | 279 | 2 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 2. |
| M ..... | 7 | 396 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 3. | 279 | 3 | HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS SOI 3. |
| M ..... | 7 | 397 | ALCOHOLIC LIVER DISEASE SOI 1 ..... | 280 | 1 | ALCOHOLIC LIVER DISEASE SOI 1. |
| M ..... | 7 | 398 | ALCOHOLIC LIVER DISEASE SOI 2 ..... | 280 | 2 | ALCOHOLIC LIVER DISEASE SOI 2. |
| M ..... | 7 | 399 | ALCOHOLIC LIVER DISEASE SOI 3 ..... | 280 | 3 | ALCOHOLIC LIVER DISEASE SOI 3. |
| M ..... | 7 | 400 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 1. | 281 | 1 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 1. |
| M ..... | 7 | 401 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 2. | 281 | 2 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 2. |
| M ..... | 7 | 402 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 3. | 281 | 3 | MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS SOI 3. |
| M ..... | 7 | 403 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 1. | 282 | 1 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 1. |
| M ..... | 7 | 404 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 2. | 282 | 2 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 2. |
| M ..... | 7 | 405 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 3. | 282 | 3 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY SOI 3. |
| M ..... | 7 | 406 | OTHER DISORDERS OF THE LIVER SOI 1. | 283 | 1 | OTHER DISORDERS OF THE LIVER SOI 1. |
| M ..... | 7 | 407 | OTHER DISORDERS OF THE LIVER SOI 2. | 283 | 2 | OTHER DISORDERS OF THE LIVER SOI 2. |
| M ..... | 7 | 408 | OTHER DISORDERS OF THE LIVER SOI 3. | 283 | 3 | OTHER DISORDERS OF THE LIVER SOI 3. |
| M ..... | 7 | 409 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 1. | 284 | 1 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 1. |
| M ..... | 7 | 410 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 2. | 284 | 2 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 2. |
| M ..... | 7 | 411 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 3. | 284 | 3 | DISORDERS OF GALLBLADDER & BILIARY TRACT SOI 3. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 301 | 4 | HIP JOINT REPLACEMENT SOI 4. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 302 | 4 | KNEE JOINT REPLACEMENT SOI 4. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 305 | 4 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 4. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 308 | 4 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 4. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 309 | 4 | HIP & FEMUR PROCEDURES FOR NONTRAUMA EXCEPT JOINT REPLACEMENT SOI 4. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 310 | 4 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 4. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 313 | 4 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 4. |
| S ..... | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 314 | 4 | FOOT & TOE PROCEDURES SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 315 | 4 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 4. |
| S | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 316 | 4 | HAND & WRIST PROCEDURES SOI 4. |
| S | 8 | 412 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES EXCEPT SPINAL FUSION SOI 4. | 317 | 4 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 4. |
| S | 8 | 413 | SPINAL FUSION PROCEDURES SOI 4 | 303 | 4 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 4. |
| S | 8 | 413 | SPINAL FUSION PROCEDURES SOI 4 | 304 | 4 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 4. |
| S | 8 | 413 | SPINAL FUSION PROCEDURES SOI 4 | 321 | 4 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 4. |
| S | 8 | 414 | HIP JOINT REPLACEMENT SOI 1 | 301 | 1 | HIP JOINT REPLACEMENT SOI 1. |
| S | 8 | 415 | HIP JOINT REPLACEMENT SOI 2 | 301 | 2 | HIP JOINT REPLACEMENT SOI 2. |
| S | 8 | 416 | HIP JOINT REPLACEMENT SOI 3 | 301 | 3 | HIP JOINT REPLACEMENT SOI 3. |
| S | 8 | 417 | KNEE JOINT REPLACEMENT SOI 1 | 302 | 1 | KNEE JOINT REPLACEMENT SOI 1. |
| S | 8 | 418 | KNEE JOINT REPLACEMENT SOI 2 | 302 | 2 | KNEE JOINT REPLACEMENT SOI 2. |
| S | 8 | 419 | KNEE JOINT REPLACEMENT SOI 3 | 302 | 3 | KNEE JOINT REPLACEMENT SOI 3. |
| S | 8 | 420 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 1. | 303 | 1 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 1. |
| S | 8 | 421 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 2. | 303 | 2 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 2. |
| S | 8 | 422 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 3. | 303 | 3 | DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK SOI 3. |
| S | 8 | 423 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 1. | 304 | 1 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 1. |
| S | 8 | 424 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 2. | 304 | 2 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 2. |
| S | 8 | 425 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 3. | 304 | 3 | DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK SOI 3. |
| S | 8 | 426 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 1. | 305 | 1 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 1. |
| S | 8 | 427 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 2. | 305 | 2 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 2. |
| S | 8 | 428 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 3. | 305 | 3 | AMPUTATION OF LOWER LIMB EXCEPT TOES SOI 3. |
| S | 8 | 429 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 1. | 308 | 1 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 1. |
| S | 8 | 430 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 2. | 308 | 2 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 2. |
| S | 8 | 431 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 3. | 308 | 3 | HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT SOI 3. |
| S | 8 | 432 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 1. | 309 | 1 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 1. |
| S | 8 | 433 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 2. | 309 | 2 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 2. |
| S | 8 | 434 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 3. | 309 | 3 | HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT SOI 3. |
| S | 8 | 435 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 1. | 310 | 1 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 1. |
| S | 8 | 436 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 2. | 310 | 2 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 2. |
| S | 8 | 437 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 3. | 310 | 3 | INTERVERTEBRAL DISC EXCISION & DECOMPRESSION SOI 3. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 8 | 438 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 1. | 312 | 1 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 1. |
| S | 8 | 439 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 2. | 312 | 2 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 2. |
| S | 8 | 440 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 3. | 312 | 3 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 3. |
| S | 8 | 441 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 312 | 4 | SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES SOI 4. |
| S | 8 | 442 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 1. | 313 | 1 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 1. |
| S | 8 | 443 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 2. | 313 | 2 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 2. |
| S | 8 | 444 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 3. | 313 | 3 | KNEE & LOWER LEG PROCEDURES EXCEPT FOOT SOI 3. |
| S | 8 | 445 | FOOT & TOE PROCEDURES SOI 1 | 314 | 1 | FOOT & TOE PROCEDURES SOI 1. |
| S | 8 | 446 | FOOT & TOE PROCEDURES SOI 2 | 314 | 2 | FOOT & TOE PROCEDURES SOI 2. |
| S | 8 | 447 | FOOT & TOE PROCEDURES SOI 3 | 314 | 3 | FOOT & TOE PROCEDURES SOI 3. |
| S | 8 | 448 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 1. | 315 | 1 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 1. |
| S | 8 | 449 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 2. | 315 | 2 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 2. |
| S | 8 | 450 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 3. | 315 | 3 | SHOULDER, UPPER ARM & FOREARM PROCEDURES SOI 3. |
| S | 8 | 451 | HAND & WRIST PROCEDURES SOI 1 | 316 | 1 | HAND & WRIST PROCEDURES SOI 1. |
| S | 8 | 452 | HAND & WRIST PROCEDURES SOI 2 | 316 | 2 | HAND & WRIST PROCEDURES SOI 2. |
| S | 8 | 453 | HAND & WRIST PROCEDURES SOI 3 | 316 | 3 | HAND & WRIST PROCEDURES SOI 3. |
| S | 8 | 454 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 1. | 317 | 1 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 1. |
| S | 8 | 455 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 2. | 317 | 2 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 2. |
| S | 8 | 456 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 3. | 317 | 3 | TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES SOI 3. |
| S | 8 | 457 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 1. | 320 | 1 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 1. |
| S | 8 | 458 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 2. | 320 | 2 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 2. |
| S | 8 | 459 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 3. | 320 | 3 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 3. |
| S | 8 | 460 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 4. | 320 | 4 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES SOI 4. |
| S | 8 | 461 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 1. | 321 | 1 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 1. |
| S | 8 | 462 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 2. | 321 | 2 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 2. |
| S | 8 | 463 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 3. | 321 | 3 | CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP SOI 3. |
| M | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 340 | 4 | FRACTURE OF FEMUR SOI 4. |
| M | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 341 | 4 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 4. |
| M | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 342 | 4 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 4. |
| M | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 343 | 4 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 4. |
| M | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 344 | 4 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 346 | 4 | CONNECTIVE TISSUE DISORDERS SOI 4. |
| M ..... | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 347 | 4 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 4. |
| M ..... | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 349 | 4 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 4. |
| M ..... | 8 | 464 | MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. | 351 | 4 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 4. |
| M ..... | 8 | 465 | FRACTURE OF FEMUR SOI 1 ..... | 340 | 1 | FRACTURE OF FEMUR SOI 1. |
| M ..... | 8 | 466 | FRACTURE OF FEMUR SOI 2 ..... | 340 | 2 | FRACTURE OF FEMUR SOI 2. |
| M ..... | 8 | 467 | FRACTURE OF FEMUR SOI 3 ..... | 340 | 3 | FRACTURE OF FEMUR SOI 3. |
| M ..... | 8 | 468 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 1. | 341 | 1 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 1. |
| M ..... | 8 | 469 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 2. | 341 | 2 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 2. |
| M ..... | 8 | 470 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 3. | 341 | 3 | FRACTURE OF PELVIS OR DISLOCATION OF HIP SOI 3. |
| M ..... | 8 | 471 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 1. | 342 | 1 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 1. |
| M ..... | 8 | 472 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 2. | 342 | 2 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 2. |
| M ..... | 8 | 473 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 3. | 342 | 3 | FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK SOI 3. |
| M ..... | 8 | 474 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 1. | 343 | 1 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 1. |
| M ..... | 8 | 475 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 2. | 343 | 2 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 2. |
| M ..... | 8 | 476 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 3. | 343 | 3 | MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG SOI 3. |
| M ..... | 8 | 477 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 1. | 344 | 1 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 1. |
| M ..... | 8 | 478 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 2. | 344 | 2 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 2. |
| M ..... | 8 | 479 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 3. | 344 | 3 | OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS SOI 3. |
| M ..... | 8 | 480 | CONNECTIVE TISSUE DISORDERS SOI 1. | 346 | 1 | CONNECTIVE TISSUE DISORDERS SOI 1. |
| M ..... | 8 | 481 | CONNECTIVE TISSUE DISORDERS SOI 2. | 346 | 2 | CONNECTIVE TISSUE DISORDERS SOI 2. |
| M ..... | 8 | 482 | CONNECTIVE TISSUE DISORDERS SOI 3. | 346 | 3 | CONNECTIVE TISSUE DISORDERS SOI 3. |
| M ..... | 8 | 483 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 1. | 347 | 1 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 1. |
| M ..... | 8 | 484 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 2. | 347 | 2 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 2. |
| M ..... | 8 | 485 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 3. | 347 | 3 | OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES SOI 3. |
| M ..... | 8 | 486 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 1. | 349 | 1 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 1. |
| M ..... | 8 | 487 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 2. | 349 | 2 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 2. |
| M ..... | 8 | 488 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 3. | 349 | 3 | MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE SOI 3. |
| M ..... | 8 | 489 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 1. | 351 | 1 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 8 | 490 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 2. | 351 | 2 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 2. |
| M ..... | 8 | 491 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 3. | 351 | 3 | OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES SOI 3. |
| S ..... | 9 | 492 | SKIN, SUBCUTANEOUS TISSUE, BREAST & RELATED PROCEDURES SOI 4. | 361 | 4 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 4. |
| S ..... | 9 | 492 | SKIN, SUBCUTANEOUS TISSUE, BREAST & RELATED PROCEDURES SOI 4. | 362 | 4 | MASTECTOMY PROCEDURES SOI 4. |
| S ..... | 9 | 492 | SKIN, SUBCUTANEOUS TISSUE, BREAST & RELATED PROCEDURES SOI 4. | 363 | 4 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 4. |
| S ..... | 9 | 492 | SKIN, SUBCUTANEOUS TISSUE, BREAST & RELATED PROCEDURES SOI 4. | 364 | 4 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 4. |
| S ..... | 9 | 493 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 1. | 361 | 1 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 1. |
| S ..... | 9 | 494 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 2. | 361 | 2 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 2. |
| S ..... | 9 | 495 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 3. | 361 | 3 | SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES SOI 3. |
| S ..... | 9 | 496 | MASTECTOMY PROCEDURES SOI 1 ..... | 362 | 1 | MASTECTOMY PROCEDURES SOI 1. |
| S ..... | 9 | 497 | MASTECTOMY PROCEDURES SOI 2 ..... | 362 | 2 | MASTECTOMY PROCEDURES SOI 2. |
| S ..... | 9 | 498 | MASTECTOMY PROCEDURES SOI 3 ..... | 362 | 3 | MASTECTOMY PROCEDURES SOI 3. |
| S ..... | 9 | 499 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 1. | 363 | 1 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 1. |
| S ..... | 9 | 500 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 2. | 363 | 2 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 2. |
| S ..... | 9 | 501 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 3. | 363 | 3 | BREAST PROCEDURES EXCEPT MASTECTOMY SOI 3. |
| S ..... | 9 | 502 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 1. | 364 | 1 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 1. |
| S ..... | 9 | 503 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 2. | 364 | 2 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 2. |
| S ..... | 9 | 504 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 3. | 364 | 3 | OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES SOI 3. |
| M ..... | 9 | 505 | SKIN, SUBCUTANEOUS TISSUE & BREAST DIAGNOSES SOI 4. | 380 | 4 | SKIN ULCERS SOI 4. |
| M ..... | 9 | 505 | SKIN, SUBCUTANEOUS TISSUE & BREAST DIAGNOSES SOI 4. | 381 | 4 | MAJOR SKIN DISORDERS SOI 4. |
| M ..... | 9 | 505 | SKIN, SUBCUTANEOUS TISSUE & BREAST DIAGNOSES SOI 4. | 382 | 4 | MALIGNANT BREAST DISORDERS SOI 4. |
| M ..... | 9 | 505 | SKIN, SUBCUTANEOUS TISSUE & BREAST DIAGNOSES SOI 4. | 383 | 4 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 4. |
| M ..... | 9 | 505 | SKIN, SUBCUTANEOUS TISSUE & BREAST DIAGNOSES SOI 4. | 384 | 4 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 4. |
| M ..... | 9 | 505 | SKIN, SUBCUTANEOUS TISSUE & BREAST DIAGNOSES SOI 4. | 385 | 4 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 4. |
| M ..... | 9 | 506 | SKIN ULCERS SOI 1 ..... | 380 | 1 | SKIN ULCERS SOI 1. |
| M ..... | 9 | 507 | SKIN ULCERS SOI 2 ..... | 380 | 2 | SKIN ULCERS SOI 2. |
| M ..... | 9 | 508 | SKIN ULCERS SOI 3 ..... | 380 | 3 | SKIN ULCERS SOI 3. |
| M ..... | 9 | 509 | MAJOR SKIN DISORDERS SOI 1 ..... | 381 | 1 | MAJOR SKIN DISORDERS SOI 1. |
| M ..... | 9 | 510 | MAJOR SKIN DISORDERS SOI 2 ..... | 381 | 2 | MAJOR SKIN DISORDERS SOI 2. |
| M ..... | 9 | 511 | MAJOR SKIN DISORDERS SOI 3 ..... | 381 | 3 | MAJOR SKIN DISORDERS SOI 3. |
| M ..... | 9 | 512 | MALIGNANT BREAST DISORDERS SOI 1 | 382 | 1 | MALIGNANT BREAST DISORDERS SOI 1. |
| M ..... | 9 | 513 | MALIGNANT BREAST DISORDERS SOI 2 | 382 | 2 | MALIGNANT BREAST DISORDERS SOI 2. |
| M ..... | 9 | 514 | MALIGNANT BREAST DISORDERS SOI 3 | 382 | 3 | MALIGNANT BREAST DISORDERS SOI 3. |
| M ..... | 9 | 515 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 1. | 383 | 1 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 1. |
| M ..... | 9 | 516 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 2. | 383 | 2 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 2. |
| M ..... | 9 | 517 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 3. | 383 | 3 | CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS SOI 3. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 9 | 518 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 1. | 384 | 1 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 1. |
| M ..... | 9 | 519 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 2. | 384 | 2 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 2. |
| M ..... | 9 | 520 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 3. | 384 | 3 | CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE SOI 3. |
| M ..... | 9 | 521 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 1. | 385 | 1 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 1. |
| M ..... | 9 | 522 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 2. | 385 | 2 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 2. |
| M ..... | 9 | 523 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 3. | 385 | 3 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS SOI 3. |
| S ..... | 10 | 524 | PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 4. | 401 | 4 | PITUITARY & ADRENAL PROCEDURES SOI 4. |
| S ..... | 10 | 524 | PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 4. | 403 | 4 | PROCEDURES FOR OBESITY SOI 4. |
| S ..... | 10 | 524 | PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 4. | 404 | 4 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 4. |
| S ..... | 10 | 524 | PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 4. | 405 | 4 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 4. |
| S ..... | 10 | 525 | PITUITARY & ADRENAL PROCEDURES SOI 1. | 401 | 1 | PITUITARY & ADRENAL PROCEDURES SOI 1. |
| S ..... | 10 | 526 | PITUITARY & ADRENAL PROCEDURES SOI 2. | 401 | 2 | PITUITARY & ADRENAL PROCEDURES SOI 2. |
| S ..... | 10 | 527 | PITUITARY & ADRENAL PROCEDURES SOI 3. | 401 | 3 | PITUITARY & ADRENAL PROCEDURES SOI 3. |
| S ..... | 10 | 528 | PROCEDURES FOR OBESITY SOI 1 ..... | 403 | 1 | PROCEDURES FOR OBESITY SOI 1. |
| S ..... | 10 | 529 | PROCEDURES FOR OBESITY SOI 2 ..... | 403 | 2 | PROCEDURES FOR OBESITY SOI 2. |
| S ..... | 10 | 530 | PROCEDURES FOR OBESITY SOI 3 ..... | 403 | 3 | PROCEDURES FOR OBESITY SOI 3. |
| S ..... | 10 | 531 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 1. | 404 | 1 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 1. |
| S ..... | 10 | 532 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 2. | 404 | 2 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 2. |
| S ..... | 10 | 533 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 3. | 404 | 3 | THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES SOI 3. |
| S ..... | 10 | 534 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 1. | 405 | 1 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 1. |
| S ..... | 10 | 535 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 2. | 405 | 2 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 2. |
| S ..... | 10 | 536 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 3. | 405 | 3 | OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS SOI 3. |
| M ..... | 10 | 537 | ENDOCRINE DIAGNOSES SOI 4 ..... | 420 | 4 | DIABETES SOI 4. |
| M ..... | 10 | 537 | ENDOCRINE DIAGNOSES SOI 4 ..... | 421 | 4 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 4. |
| M ..... | 10 | 537 | ENDOCRINE DIAGNOSES SOI 4 ..... | 422 | 4 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 4. |
| M ..... | 10 | 537 | ENDOCRINE DIAGNOSES SOI 4 ..... | 423 | 4 | INBORN ERRORS OF METABOLISM SOI 4. |
| M ..... | 10 | 537 | ENDOCRINE DIAGNOSES SOI 4 ..... | 424 | 4 | OTHER ENDOCRINE DISORDERS SOI 4. |
| M ..... | 10 | 537 | ENDOCRINE DIAGNOSES SOI 4 ..... | 425 | 4 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 4. |
| M ..... | 10 | 538 | DIABETES SOI 1 ..... | 420 | 1 | DIABETES SOI 1. |
| M ..... | 10 | 539 | DIABETES SOI 2 ..... | 420 | 2 | DIABETES SOI 2. |
| M ..... | 10 | 540 | DIABETES SOI 3 ..... | 420 | 3 | DIABETES SOI 3. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M | 10 | 541 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 1. | 421 | 1 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 1. |
| M | 10 | 542 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 2. | 421 | 2 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 2. |
| M | 10 | 543 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 3. | 421 | 3 | MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS SOI 3. |
| M | 10 | 544 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 1. | 422 | 1 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 1. |
| M | 10 | 545 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 2. | 422 | 2 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 2. |
| M | 10 | 546 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 3. | 422 | 3 | HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS SOI 3. |
| M | 10 | 547 | INBORN ERRORS OF METABOLISM SOI 1. | 423 | 1 | INBORN ERRORS OF METABOLISM SOI 1. |
| M | 10 | 548 | INBORN ERRORS OF METABOLISM SOI 2. | 423 | 2 | INBORN ERRORS OF METABOLISM SOI 2. |
| M | 10 | 549 | INBORN ERRORS OF METABOLISM SOI 3. | 423 | 3 | INBORN ERRORS OF METABOLISM SOI 3. |
| M | 10 | 550 | OTHER ENDOCRINE DISORDERS SOI 1 | 424 | 1 | OTHER ENDOCRINE DISORDERS SOI 1. |
| M | 10 | 551 | OTHER ENDOCRINE DISORDERS SOI 2 | 424 | 2 | OTHER ENDOCRINE DISORDERS SOI 2. |
| M | 10 | 552 | OTHER ENDOCRINE DISORDERS SOI 3 | 424 | 3 | OTHER ENDOCRINE DISORDERS SOI 3. |
| M | 10 | 553 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 1. | 425 | 1 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 1. |
| M | 10 | 554 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 2. | 425 | 2 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 2. |
| M | 10 | 555 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 3. | 425 | 3 | ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED SOI 3. |
| S | 11 | 556 | URINARY TRACT & RELATED PROCEDURES EXCEPT KIDNEY TRANSPLANT SOI 4. | 441 | 4 | MAJOR BLADDER PROCEDURES SOI 4. |
| S | 11 | 556 | URINARY TRACT & RELATED PROCEDURES EXCEPT KIDNEY TRANSPLANT SOI 4. | 442 | 4 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 4. |
| S | 11 | 556 | URINARY TRACT & RELATED PROCEDURES EXCEPT KIDNEY TRANSPLANT SOI 4. | 443 | 4 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 4. |
| S | 11 | 556 | URINARY TRACT & RELATED PROCEDURES EXCEPT KIDNEY TRANSPLANT SOI 4. | 444 | 4 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 4. |
| S | 11 | 556 | URINARY TRACT & RELATED PROCEDURES EXCEPT KIDNEY TRANSPLANT SOI 4. | 445 | 4 | OTHER BLADDER PROCEDURES SOI 4. |
| S | 11 | 556 | URINARY TRACT & RELATED PROCEDURES EXCEPT KIDNEY TRANSPLANT SOI 4. | 446 | 4 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 4. |
| S | 11 | 556 | URINARY TRACT & RELATED PROCEDURES EXCEPT KIDNEY TRANSPLANT SOI 4. | 447 | 4 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 4. |
| S | 11 | 557 | KIDNEY TRANSPLANT SOI 1 | 440 | 1 | KIDNEY TRANSPLANT SOI 1. |
| S | 11 | 558 | KIDNEY TRANSPLANT SOI 2 | 440 | 2 | KIDNEY TRANSPLANT SOI 2. |
| S | 11 | 559 | KIDNEY TRANSPLANT SOI 3 | 440 | 3 | KIDNEY TRANSPLANT SOI 3. |
| S | 11 | 560 | KIDNEY TRANSPLANT SOI 4 | 440 | 4 | KIDNEY TRANSPLANT SOI 4. |
| S | 11 | 561 | MAJOR BLADDER PROCEDURES SOI 1 | 441 | 1 | MAJOR BLADDER PROCEDURES SOI 1. |
| S | 11 | 562 | MAJOR BLADDER PROCEDURES SOI 2 | 441 | 2 | MAJOR BLADDER PROCEDURES SOI 2. |
| S | 11 | 563 | MAJOR BLADDER PROCEDURES SOI 3 | 441 | 3 | MAJOR BLADDER PROCEDURES SOI 3. |
| S | 11 | 564 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 1. | 442 | 1 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 1. |
| S | 11 | 565 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 2. | 442 | 2 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 2. |
| S | 11 | 566 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 3. | 442 | 3 | KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY SOI 3. |
| S | 11 | 567 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 1. | 443 | 1 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 1. |
| S | 11 | 568 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 2. | 443 | 2 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 11 | 569 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 3. | 443 | 3 | KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY SOI 3. |
| S | 11 | 570 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 1. | 444 | 1 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 1. |
| S | 11 | 571 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 2. | 444 | 2 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 2. |
| S | 11 | 572 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 3. | 444 | 3 | RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY SOI 3. |
| S | 11 | 573 | OTHER BLADDER PROCEDURES SOI 1 | 445 | 1 | OTHER BLADDER PROCEDURES SOI 1. |
| S | 11 | 574 | OTHER BLADDER PROCEDURES SOI 2 | 445 | 2 | OTHER BLADDER PROCEDURES SOI 2. |
| S | 11 | 575 | OTHER BLADDER PROCEDURES SOI 3 | 445 | 3 | OTHER BLADDER PROCEDURES SOI 3. |
| S | 11 | 576 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 1. | 446 | 1 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 1. |
| S | 11 | 577 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 2. | 446 | 2 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 2. |
| S | 11 | 578 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 3. | 446 | 3 | URETHRAL & TRANSURETHRAL PROCEDURES SOI 3. |
| S | 11 | 579 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 1. | 447 | 1 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 1. |
| S | 11 | 580 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 2. | 447 | 2 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 2. |
| S | 11 | 581 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 3. | 447 | 3 | OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES SOI 3. |
| M | 11 | 582 | KIDNEY & URINARY TRACT DIAGNOSES SOI 4. | 460 | 4 | RENAL FAILURE SOI 4. |
| M | 11 | 582 | KIDNEY & URINARY TRACT DIAGNOSES SOI 4. | 461 | 4 | KIDNEY & URINARY TRACT MALIGNANCY SOI 4. |
| M | 11 | 582 | KIDNEY & URINARY TRACT DIAGNOSES SOI 4. | 462 | 4 | NEPHRITIS & NEPHROSIS SOI 4. |
| M | 11 | 582 | KIDNEY & URINARY TRACT DIAGNOSES SOI 4. | 463 | 4 | KIDNEY & URINARY TRACT INFECTIONS SOI 4. |
| M | 11 | 582 | KIDNEY & URINARY TRACT DIAGNOSES SOI 4. | 465 | 4 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 4. |
| M | 11 | 582 | KIDNEY & URINARY TRACT DIAGNOSES SOI 4. | 466 | 4 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 4. |
| M | 11 | 582 | KIDNEY & URINARY TRACT DIAGNOSES SOI 4. | 468 | 4 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 4. |
| M | 11 | 583 | RENAL FAILURE SOI 1 | 460 | 1 | RENAL FAILURE SOI 1. |
| M | 11 | 584 | RENAL FAILURE SOI 2 | 460 | 2 | RENAL FAILURE SOI 2. |
| M | 11 | 585 | RENAL FAILURE SOI 3 | 460 | 3 | RENAL FAILURE SOI 3. |
| M | 11 | 586 | KIDNEY & URINARY TRACT MALIGNANCY SOI 1. | 461 | 1 | KIDNEY & URINARY TRACT MALIGNANCY SOI 1. |
| M | 11 | 587 | KIDNEY & URINARY TRACT MALIGNANCY SOI 2. | 461 | 2 | KIDNEY & URINARY TRACT MALIGNANCY SOI 2. |
| M | 11 | 588 | KIDNEY & URINARY TRACT MALIGNANCY SOI 3. | 461 | 3 | KIDNEY & URINARY TRACT MALIGNANCY SOI 3. |
| M | 11 | 589 | NEPHRITIS & NEPHROSIS SOI 1 | 462 | 1 | NEPHRITIS & NEPHROSIS SOI 1. |
| M | 11 | 590 | NEPHRITIS & NEPHROSIS SOI 2 | 462 | 2 | NEPHRITIS & NEPHROSIS SOI 2. |
| M | 11 | 591 | NEPHRITIS & NEPHROSIS SOI 3 | 462 | 3 | NEPHRITIS & NEPHROSIS SOI 3. |
| M | 11 | 592 | KIDNEY & URINARY TRACT INFECTIONS SOI 1. | 463 | 1 | KIDNEY & URINARY TRACT INFECTIONS SOI 1. |
| M | 11 | 593 | KIDNEY & URINARY TRACT INFECTIONS SOI 2. | 463 | 2 | KIDNEY & URINARY TRACT INFECTIONS SOI 2. |
| M | 11 | 594 | KIDNEY & URINARY TRACT INFECTIONS SOI 3. | 463 | 3 | KIDNEY & URINARY TRACT INFECTIONS SOI 3. |
| M | 11 | 595 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 1. | 465 | 1 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 1. |
| M | 11 | 596 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 2. | 465 | 2 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 2. |
| M | 11 | 597 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 3. | 465 | 3 | URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION SOI 3. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 11 | 598 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 1. | 466 | 1 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 1. |
| M ..... | 11 | 599 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 2. | 466 | 2 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 2. |
| M ..... | 11 | 600 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 3. | 466 | 3 | MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC SOI 3. |
| M ..... | 11 | 601 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 1. | 468 | 1 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 1. |
| M ..... | 11 | 602 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 2. | 468 | 2 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 2. |
| M ..... | 11 | 603 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 3. | 468 | 3 | OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS SOI 3. |
| S ..... | 12 | 604 | MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 480 | 4 | MAJOR MALE PELVIC PROCEDURES SOI 4. |
| S ..... | 12 | 604 | MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 481 | 4 | PENIS PROCEDURES SOI 4. |
| S ..... | 12 | 604 | MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 482 | 4 | TRANSURETHRAL PROSTATECTOMY SOI 4. |
| S ..... | 12 | 604 | MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 483 | 4 | TESTES & SCROTAL PROCEDURES SOI 4. |
| S ..... | 12 | 604 | MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 484 | 4 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. |
| S ..... | 12 | 605 | MAJOR MALE PELVIC PROCEDURES SOI 1. | 480 | 1 | MAJOR MALE PELVIC PROCEDURES SOI 1. |
| S ..... | 12 | 606 | MAJOR MALE PELVIC PROCEDURES SOI 2. | 480 | 2 | MAJOR MALE PELVIC PROCEDURES SOI 2. |
| S ..... | 12 | 607 | MAJOR MALE PELVIC PROCEDURES SOI 3. | 480 | 3 | MAJOR MALE PELVIC PROCEDURES SOI 3. |
| S ..... | 12 | 608 | PENIS PROCEDURES SOI 1 ..... | 481 | 1 | PENIS PROCEDURES SOI 1. |
| S ..... | 12 | 609 | PENIS PROCEDURES SOI 2 ..... | 481 | 2 | PENIS PROCEDURES SOI 2. |
| S ..... | 12 | 610 | PENIS PROCEDURES SOI 3 ..... | 481 | 3 | PENIS PROCEDURES SOI 3. |
| S ..... | 12 | 611 | TRANSURETHRAL PROSTATECTOMY SOI 1. | 482 | 1 | TRANSURETHRAL PROSTATECTOMY SOI 1. |
| S ..... | 12 | 612 | TRANSURETHRAL PROSTATECTOMY SOI 2. | 482 | 2 | TRANSURETHRAL PROSTATECTOMY SOI 2. |
| S ..... | 12 | 613 | TRANSURETHRAL PROSTATECTOMY SOI 3. | 482 | 3 | TRANSURETHRAL PROSTATECTOMY SOI 3. |
| S ..... | 12 | 614 | TESTES & SCROTAL PROCEDURES SOI 1. | 483 | 1 | TESTES & SCROTAL PROCEDURES SOI 1. |
| S ..... | 12 | 615 | TESTES & SCROTAL PROCEDURES SOI 2. | 483 | 2 | TESTES & SCROTAL PROCEDURES SOI 2. |
| S ..... | 12 | 616 | TESTES & SCROTAL PROCEDURES SOI 3. | 483 | 3 | TESTES & SCROTAL PROCEDURES SOI 3. |
| S ..... | 12 | 617 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 1. | 484 | 1 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 1. |
| S ..... | 12 | 618 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 2. | 484 | 2 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 2. |
| S ..... | 12 | 619 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 3. | 484 | 3 | OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 3. |
| M ..... | 12 | 620 | MALE REPRODUCTIVE SYSTEM DIAGNOSES SOI 4. | 500 | 4 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 4. |
| M ..... | 12 | 620 | MALE REPRODUCTIVE SYSTEM DIAGNOSES SOI 4. | 501 | 4 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 4. |
| M ..... | 12 | 621 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 1. | 500 | 1 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 1. |
| M ..... | 12 | 622 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 2. | 500 | 2 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 2. |
| M ..... | 12 | 623 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 3. | 500 | 3 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM SOI 3. |
| M ..... | 12 | 624 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 1. | 501 | 1 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 1. |
| M ..... | 12 | 625 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 2. | 501 | 2 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 12 | 626 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 3. | 501 | 3 | MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY SOI 3. |
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 510 | 4 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 4. |
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 511 | 4 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 4. |
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 512 | 4 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 4. |
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 513 | 4 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 4. |
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 514 | 4 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 4. |
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 517 | 4 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 4. |
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 518 | 4 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. |
| S ..... | 13 | 627 | FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 4. | 519 | 4 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 4. |
| S ..... | 13 | 628 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 1. | 510 | 1 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 1. |
| S ..... | 13 | 629 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 2. | 510 | 2 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 2. |
| S ..... | 13 | 630 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 3. | 510 | 3 | PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS SOI 3. |
| S ..... | 13 | 631 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 1. | 511 | 1 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 1. |
| S ..... | 13 | 632 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 2. | 511 | 2 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 2. |
| S ..... | 13 | 633 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 3. | 511 | 3 | UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY SOI 3. |
| S ..... | 13 | 634 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 1. | 512 | 1 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 1. |
| S ..... | 13 | 635 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 2. | 512 | 2 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 2. |
| S ..... | 13 | 636 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 3. | 512 | 3 | UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG SOI 3. |
| S ..... | 13 | 637 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 1. | 513 | 1 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 1. |
| S ..... | 13 | 638 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 2. | 513 | 2 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 2. |
| S ..... | 13 | 639 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 3. | 513 | 3 | UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA SOI 3. |
| S ..... | 13 | 640 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 1. | 514 | 1 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 1. |
| S ..... | 13 | 641 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 2. | 514 | 2 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 2. |
| S ..... | 13 | 642 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 3. | 514 | 3 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES SOI 3. |
| S ..... | 13 | 643 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 1. | 517 | 1 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 1. |
| S ..... | 13 | 644 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 2. | 517 | 2 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 13 | 645 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 3. | 517 | 3 | DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES SOI 3. |
| S | 13 | 646 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 1. | 518 | 1 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 1. |
| S | 13 | 647 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 2. | 518 | 2 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 2. |
| S | 13 | 648 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 3. | 518 | 3 | OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES SOI 3. |
| S | 13 | 649 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 1. | 519 | 1 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 1. |
| S | 13 | 650 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 2. | 519 | 2 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 2. |
| S | 13 | 651 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 3. | 519 | 3 | UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA SOI 3. |
| M | 13 | 652 | FEMALE REPRODUCTIVE SYSTEM DIAGNOSES SOI 4. | 530 | 4 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 4. |
| M | 13 | 652 | FEMALE REPRODUCTIVE SYSTEM DIAGNOSES SOI 4. | 531 | 4 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 4. |
| M | 13 | 652 | FEMALE REPRODUCTIVE SYSTEM DIAGNOSES SOI 4. | 532 | 4 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 4. |
| M | 13 | 653 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 1. | 530 | 1 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 1. |
| M | 13 | 654 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 2. | 530 | 2 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 2. |
| M | 13 | 655 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 3. | 530 | 3 | FEMALE REPRODUCTIVE SYSTEM MALIGNANCY SOI 3. |
| M | 13 | 656 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 1. | 531 | 1 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 1. |
| M | 13 | 657 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 2. | 531 | 2 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 2. |
| M | 13 | 658 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 3. | 531 | 3 | FEMALE REPRODUCTIVE SYSTEM INFECTIONS SOI 3. |
| M | 13 | 659 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 1. | 532 | 1 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 1. |
| M | 13 | 660 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 2. | 532 | 2 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 2. |
| M | 13 | 661 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 3. | 532 | 3 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS SOI 3. |
| S | 14 | 662 | O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT CESAREAN DELIVERY SOI 4. | 541 | 4 | VAGINAL DELIVERY W STERILIZATION &/OR D&C SOI 4. |
| S | 14 | 662 | O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT CESAREAN DELIVERY SOI 4. | 542 | 4 | VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C SOI 4. |
| S | 14 | 662 | O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT CESAREAN DELIVERY SOI 4. | 544 | 4 | D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES SOI 4. |
| S | 14 | 662 | O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT CESAREAN DELIVERY SOI 4. | 545 | 4 | ECTOPIC PREGNANCY PROCEDURE SOI 4. |
| S | 14 | 662 | O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT CESAREAN DELIVERY SOI 4. | 546 | 4 | OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 4. |
| S | 14 | 663 | CESAREAN DELIVERY SOI 1 | 540 | 1 | CESAREAN DELIVERY SOI 1. |
| S | 14 | 664 | CESAREAN DELIVERY SOI 2 | 540 | 2 | CESAREAN DELIVERY SOI 2. |
| S | 14 | 665 | CESAREAN DELIVERY SOI 3 | 540 | 3 | CESAREAN DELIVERY SOI 3. |
| S | 14 | 666 | CESAREAN DELIVERY SOI 4 | 540 | 4 | CESAREAN DELIVERY SOI 4. |
| S | 14 | 667 | VAGINAL DELIVERY PROCEDURES SOI 1. | 541 | 1 | VAGINAL DELIVERY W STERILIZATION &/OR D&C SOI 1. |
| S | 14 | 667 | VAGINAL DELIVERY PROCEDURES SOI 1. | 542 | 1 | VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C SOI 1. |
| S | 14 | 668 | VAGINAL DELIVERY PROCEDURES SOI 2. | 541 | 2 | VAGINAL DELIVERY W STERILIZATION &/OR D&C SOI 2. |
| S | 14 | 668 | VAGINAL DELIVERY PROCEDURES SOI 2. | 542 | 2 | VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C SOI 2. |
| S | 14 | 669 | VAGINAL DELIVERY PROCEDURES SOI 3. | 541 | 3 | VAGINAL DELIVERY W STERILIZATION &/OR D&C SOI 3. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 14 | 669 | VAGINAL DELIVERY PROCEDURES SOI 3. | 542 | 3 | VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C SOI 3. |
| S | 14 | 670 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 1. | 544 | 1 | D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES SOI 1. |
| S | 14 | 670 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 1. | 545 | 1 | ECTOPIC PREGNANCY PROCEDURE SOI 1. |
| S | 14 | 670 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 1. | 546 | 1 | OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 1. |
| S | 14 | 671 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 2. | 544 | 2 | D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES SOI 2. |
| S | 14 | 671 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 2. | 545 | 2 | ECTOPIC PREGNANCY PROCEDURE SOI 2. |
| S | 14 | 671 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 2. | 546 | 2 | OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 2. |
| S | 14 | 672 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 3. | 544 | 3 | D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES SOI 3. |
| S | 14 | 672 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 3. | 545 | 3 | ECTOPIC PREGNANCY PROCEDURE SOI 3. |
| S | 14 | 672 | OTHER PROCEDURES FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 3. | 546 | 3 | OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES SOI 3. |
| M | 14 | 673 | ANTEPARTUM DIAGNOSES EXCEPT VAGINAL DELIVERY DIAGNOSIS SOI 4. | 561 | 4 | POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE SOI 4. |
| M | 14 | 673 | ANTEPARTUM DIAGNOSES EXCEPT VAGINAL DELIVERY DIAGNOSIS SOI 4. | 563 | 4 | THREATENED ABORTION SOI 4. |
| M | 14 | 673 | ANTEPARTUM DIAGNOSES EXCEPT VAGINAL DELIVERY DIAGNOSIS SOI 4. | 564 | 4 | ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY SOI 4. |
| M | 14 | 673 | ANTEPARTUM DIAGNOSES EXCEPT VAGINAL DELIVERY DIAGNOSIS SOI 4. | 565 | 4 | FALSE LABOR SOI 4. |
| M | 14 | 673 | ANTEPARTUM DIAGNOSES EXCEPT VAGINAL DELIVERY DIAGNOSIS SOI 4. | 566 | 4 | OTHER ANTEPARTUM DIAGNOSES SOI 4. |
| M | 14 | 674 | VAGINAL DELIVERY SOI 1 | 560 | 1 | VAGINAL DELIVERY SOI 1. |
| M | 14 | 675 | VAGINAL DELIVERY SOI 2 | 560 | 2 | VAGINAL DELIVERY SOI 2. |
| M | 14 | 676 | VAGINAL DELIVERY SOI 3 | 560 | 3 | VAGINAL DELIVERY SOI 3. |
| M | 14 | 677 | VAGINAL DELIVERY SOI 4 | 560 | 4 | VAGINAL DELIVERY SOI 4. |
| M | 14 | 678 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 1. | 561 | 1 | POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE SOI 1. |
| M | 14 | 678 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 1. | 564 | 1 | ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY SOI 1. |
| M | 14 | 679 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 2. | 561 | 2 | POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE SOI 2. |
| M | 14 | 679 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 2. | 564 | 2 | ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY SOI 2. |
| M | 14 | 680 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 3. | 561 | 3 | POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE SOI 3. |
| M | 14 | 680 | POSTPARTUM & ABORTION DIAGNOSES W/O PROCEDURE SOI 3. | 564 | 3 | ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY SOI 3. |
| M | 14 | 681 | ANTEPARTUM DIAGNOSES SOI 1 | 563 | 1 | THREATENED ABORTION SOI 1. |
| M | 14 | 681 | ANTEPARTUM DIAGNOSES SOI 1 | 565 | 1 | FALSE LABOR SOI 1. |
| M | 14 | 681 | ANTEPARTUM DIAGNOSES SOI 1 | 566 | 1 | OTHER ANTEPARTUM DIAGNOSES SOI 1. |
| M | 14 | 682 | ANTEPARTUM DIAGNOSES SOI 2 | 563 | 2 | THREATENED ABORTION SOI 2. |
| M | 14 | 682 | ANTEPARTUM DIAGNOSES SOI 2 | 565 | 2 | FALSE LABOR SOI 2. |
| M | 14 | 682 | ANTEPARTUM DIAGNOSES SOI 2 | 566 | 2 | OTHER ANTEPARTUM DIAGNOSES SOI 2. |
| M | 14 | 683 | ANTEPARTUM DIAGNOSES SOI 3 | 563 | 3 | THREATENED ABORTION SOI 3. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 14 | 683 | ANTEPARTUM DIAGNOSES SOI 3 ..... | 565 | 3 | FALSE LABOR SOI 3. |
| M ..... | 14 | 683 | ANTEPARTUM DIAGNOSES SOI 3 ..... | 566 | 3 | OTHER ANTEPARTUM DIAGNOSES SOI 3. |
| M ..... | 15 | 684 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 1 & 2. | 580 | 1 | NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE SOI 1. |
| M ..... | 15 | 684 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 1 & 2. | 580 | 2 | NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE SOI 2. |
| M ..... | 15 | 684 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 1 & 2. | 581 | 1 | NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE SOI 1. |
| M ..... | 15 | 684 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 1 & 2. | 581 | 2 | NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE SOI 2. |
| M ..... | 15 | 685 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 3 & 4. | 580 | 3 | NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE SOI 3. |
| M ..... | 15 | 685 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 3 & 4. | 580 | 4 | NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE SOI 4. |
| M ..... | 15 | 685 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 3 & 4. | 581 | 3 | NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE SOI 3. |
| M ..... | 15 | 685 | NEONATE, TRANSFERRED <5 DAYS OLD SOI 3 & 4. | 581 | 4 | NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE SOI 4. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 583 | 1 | NEONATE W ECMO SOI 1. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 583 | 2 | NEONATE W ECMO SOI 2. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 588 | 1 | NEONATE BWT <1500G W MAJOR PROCEDURE SOI 1. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 588 | 2 | NEONATE BWT <1500G W MAJOR PROCEDURE SOI 2. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 589 | 1 | NEONATE BWT <500G SOI 1. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 589 | 2 | NEONATE BWT <500G SOI 2. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 591 | 1 | NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE SOI 1. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 591 | 2 | NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE SOI 2. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 593 | 1 | NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE SOI 1. |
| M ..... | 15 | 686 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 1 & 2. | 593 | 2 | NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE SOI 2. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 583 | 3 | NEONATE W ECMO SOI 3. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 583 | 4 | NEONATE W ECMO SOI 4. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 588 | 3 | NEONATE BWT <1500G W MAJOR PROCEDURE SOI 3. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 588 | 4 | NEONATE BWT <1500G W MAJOR PROCEDURE SOI 4. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 589 | 3 | NEONATE BWT <500G SOI 3. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 589 | 4 | NEONATE BWT <500G SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 591 | 3 | NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE SOI 3. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 591 | 4 | NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE SOI 4. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 593 | 3 | NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE SOI 3. |
| M ..... | 15 | 687 | EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE SOI 3 & 4. | 593 | 4 | NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE SOI 4. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 602 | 1 | NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 602 | 2 | NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM SOI 2. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 607 | 1 | NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 607 | 2 | NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM SOI 2. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 609 | 1 | NEONATE BWT 1500-2499G W MAJOR PROCEDURE SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 609 | 2 | NEONATE BWT 1500-2499G W MAJOR PROCEDURE SOI 2. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 611 | 1 | NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 611 | 2 | NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY SOI 2. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 612 | 1 | NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 amp; 2. | 612 | 2 | NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND SOI 2. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 613 | 1 | NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 613 | 2 | NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION SOI 2. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 621 | 1 | NEONATE BWT 2000-2499G W MAJOR ANOMALY SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 621 | 2 | NEONATE BWT 2000-2499G W MAJOR ANOMALY SOI 2. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 622 | 1 | NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 622 | 2 | NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND SOI 2. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 623 | 1 | NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION SOI 1. |
| M ..... | 15 | 688 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 1 & 2. | 623 | 2 | NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION SOI 2. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 602 | 3 | NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM SOI 3. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 602 | 4 | NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM SOI 4. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 607 | 3 | NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM SOI 3. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 607 | 4 | NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM SOI 4. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 609 | 3 | NEONATE BWT 1500-2499G W MAJOR PROCEDURE SOI 3. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 609 | 4 | NEONATE BWT 1500-2499G W MAJOR PROCEDURE SOI 4. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 611 | 3 | NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY SOI 3. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 611 | 4 | NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY SOI 4. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 612 | 3 | NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND SOI 3. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 612 | 4 | NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND SOI 4. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 613 | 3 | NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION SOI 3. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 613 | 4 | NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION SOI 4. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 621 | 3 | NEONATE BWT 2000-2499G W MAJOR ANOMALY SOI 3. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 621 | 4 | NEONATE BWT 2000-2499G W MAJOR ANOMALY SOI 4. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 622 | 3 | NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND SOI 3. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 622 | 4 | NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND SOI 4. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 623 | 3 | NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION SOI 3. |
| M ..... | 15 | 689 | PREMAUTRITY WITH MAJOR PROBLEMS SOI 3 & 4. | 623 | 4 | NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION SOI 4. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. | 603 | 1 | NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION SOI 1. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. | 603 | 2 | NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION SOI 2. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. | 608 | 1 | NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION SOI 1. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. | 608 | 2 | NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION SOI 2. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. | 614 | 1 | NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION SOI 1. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. | 614 | 2 | NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION SOI 2. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. | 625 | 1 | NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION SOI 1. |
| M ..... | 15 | 690 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 1 & 2. | 625 | 2 | NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION SOI 2. |
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. | 603 | 3 | NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION SOI 3. |
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. | 603 | 4 | NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. | 608 | 3 | NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION SOI 3. |
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. | 608 | 4 | NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION SOI 4. |
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. | 614 | 3 | NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION SOI 3. |
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. | 614 | 4 | NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION SOI 4. |
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. | 625 | 3 | NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION SOI 3. |
| M ..... | 15 | 691 | PREMAUTRITY WITHOUT MAJOR PROBLEMS SOI 3 & 4. | 625 | 4 | NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION SOI 4. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 630 | 1 | NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE SOI 1. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 630 | 2 | NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE SOI 2. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 631 | 1 | NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE SOI 1. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 631 | 2 | NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE SOI 2. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 633 | 1 | NEONATE BIRTHWT >2499G W MAJOR ANOMALY SOI 1. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 633 | 2 | NEONATE BIRTHWT >2499G W MAJOR ANOMALY SOI 2. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 634 | 1 | NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND SOI 1. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 634 | 2 | NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND SOI 2. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 636 | 1 | NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION SOI 1. |
| M ..... | 15 | 692 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 1 & 2. | 636 | 2 | NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION SOI 2. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 630 | 3 | NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE SOI 3. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 630 | 4 | NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE SOI 4. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 631 | 3 | NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE SOI 3. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 631 | 4 | NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE SOI 4. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 633 | 3 | NEONATE BIRTHWT >2499G W MAJOR ANOMALY SOI 3. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 633 | 4 | NEONATE BIRTHWT >2499G W MAJOR ANOMALY SOI 4. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 634 | 3 | NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND SOI 3. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 634 | 4 | NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND SOI 4. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 636 | 3 | NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION SOI 3. |
| M ..... | 15 | 693 | FULL TERM NEONATE WITH MAJOR PROBLEMS SOI 3 & 4. | 636 | 4 | NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 15 | 694 | NEONATE WITH OTHER SIGNIFICANT PROBLEMS SOI 1 & 2. | 639 | 1 | NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION SOI 1. |
| M ..... | 15 | 694 | NEONATE WITH OTHER SIGNIFICANT PROBLEMS SOI 1 & 2. | 639 | 2 | NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION SOI 2. |
| M ..... | 15 | 695 | NEONATE WITH OTHER SIGNIFICANT PROBLEMS SOI 3 & 4. | 639 | 3 | NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION SOI 3. |
| M ..... | 15 | 695 | NEONATE WITH OTHER SIGNIFICANT PROBLEMS SOI 3 & 4. | 639 | 4 | NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION SOI 4. |
| M ..... | 15 | 696 | NEONATE >2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 1 & 2. | 626 | 1 | NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM SOI 1. |
| M ..... | 15 | 696 | NEONATE >2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 1 & 2. | 626 | 2 | NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM SOI 2. |
| M ..... | 15 | 696 | NEONATE >2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 1 & 2. | 640 | 1 | NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM SOI 1. |
| M ..... | 15 | 696 | NEONATE >2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 1 & 2. | 640 | 2 | NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM SOI 2. |
| M ..... | 15 | 697 | NEONATE >2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 3 & 4. | 626 | 3 | NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM SOI 3. |
| M ..... | 15 | 697 | NEONATE >2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 3 & 4. | 626 | 4 | NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM SOI 4. |
| M ..... | 15 | 697 | NEONATE >2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 3 & 4. | 640 | 3 | NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM SOI 3. |
| M ..... | 15 | 697 | NEONATE >2,000 GRAMS WITHOUT SIGNIFICANT PROBLEMS SOI 3 & 4. | 640 | 4 | NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM SOI 4. |
| S ..... | 16 | 698 | PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. | 650 | 4 | SPLENECTOMY SOI 4. |
| S ..... | 16 | 698 | PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. | 651 | 4 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. |
| S ..... | 16 | 699 | SPLENECTOMY SOI 1 ..... | 650 | 1 | SPLENECTOMY SOI 1. |
| S ..... | 16 | 700 | SPLENECTOMY SOI 2 ..... | 650 | 2 | SPLENECTOMY SOI 2. |
| S ..... | 16 | 701 | SPLENECTOMY SOI 3 ..... | 650 | 3 | SPLENECTOMY SOI 3. |
| S ..... | 16 | 702 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 1. | 651 | 1 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 1. |
| S ..... | 16 | 703 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 2. | 651 | 2 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 2. |
| S ..... | 16 | 704 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 3. | 651 | 3 | OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS SOI 3. |
| M ..... | 16 | 705 | ANEMIA & DIAGNOSES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. | 660 | 4 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 4. |
| M ..... | 16 | 705 | ANEMIA & DIAGNOSES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. | 661 | 4 | COAGULATION & PLATELET DISORDERS SOI 4. |
| M ..... | 16 | 705 | ANEMIA & DIAGNOSES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. | 662 | 4 | SICKLE CELL ANEMIA CRISIS SOI 4. |
| M ..... | 16 | 705 | ANEMIA & DIAGNOSES OF BLOOD & BLOOD-FORMING ORGANS SOI 4. | 663 | 4 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 4. |
| M ..... | 16 | 706 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 1. | 660 | 1 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 1. |
| M ..... | 16 | 707 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 2. | 660 | 2 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 2. |
| M ..... | 16 | 708 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 3. | 660 | 3 | MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL SOI 3. |
| M ..... | 16 | 709 | COAGULATION & PLATELET DISORDERS SOI 1. | 661 | 1 | COAGULATION & PLATELET DISORDERS SOI 1. |
| M ..... | 16 | 710 | COAGULATION & PLATELET DISORDERS SOI 2. | 661 | 2 | COAGULATION & PLATELET DISORDERS SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 16 | 711 | COAGULATION & PLATELET DISORDERS SOI 3. | 661 | 3 | COAGULATION & PLATELET DISORDERS SOI 3. |
| M ..... | 16 | 712 | SICKLE CELL ANEMIA CRISIS SOI 1 ..... | 662 | 1 | SICKLE CELL ANEMIA CRISIS SOI 1. |
| M ..... | 16 | 713 | SICKLE CELL ANEMIA CRISIS SOI 2 ..... | 662 | 2 | SICKLE CELL ANEMIA CRISIS SOI 2. |
| M ..... | 16 | 714 | SICKLE CELL ANEMIA CRISIS SOI 3 ..... | 662 | 3 | SICKLE CELL ANEMIA CRISIS SOI 3. |
| M ..... | 16 | 715 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 1. | 663 | 1 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 1. |
| M ..... | 16 | 716 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 2. | 663 | 2 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 2. |
| M ..... | 16 | 717 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 3. | 663 | 3 | OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS SOI 3. |
| S ..... | 17 | 718 | PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 4. | 680 | 4 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 4. |
| S ..... | 17 | 718 | PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 4. | 681 | 4 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 4. |
| S ..... | 17 | 719 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 1. | 680 | 1 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 1. |
| S ..... | 17 | 720 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 2. | 680 | 2 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 2. |
| S ..... | 17 | 721 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 3. | 680 | 3 | MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 3. |
| S ..... | 17 | 722 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 1. | 681 | 1 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 1. |
| S ..... | 17 | 723 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 2. | 681 | 2 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 2. |
| S ..... | 17 | 724 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 3. | 681 | 3 | OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS SOI 3. |
| M ..... | 17 | 725 | LEUKEMIA, LYMPHOMA, MYELOMA, CHEMOTHERAPY, AND RADIOTHERAPY SOI 4. | 690 | 4 | ACUTE LEUKEMIA SOI 4. |
| M ..... | 17 | 725 | LEUKEMIA, LYMPHOMA, MYELOMA, CHEMOTHERAPY, AND RADIOTHERAPY SOI 4. | 691 | 4 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 4. |
| M ..... | 17 | 725 | LEUKEMIA, LYMPHOMA, MYELOMA, CHEMOTHERAPY, AND RADIOTHERAPY SOI 4. | 692 | 4 | RADIOTHERAPY SOI 4. |
| M ..... | 17 | 725 | LEUKEMIA, LYMPHOMA, MYELOMA, CHEMOTHERAPY, AND RADIOTHERAPY SOI 4. | 693 | 4 | CHEMOTHERAPY SOI 4. |
| M ..... | 17 | 726 | ACUTE LEUKEMIA SOI 1 ..... | 690 | 1 | ACUTE LEUKEMIA SOI 1. |
| M ..... | 17 | 727 | ACUTE LEUKEMIA SOI 2 ..... | 690 | 2 | ACUTE LEUKEMIA SOI 2. |
| M ..... | 17 | 728 | ACUTE LEUKEMIA SOI 3 ..... | 690 | 3 | ACUTE LEUKEMIA SOI 3. |
| M ..... | 17 | 729 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 1. | 691 | 1 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 1. |
| M ..... | 17 | 730 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 2. | 691 | 2 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 2. |
| M ..... | 17 | 731 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 3. | 691 | 3 | LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA SOI 3. |
| M ..... | 17 | 732 | RADIOTHERAPY SOI 1 ..... | 692 | 1 | RADIOTHERAPY SOI 1. |
| M ..... | 17 | 733 | RADIOTHERAPY SOI 2 ..... | 692 | 2 | RADIOTHERAPY SOI 2. |
| M ..... | 17 | 734 | RADIOTHERAPY SOI 3 ..... | 692 | 3 | RADIOTHERAPY SOI 3. |
| M ..... | 17 | 735 | CHEMOTHERAPY SOI 1 ..... | 693 | 1 | CHEMOTHERAPY SOI 1. |
| M ..... | 17 | 736 | CHEMOTHERAPY SOI 2 ..... | 693 | 2 | CHEMOTHERAPY SOI 2. |
| M ..... | 17 | 737 | CHEMOTHERAPY SOI 3 ..... | 693 | 3 | CHEMOTHERAPY SOI 3. |
| M ..... | 17 | 738 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 1. | 694 | 1 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 17 | 739 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 2. | 694 | 2 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 2. |
| M ..... | 17 | 740 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 3. | 694 | 3 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 3. |
| M ..... | 17 | 741 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 4. | 694 | 4 | LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR SOI 4. |
| S ..... | 18 | 742 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE SOI 4. | 710 | 4 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 4. |
| S ..... | 18 | 742 | INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE SOI 4. | 711 | 4 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 4. |
| S ..... | 18 | 743 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 1. | 710 | 1 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 1. |
| S ..... | 18 | 744 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 2. | 710 | 2 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 2. |
| S ..... | 18 | 745 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 3. | 710 | 3 | INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE SOI 3. |
| S ..... | 18 | 746 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 1. | 711 | 1 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 1. |
| S ..... | 18 | 747 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 2. | 711 | 2 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 2. |
| S ..... | 18 | 748 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 3. | 711 | 3 | POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE SOI 3. |
| M ..... | 18 | 749 | INFECTIOUS & PARASITIC DISEASES SOI 4. | 720 | 4 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 4. |
| M ..... | 18 | 749 | INFECTIOUS & PARASITIC DISEASES SOI 4. | 721 | 4 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 4. |
| M ..... | 18 | 749 | INFECTIOUS & PARASITIC DISEASES SOI 4. | 722 | 4 | FEVER SOI 4. |
| M ..... | 18 | 749 | INFECTIOUS & PARASITIC DISEASES SOI 4. | 723 | 4 | VIRAL ILLNESS SOI 4. |
| M ..... | 18 | 749 | INFECTIOUS & PARASITIC DISEASES SOI 4. | 724 | 4 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 4. |
| M ..... | 18 | 750 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 1. | 720 | 1 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 1. |
| M ..... | 18 | 751 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 2. | 720 | 2 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 2. |
| M ..... | 18 | 752 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 3. | 720 | 3 | SEPTICEMIA & DISSEMINATED INFECTIONS SOI 3. |
| M ..... | 18 | 753 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 1. | 721 | 1 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 1. |
| M ..... | 18 | 754 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 2. | 721 | 2 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 2. |
| M ..... | 18 | 755 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 3. | 721 | 3 | POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS SOI 3. |
| M ..... | 18 | 756 | FEVER SOI 1 ..... | 722 | 1 | FEVER SOI 1. |
| M ..... | 18 | 757 | FEVER SOI 2 ..... | 722 | 2 | FEVER SOI 2. |
| M ..... | 18 | 758 | FEVER SOI 3 ..... | 722 | 3 | FEVER SOI 3. |
| M ..... | 18 | 759 | VIRAL ILLNESS SOI 1 ..... | 723 | 1 | VIRAL ILLNESS SOI 1. |
| M ..... | 18 | 760 | VIRAL ILLNESS SOI 2 ..... | 723 | 2 | VIRAL ILLNESS SOI 2. |
| M ..... | 18 | 761 | VIRAL ILLNESS SOI 3 ..... | 723 | 3 | VIRAL ILLNESS SOI 3. |
| M ..... | 18 | 762 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 1. | 724 | 1 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 1. |
| M ..... | 18 | 763 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 2. | 724 | 2 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 2. |
| M ..... | 18 | 764 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 3. | 724 | 3 | OTHER INFECTIOUS & PARASITIC DISEASES SOI 3. |
| S ..... | 19 | 765 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 1. | 740 | 1 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S ..... | 19 | 766 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 2. | 740 | 2 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 2. |
| S ..... | 19 | 767 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 3. | 740 | 3 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 3. |
| S ..... | 19 | 768 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 4. | 740 | 4 | MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE SOI 4. |
| M ..... | 19 | 769 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 1. | 750 | 1 | SCHIZOPHRENIA SOI 1. |
| M ..... | 19 | 769 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 1. | 751 | 1 | MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES SOI 1. |
| M ..... | 19 | 769 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 1. | 753 | 1 | BIPOLAR DISORDERS SOI 1. |
| M ..... | 19 | 770 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 2. | 750 | 2 | SCHIZOPHRENIA SOI 2. |
| M ..... | 19 | 770 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 2. | 751 | 2 | MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES SOI 2. |
| M ..... | 19 | 770 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 2. | 753 | 2 | BIPOLAR DISORDERS SOI 2. |
| M ..... | 19 | 771 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 3. | 750 | 3 | SCHIZOPHRENIA SOI 3. |
| M ..... | 19 | 771 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 3. | 751 | 3 | MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES SOI 3. |
| M ..... | 19 | 771 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 3. | 753 | 3 | BIPOLAR DISORDERS SOI 3. |
| M ..... | 19 | 772 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 4. | 750 | 4 | SCHIZOPHRENIA SOI 4. |
| M ..... | 19 | 772 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 4. | 751 | 4 | MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES SOI 4. |
| M ..... | 19 | 772 | MAJOR DEPRESSIVE, SCHIZOPHRENIA & BIPOLAR DISORDERS SOI 4. | 753 | 4 | BIPOLAR DISORDERS SOI 4. |
| M ..... | 19 | 773 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 1. | 757 | 1 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 1. |
| M ..... | 19 | 774 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 2. | 757 | 2 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 2. |
| M ..... | 19 | 775 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 3. | 757 | 3 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 3. |
| M ..... | 19 | 776 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 4. | 757 | 4 | ORGANIC MENTAL HEALTH DISTURBANCES SOI 4. |
| M ..... | 19 | 777 | OTHER MENTAL HEALTH DISORDERS SOI 1. | 752 | 1 | DISORDERS OF PERSONALITY & IMPULSE CONTROL SOI 1. |
| M ..... | 19 | 777 | OTHER MENTAL HEALTH DISORDERS SOI 1. | 754 | 1 | DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER SOI 1. |
| M ..... | 19 | 777 | OTHER MENTAL HEALTH DISORDERS SOI 1. | 755 | 1 | ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES SOI 1. |
| M ..... | 19 | 777 | OTHER MENTAL HEALTH DISORDERS SOI 1. | 756 | 1 | ACUTE ANXIETY & DELIRIUM STATES SOI 1. |
| M ..... | 19 | 777 | OTHER MENTAL HEALTH DISORDERS SOI 1. | 758 | 1 | CHILDHOOD BEHAVIORAL DISORDERS SOI 1. |
| M ..... | 19 | 777 | OTHER MENTAL HEALTH DISORDERS SOI 1. | 759 | 1 | EATING DISORDERS SOI 1. |
| M ..... | 19 | 777 | OTHER MENTAL HEALTH DISORDERS SOI 1. | 760 | 1 | OTHER MENTAL HEALTH DISORDERS SOI 1. |
| M ..... | 19 | 778 | OTHER MENTAL HEALTH DISORDERS SOI 2. | 752 | 2 | DISORDERS OF PERSONALITY & IMPULSE CONTROL SOI 2. |
| M ..... | 19 | 778 | OTHER MENTAL HEALTH DISORDERS SOI 2. | 754 | 2 | DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER SOI 2. |
| M ..... | 19 | 778 | OTHER MENTAL HEALTH DISORDERS SOI 2. | 755 | 2 | ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES SOI 2. |
| M ..... | 19 | 778 | OTHER MENTAL HEALTH DISORDERS SOI 2. | 756 | 2 | ACUTE ANXIETY & DELIRIUM STATES SOI 2. |
| M ..... | 19 | 778 | OTHER MENTAL HEALTH DISORDERS SOI 2. | 758 | 2 | CHILDHOOD BEHAVIORAL DISORDERS SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 19 | 778 | OTHER MENTAL HEALTH DISORDERS SOI 2. | 759 | 2 | EATING DISORDERS SOI 2. |
| M ..... | 19 | 778 | OTHER MENTAL HEALTH DISORDERS SOI 2. | 760 | 2 | OTHER MENTAL HEALTH DISORDERS SOI 2. |
| M ..... | 19 | 779 | OTHER MENTAL HEALTH DISORDERS SOI 3. | 752 | 3 | DISORDERS OF PERSONALITY & IMPULSE CONTROL SOI 3. |
| M ..... | 19 | 779 | OTHER MENTAL HEALTH DISORDERS SOI 3. | 754 | 3 | DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER SOI 3. |
| M ..... | 19 | 779 | OTHER MENTAL HEALTH DISORDERS SOI 3. | 755 | 3 | ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES SOI 3. |
| M ..... | 19 | 779 | OTHER MENTAL HEALTH DISORDERS SOI 3. | 756 | 3 | ACUTE ANXIETY & DELIRIUM STATES SOI 3. |
| M ..... | 19 | 779 | OTHER MENTAL HEALTH DISORDERS SOI 3. | 758 | 3 | CHILDHOOD BEHAVIORAL DISORDERS SOI 3. |
| M ..... | 19 | 779 | OTHER MENTAL HEALTH DISORDERS SOI 3. | 759 | 3 | EATING DISORDERS SOI 3. |
| M ..... | 19 | 779 | OTHER MENTAL HEALTH DISORDERS SOI 3. | 760 | 3 | OTHER MENTAL HEALTH DISORDERS SOI 3. |
| M ..... | 19 | 780 | OTHER MENTAL HEALTH DISORDERS SOI 4. | 752 | 4 | DISORDERS OF PERSONALITY & IMPULSE CONTROL SOI 4. |
| M ..... | 19 | 780 | OTHER MENTAL HEALTH DISORDERS SOI 4. | 754 | 4 | DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER SOI 4. |
| M ..... | 19 | 780 | OTHER MENTAL HEALTH DISORDERS SOI 4. | 755 | 4 | ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES SOI 4. |
| M ..... | 19 | 780 | OTHER MENTAL HEALTH DISORDERS SOI 4. | 756 | 4 | ACUTE ANXIETY & DELIRIUM STATES SOI 4. |
| M ..... | 19 | 780 | OTHER MENTAL HEALTH DISORDERS SOI 4. | 758 | 4 | CHILDHOOD BEHAVIORAL DISORDERS SOI 4. |
| M ..... | 19 | 780 | OTHER MENTAL HEALTH DISORDERS SOI 4. | 759 | 4 | EATING DISORDERS SOI 4. |
| M ..... | 19 | 780 | OTHER MENTAL HEALTH DISORDERS SOI 4. | 760 | 4 | OTHER MENTAL HEALTH DISORDERS SOI 4. |
| M ..... | 20 | 781 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 1 & 2. | 770 | 1 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 1. |
| M ..... | 20 | 781 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 1 & 2. | 770 | 2 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 2. |
| M ..... | 20 | 782 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 3 & 4. | 770 | 3 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 3. |
| M ..... | 20 | 782 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 3 & 4. | 770 | 4 | DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE SOI 4. |
| M ..... | 20 | 783 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 1. | 772 | 1 | ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY SOI 1. |
| M ..... | 20 | 783 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 1. | 773 | 1 | OPIOID ABUSE & DEPENDENCE SOI 1. |
| M ..... | 20 | 783 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 1. | 774 | 1 | COCAINE ABUSE & DEPENDENCE SOI 1. |
| M ..... | 20 | 783 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 1. | 775 | 1 | ALCOHOL ABUSE & DEPENDENCE SOI 1. |
| M ..... | 20 | 783 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 1. | 776 | 1 | OTHER DRUG ABUSE & DEPENDENCE SOI 1. |
| M ..... | 20 | 784 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 2. | 772 | 2 | ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY SOI 2. |
| M ..... | 20 | 784 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 2. | 773 | 2 | OPIOID ABUSE & DEPENDENCE SOI 2. |
| M ..... | 20 | 784 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 2. | 774 | 2 | COCAINE ABUSE & DEPENDENCE SOI 2. |
| M ..... | 20 | 784 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 2. | 775 | 2 | ALCOHOL ABUSE & DEPENDENCE SOI 2. |
| M ..... | 20 | 784 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 2. | 776 | 2 | OTHER DRUG ABUSE & DEPENDENCE SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M ..... | 20 | 785 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 3. | 772 | 3 | ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY SOI 3. |
| M ..... | 20 | 785 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 3. | 773 | 3 | OPIOID ABUSE & DEPENDENCE SOI 3. |
| M ..... | 20 | 785 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 3. | 774 | 3 | COCAINE ABUSE & DEPENDENCE SOI 3. |
| M ..... | 20 | 785 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 3. | 775 | 3 | ALCOHOL ABUSE & DEPENDENCE SOI 3. |
| M ..... | 20 | 785 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 3. | 776 | 3 | OTHER DRUG ABUSE & DEPENDENCE SOI 3. |
| M ..... | 20 | 786 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 4. | 772 | 4 | ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY SOI 4. |
| M ..... | 20 | 786 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 4. | 773 | 4 | OPIOID ABUSE & DEPENDENCE SOI 4. |
| M ..... | 20 | 786 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 4. | 774 | 4 | COCAINE ABUSE & DEPENDENCE SOI 4. |
| M ..... | 20 | 786 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 4. | 775 | 4 | ALCOHOL ABUSE & DEPENDENCE SOI 4. |
| M ..... | 20 | 786 | DRUG ABUSE & DEPENDENCE DIAGNOSES SOI 4. | 776 | 4 | OTHER DRUG ABUSE & DEPENDENCE SOI 4. |
| S ..... | 21 | 787 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 1. | 791 | 1 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 1. |
| S ..... | 21 | 788 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 2. | 791 | 2 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 2. |
| S ..... | 21 | 789 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 3. | 791 | 3 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 3. |
| S ..... | 21 | 790 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 4. | 791 | 4 | O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT SOI 4. |
| M ..... | 21 | 791 | INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS DIAGNOSES SOI 4. | 811 | 4 | ALLERGIC REACTIONS SOI 4. |
| M ..... | 21 | 791 | INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS DIAGNOSES SOI 4. | 812 | 4 | POISONING OF MEDICINAL AGENTS SOI 4. |
| M ..... | 21 | 791 | INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS DIAGNOSES SOI 4. | 813 | 4 | OTHER COMPLICATIONS OF TREATMENT SOI 4. |
| M ..... | 21 | 791 | INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS DIAGNOSES SOI 4. | 815 | 4 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 4. |
| M ..... | 21 | 791 | INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS DIAGNOSES SOI 4. | 816 | 4 | TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES SOI 4. |
| M ..... | 21 | 792 | ALLERGIC REACTIONS SOI 1 ..... | 811 | 1 | ALLERGIC REACTIONS SOI 1. |
| M ..... | 21 | 793 | ALLERGIC REACTIONS SOI 2 ..... | 811 | 2 | ALLERGIC REACTIONS SOI 2. |
| M ..... | 21 | 794 | ALLERGIC REACTIONS SOI 3 ..... | 811 | 3 | ALLERGIC REACTIONS SOI 3. |
| M ..... | 21 | 795 | POISONING OF MEDICINAL AGENTS SOI 1. | 812 | 1 | POISONING OF MEDICINAL AGENTS SOI 1. |
| M ..... | 21 | 796 | POISONING OF MEDICINAL AGENTS SOI 2. | 812 | 2 | POISONING OF MEDICINAL AGENTS SOI 2. |
| M ..... | 21 | 797 | POISONING OF MEDICINAL AGENTS SOI 3. | 812 | 3 | POISONING OF MEDICINAL AGENTS SOI 3. |
| M ..... | 21 | 798 | OTHER COMPLICATIONS OF TREATMENT SOI 1. | 813 | 1 | OTHER COMPLICATIONS OF TREATMENT SOI 1. |
| M ..... | 21 | 799 | OTHER COMPLICATIONS OF TREATMENT SOI 2. | 813 | 2 | OTHER COMPLICATIONS OF TREATMENT SOI 2. |
| M ..... | 21 | 800 | OTHER COMPLICATIONS OF TREATMENT SOI 3. | 813 | 3 | OTHER COMPLICATIONS OF TREATMENT SOI 3. |
| M ..... | 21 | 801 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 1. | 815 | 1 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 1. |
| M ..... | 21 | 801 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 1. | 816 | 1 | TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES SOI 1. |
| M ..... | 21 | 802 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 2. | 815 | 2 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 2. |
| M ..... | 21 | 802 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 2. | 816 | 2 | TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES SOI 2. |
| M ..... | 21 | 803 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 3. | 815 | 3 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 3. |
| M ..... | 21 | 803 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES SOI 3. | 816 | 3 | TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES SOI 3. |
| S ..... | 22 | 804 | BURN PROCEDURES SOI 4 ..... | 841 | 4 | EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT SOI 4. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S | 22 | 804 | BURN PROCEDURES SOI 4 | 842 | 4 | FULL THICKNESS BURNS W SKIN GRAFT SOI 4. |
| S | 22 | 805 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 1. | 841 | 1 | EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT SOI 1. |
| S | 22 | 805 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 1. | 842 | 1 | FULL THICKNESS BURNS W SKIN GRAFT SOI 1. |
| S | 22 | 806 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 2. | 841 | 2 | EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT SOI 2. |
| S | 22 | 806 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 2. | 842 | 2 | FULL THICKNESS BURNS W SKIN GRAFT SOI 2. |
| S | 22 | 807 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 3. | 841 | 3 | EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT SOI 3. |
| S | 22 | 807 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W SKIN GRAFT SOI 3. | 842 | 3 | FULL THICKNESS BURNS W SKIN GRAFT SOI 3. |
| M | 22 | 808 | BURN DIAGNOSES SOI 4 | 843 | 4 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 4. |
| M | 22 | 808 | BURN DIAGNOSES SOI 4 | 844 | 4 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 4. |
| M | 22 | 809 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 1. | 843 | 1 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 1. |
| M | 22 | 810 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 2. | 843 | 2 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 2. |
| M | 22 | 811 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 3. | 843 | 3 | EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT SOI 3. |
| M | 22 | 812 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 1. | 844 | 1 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 1. |
| M | 22 | 813 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 2. | 844 | 2 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 2. |
| M | 22 | 814 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 3. | 844 | 3 | PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT SOI 3. |
| S | 23 | 815 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 1. | 850 | 1 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 1. |
| S | 23 | 816 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 2. | 850 | 2 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 2. |
| S | 23 | 817 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 3. | 850 | 3 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 3. |
| S | 23 | 818 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 4. | 850 | 4 | PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE SOI 4. |
| M | 23 | 819 | REHABILITATION/AFTERCARE/CONVALESCENCE EXCEPT NEONATAL AFTERCARE SOI 4. | 860 | 4 | REHABILITATION SOI 4. |
| M | 23 | 819 | REHABILITATION/AFTERCARE/CONVALESCENCE EXCEPT NEONATAL AFTERCARE SOI 4. | 861 | 4 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 4. |
| M | 23 | 819 | REHABILITATION/AFTERCARE/CONVALESCENCE EXCEPT NEONATAL AFTERCARE SOI 4. | 862 | 4 | OTHER AFTERCARE & CONVALESCENCE SOI 4. |
| M | 23 | 819 | REHABILITATION/AFTERCARE/CONVALESCENCE EXCEPT NEONATAL AFTERCARE SOI 4. | 863 | 4 | NEONATAL AFTERCARE SOI 4. |
| M | 23 | 820 | REHABILITATION SOI 1 | 860 | 1 | REHABILITATION SOI 1. |
| M | 23 | 821 | REHABILITATION SOI 2 | 860 | 2 | REHABILITATION SOI 2. |
| M | 23 | 822 | REHABILITATION SOI 3 | 860 | 3 | REHABILITATION SOI 3. |
| M | 23 | 823 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 1. | 861 | 1 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 1. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| M | 23 | 824 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 2. | 861 | 2 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 2. |
| M | 23 | 825 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 3. | 861 | 3 | SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS SOI 3. |
| M | 23 | 826 | OTHER AFTERCARE & CONVALESCENCE SOI 1. | 862 | 1 | OTHER AFTERCARE & CONVALESCENCE SOI 1. |
| M | 23 | 826 | OTHER AFTERCARE & CONVALESCENCE SOI 1. | 863 | 1 | NEONATAL AFTERCARE SOI 1. |
| M | 23 | 827 | OTHER AFTERCARE & CONVALESCENCE SOI 2. | 862 | 2 | OTHER AFTERCARE & CONVALESCENCE SOI 2. |
| M | 23 | 827 | OTHER AFTERCARE & CONVALESCENCE SOI 2. | 863 | 2 | NEONATAL AFTERCARE SOI 2. |
| M | 23 | 828 | OTHER AFTERCARE & CONVALESCENCE SOI 3. | 862 | 3 | OTHER AFTERCARE & CONVALESCENCE SOI 3. |
| M | 23 | 828 | OTHER AFTERCARE & CONVALESCENCE SOI 3. | 863 | 3 | NEONATAL AFTERCARE SOI 3. |
| M | 24 | 829 | HIV DIAGNOSES SOI 4 | 890 | 4 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 4. |
| M | 24 | 829 | HIV DIAGNOSES SOI 4 | 892 | 4 | HIV W MAJOR HIV RELATED CONDITION SOI 4. |
| M | 24 | 829 | HIV DIAGNOSES SOI 4 | 893 | 4 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 4. |
| M | 24 | 829 | HIV DIAGNOSES SOI 4 | 894 | 4 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 4. |
| M | 24 | 830 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 1 & 2. | 890 | 1 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 1. |
| M | 24 | 830 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 1 & 2. | 890 | 2 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 2. |
| M | 24 | 831 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 3. | 890 | 3 | HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS SOI 3. |
| M | 24 | 832 | HIV W MAJOR HIV RELATED CONDITION SOI 1 & 2. | 892 | 1 | HIV W MAJOR HIV RELATED CONDITION SOI 1. |
| M | 24 | 832 | HIV W MAJOR HIV RELATED CONDITION SOI 1 & 2. | 892 | 2 | HIV W MAJOR HIV RELATED CONDITION SOI 2. |
| M | 24 | 833 | HIV W MAJOR HIV RELATED CONDITION SOI 3. | 892 | 3 | HIV W MAJOR HIV RELATED CONDITION SOI 3. |
| M | 24 | 834 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 1 & 2. | 893 | 1 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 1. |
| M | 24 | 834 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 1 & 2. | 893 | 2 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 2. |
| M | 24 | 835 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 3. | 893 | 3 | HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS SOI 3. |
| M | 24 | 836 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 1. | 894 | 1 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 1. |
| M | 24 | 837 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 2. | 894 | 2 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 2. |
| M | 24 | 838 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 3. | 894 | 3 | HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND SOI 3. |
| S | 25 | 839 | MULTIPLE SIGNIFICANT TRAUMA PROCEDURES SOI 4. | 910 | 4 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 4. |
| S | 25 | 839 | MULTIPLE SIGNIFICANT TRAUMA PROCEDURES SOI 4. | 911 | 4 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 4. |
| S | 25 | 839 | MULTIPLE SIGNIFICANT TRAUMA PROCEDURES SOI 4. | 912 | 4 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 4. |
| S | 25 | 840 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 1 & 2. | 910 | 1 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 1. |
| S | 25 | 840 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 1 & 2. | 910 | 2 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 2. |
| S | 25 | 841 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 3. | 910 | 3 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA SOI 3. |
| S | 25 | 842 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 1 & 2. | 911 | 1 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 1. |
| S | 25 | 842 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 1 & 2. | 911 | 2 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 2. |

APPENDIX D.—CROSSWALK OF PROPOSED CONSOLIDATED SEVERITY-ADJUSTED DRGS TO RESPECTIVE APR DRGS—Continued

| TYPE | MDC | Consolidated severity-adjusted DRG | Consolidated severity-adjusted DRG description | APR DRG | SOI | APR DRG description |
|---|---|---|---|---|---|---|
| S ..... | 25 | 843 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 3. | 911 | 3 | EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA SOI 3. |
| S ..... | 25 | 844 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 1 & 2. | 912 | 1 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 1. |
| S ..... | 25 | 844 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 1 & 2. | 912 | 2 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 2. |
| S ..... | 25 | 845 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 3. | 912 | 3 | MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA SOI 3. |
| M ..... | 25 | 846 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 1 & 2. | 930 | 1 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 1. |
| M ..... | 25 | 846 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 1 & 2. | 930 | 2 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 2. |
| M ..... | 25 | 847 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 3. | 930 | 3 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 3. |
| M ..... | 25 | 848 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 4. | 930 | 4 | MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE SOI 4. |
| S ..... | 25 | 987 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. | 950 | 1 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. |
| S ..... | 25 | 988 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. | 950 | 2 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. |
| S ..... | 25 | 989 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. | 950 | 3 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. |
| S ..... | 25 | 990 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 4. | 950 | 4 | EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 4. |
| S ..... | 25 | 991 | NON MAJOR PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 4. | 951 | 4 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 4. |
| S ..... | 25 | 991 | NON MAJOR PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 4. | 952 | 4 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 4. |
| S ..... | 25 | 992 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. | 951 | 1 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. |
| S ..... | 25 | 993 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. | 951 | 2 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. |
| S ..... | 25 | 994 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. | 951 | 3 | MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. |
| S ..... | 25 | 995 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. | 952 | 1 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 1. |
| S ..... | 25 | 996 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. | 952 | 2 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 2. |
| S ..... | 25 | 997 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. | 952 | 3 | NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS SOI 3. |
| | 26 | 998 | PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS. | 955 | 0 | PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS. |
| | 26 | 999 | UNGROUPABLE ..... | 956 | 0 | UNGROUPABLE. |

M = Medical.
S = Surgical.
SOI = Severity of Illness Subclass

[FR Doc. 06–3629 Filed 4–12–06; 4:22 pm]
**BILLING CODE 4120–01–P**

Federal Register

**Tuesday,**
**April 25, 2006**

## Part III

# Department of Commerce

**National Oceanic and Atmospheric Administration**

**15 CFR Part 960**

**Licensing of Private Land Remote-Sensing Space Systems; Final Rule**

**DEPARTMENT OF COMMERCE**

**National Oceanic and Atmospheric Administration**

**15 CFR Part 960**

**[Docket No.: 050204028–6015–02]**

## Licensing of Private Land Remote-Sensing Space Systems

**AGENCY:** National Oceanic and Atmospheric Administration, Commerce.

**ACTION:** Final rule.

**SUMMARY:** The National Oceanic and Atmospheric Administration (NOAA) issues regulations revising the agency's requirements for the licensing, monitoring and compliance of operators of private Earth remote sensing space systems under Title II of the Land Remote Sensing Policy Act of 1992 (the Act). These regulations implement the provisions of the Act, as amended by the 1998 Commercial Space Act, and the 2003 U.S. Commercial Remote Sensing Policy. They are also derived from experience gained since August 2000 with respect to the licensing of commercial remote sensing space systems, and include improvements that take into account public comments received on the regulations. They are intended to facilitate the development of the U.S. commercial remote sensing industry and promote the collection and widespread availability of Earth remote sensing data, while preserving essential U.S. national security interests, foreign policy and international obligations.

**DATES:** This rule is effective May 25, 2006.

**FOR FURTHER INFORMATION CONTACT:** Douglas Brauer at (301) 713–2024, ext. 213 or Glenn Tallia, NOAA, Office of the General Counsel, Office of the Senior Counselor for Atmospheric and Space Services and Research, at (301) 713–9681.

**SUPPLEMENTARY INFORMATION:** Title II of the Act, 15 U.S.C. 5601 *et seq.*, as amended by Public Law 105–303, authorizes the Secretary of Commerce (the Secretary) to issue licenses for the operation of private remote sensing space systems. The authority to issue licenses has been delegated from the Secretary to the Administrator of NOAA (the Administrator) and redelegated to the Assistant Administrator for Satellite and Information Services (the Assistant Administrator). On July 31, 2000, NOAA published in the **Federal Register** an interim final rule captioned Licensing of Private Land Remote-Sensing Space Systems; Interim Final Rule (See 65 FR 46822). These regulations, which were effective on August 30, 2000, set forth the agency's requirements for the licensing, monitoring and compliance of operators of private Earth remote sensing space systems under the Act. Since the publication of the regulations: two new commercial remote sensing satellites have been successfully launched and are now operational; NOAA has issued ten new licenses for increasingly advanced remote sensing space systems, bringing the total to 23 licenses issued; and, in April 2003, the President announced a new policy on U.S. commercial remote sensing from space. On May 20, 2005, NOAA issued a proposed rule modifying the July 31, 2000 interim final rule to take into account these developments (See 70 FR 29380). Specifically, NOAA proposed amendments to update the regulations to reflect: (1) The new U.S. policy on commercial remote sensing from space; (2) experience gained since August 2000 with respect to the licensing of commercial remote sensing space systems; and (3) improvements that take into account public comments received on the interim final rule. The regulations published herein update the July 2000 interim final rule and address the public comments received in response to the proposed rule. These regulations apply to all existing licenses, as well as to all pending and future applications to operate a private remote sensing space system. They are intended to promote the development of the U.S. commercial remote sensing industry and promote the collection and widespread availability of earth remote sensing data while protecting U.S. national security concerns, foreign policy and international obligations. NOAA encourages and promotes the development of advanced technologies in the remote sensing industry, but recognizes that national security concerns, foreign policy and international obligations of the United States may mandate that limitations be imposed on a system's operation.

### 1. Major Substantive Issues Raised by Public Comment

NOAA received six sets of comments regarding the May 20, 2005 proposed rule from a wide range of interests in industry, academia, and government. Most of the issues raised can be summarized as falling under one of the following categories:

(1) Definitions;

(2) License Term and;

(3) License Conditions.

*Definitions*

One commenter recommended that the term ''Adversary'' be added as a defined term. The rationale for this recommendation was that the regulations should provide standards for when the U.S. Government will interrupt normal commercial operations. NOAA does not agree with this recommendation. Appendix 2 of these regulations addresses the procedures the U.S. Government will follow if it determines normal commercial operations must be interrupted due to the possibility that national security or international obligations and/or foreign policies may be compromised. The decision regarding under what circumstances normal commercial operations may be interrupted is addressed in national security strategy documents and is outside the scope of these regulations.

One commenter recommended to avoid confusion with the National Archive and Records Administration, NOAA should not refer to the National Satellite Land Remote Sensing Data Archive as the ''Archive''. NOAA agrees with this recommendation and will now make reference to National Satellite Land Remote Sensing Data Archive throughout the regulations.

One commenter noted that the definition of Data Protection Plans was overly vague, onerous, and unrealistic. NOAA has added the word ''appropriate'' to the definition to make it clear that Data Protection Plans will differ based on the design and capabilities of the licensed system. As NOAA licenses more advanced systems, greater emphasis has been placed on protection of the data. As a result, NOAA has provided, and will continue to provide, to each licensee a Data Protection Plan template and will continue to work closely with the licensees to develop plans which address the specific security issues of each licensee.

One commenter recommended the definition of license should make clear that a NOAA issued license cannot be used as collateral in a loan agreement, or used in any way that would, through a financial arrangement, place the license in jeopardy. NOAA agrees with this recommendation and has added a new condition in Section 960.11 providing that a license cannot be mortgaged, sold, or pledged as collateral. This does not limit the licensee's ability, however, to use tangible assets of the company as collateral. One of the requirements when issuing a NOAA license to operate a remote sensing space system is that

the Secretary of Commerce ensures the license holder will uphold the national security and foreign policy concerns of the United States. This assurance is made in part through the pre-licensing audit of the applicant. If a licensee were able to pledge the license as collateral to a third party the Secretary of Commerce would not be able to make such an assurance.

Multiple commenters recommended changing the definition of Significant or Substantial Foreign Agreement by increasing the percentage of foreign investment that would trigger the requirement to submit to NOAA for its review a foreign agreement. NOAA agrees with this recommendation and has raised the percentage of foreign investment that will trigger the requirement to submit a foreign agreement from 10% to 20% of the total value of the outstanding shares of the licensee. Foreign investment less than 20% of the total outstanding shares of the licensees assets may still require an amendment request if it would result in a transfer of administrative control.

*License Term*

Multiple commenters expressed concern regarding NOAA's proposal to add language to Section 960.9 requiring licensees to show progress toward the development and launching of the satellite. These commenters thought that the new requirements were unrealistic and would have a substantial impact on the licensee's ability to raise capital. NOAA appreciates the complexity of raising the capital necessary to develop and launch a remote sensing satellite and will work with individual licensees in charting the progress of development of a licensed system. The proposed milestone approach is consistent with that of other government agencies, most notably the Federal Communications Commission for communications satellite systems. In addition, the requirement that licensees have five years to provide Preliminary and Critical Design Reviews is not retroactive to the date when the currently held licenses were issued. Instead, this five year requirement will begin on the effective date of the final rule.

*License Conditions*

One commenter recommended that language be added setting forth the circumstances under which licensees may deliver imagery to non-U.S. Government customers without a 24 hour delay on delivery. In addition, this commenter recommended language be added detailing how licensees may pre-qualify certain allies or other non-U.S. Government customers to receive imagery without the 24 hour delay being applicable. Currently, there is a condition included in NOAA licensed systems with imaging capabilities better than 0.82 meter panchromatic ground sample distance (GSD) to withhold distribution of the imagery for 24 hours from the time of collection before releasing to a non-U.S. Government approved user. NOAA does not believe it is appropriate to place specific pre-qualification criteria in the regulations. This is because of the likelihood that the criteria will change over time. However, there presently is an interagency process in place for waivers of this license condition and NOAA has informed those licensees with this license condition of the process.

Another commenter recommended that language be added setting forth the circumstances under which licensees may deliver panchromatic data at a resolution better than 0.5 meter GSD to customers other than the U.S. Government. NOAA does not believe it is appropriate to include specific criteria in the regulations because of the likelihood that the criteria will change over time. The U.S. Government does periodically review license conditions to determine if circumstances warrant changes. When license conditions do change, NOAA provides notice to the affected licensees.

Finally, one commenter expressed concern that a 120-day approval period is unrealistic for license amendments and recommended it be reduced. Additionally, it was recommended that the 60-day advance notice requirement be changed so companies may enter into Significant or Substantial foreign agreements subject to subsequent approval by NOAA. NOAA does not agree with the recommended changes since these review periods are set by statute and cannot be altered by NOAA through this rule making process. NOAA and the reviewing agencies, however, have taken steps to decrease the amount of time it takes to review and issue decisions concerning the licensing matters addressed by these regulations. As a result of the steps taken, there has been a noticeable reduction in the average amount of time required to make a determination on a licensing action.

**2. Organization**

Part 960 is organized into four (4) Subparts, discussed in greater detail below:

(a) Subpart A consists of general information about the regulations such as the purpose, scope and definitions;

(b) Subpart B addresses licensing procedures and conditions;

(c) Subpart C describes the prohibitions on operating a remote sensing space system under these regulations; and

(d) Subpart D sets forth the civil penalties available to the agency for noncompliance with these regulations and/or the terms of any license issued pursuant to these regulations.

**3. Subpart A—General**

*Section 960.1.* Purpose. This section sets forth the purpose of the regulations regarding licensing and regulating the operation of private remote sensing space systems under Title II of the Act and reflects the President's new policy on commercial remote sensing issued on April 25, 2003.

*Section 960.2.* Scope. This section sets forth the legal parameters for application of the Act and these regulations. In addition, this Section makes the regulations applicable with respect to all existing and new licenses. Potential licensees may address questions regarding the applicability of the Act and these regulations to the Assistant Administrator.

Of particular interest is the fact that the Act and these regulations apply to any person subject to the jurisdiction or control of the United States who operates or proposes to operate a private remote sensing space system, either directly or through an affiliate or subsidiary. For the purposes of these regulations, a person is:

(1) An individual who is a United States citizen, or a foreign person subject to the jurisdiction and control of the United States;

(2) A corporation, partnership, association, or other entity organized or existing under the laws of any state, territory, or possession of the United States;

(3) A subsidiary (foreign or domestic) of a U.S. parent company;

(4) An affiliate (foreign or domestic) of a U.S. company; or

(5) Any other private remote sensing space system operator having substantial connections with the United States or deriving substantial benefits from the United States that support its international remote sensing operations sufficient to assert U.S. jurisdiction.

Relevant connections may include: using a U.S. launch vehicle and/or platform; operating a spacecraft command and/or data acquisition or ground remote station in the United States; and processing the data at and/or marketing it from facilities within the United States. Please note that these examples are merely illustrative of the

factors that may be examined in making a jurisdictional determination and are not intended to be all-encompassing.

*Section 960.3. Definitions.* This section defines terms used throughout these regulations, including the following terms:

(1) Administrative control;

(2) Significant and substantial foreign agreement;

(3) Remote sensing space system and

(4) Operational control.

**4. Subpart B—Licenses**

License applicants are encouraged to contact the Assistant Administrator or his or her designee at the earliest possible planning stages. Such consultation may reveal design or data collection requirements that may be accommodated early, thereby avoiding changes to system design or data collection characteristics.

*Section 960.4. Application.* This section sets forth license application instructions. Further information regarding the content of the license application has been included in Appendix 1. The agency record will be opened upon the filing of the license application. In general, a license application should contain a complete description of the design of the sensor package. The potential licensee should note that subsequent changes to the design affecting those operational capabilities after a license is awarded may require a license amendment.

*Section 960.5. Confidentiality of information.* This section sets forth NOAA's obligation to keep confidential proprietary information submitted by licensees or potential licensees and imposes a requirement to provide a summary of such information that can be made public. The list of documents considered being business confidential or proprietary information includes foreign agreements and supporting documentation that are explicitly designated and marked as business confidential or proprietary by the submitter.

*Section 960.6. Review Procedures for license applications.* This section describes the application review process. NOAA has made minor modifications to section 960.6(a) to make the wording consistent throughout that section and thereby improve its clarity. In addition, in sections 960.6(b) and (c), NOAA has increased the period of time reviewing agencies have to conduct completeness reviews for license applications from 10 working days to 30 calendar days. The option to extend the completeness review for an additional 10 working days has been eliminated. In addition, as part of the subsequent interagency review process, a reviewing agency will be required to notify NOAA before the expiration of the 30-day review period if it will be unable to complete its review on time. As is required by the 2000 regulations, an agency must also give a reason for its delay and an estimate of when its review will be completed. These changes reflect the experience of the interagency review process over the past four years. The extension of the initial completeness review period will allow the reviewing agencies additional time to more thoroughly review license applications and supporting documentation, which should reduce the number of follow-up questions to the applicant. These changes, however, will not impact the overall 120-day statutory review period. In addition, section 960.6(e)(2) has been modified to include the correct citation to section 960.6(b).

The February 2, 2000, interagency Memorandum of Understanding Concerning the Licensing of Private Remote Sensing Satellite Systems (MOU), included as Appendix 2 of the regulations, contains timelines concerning completeness reviews that differ from what is proposed above. NOAA, in consultation with the other signatory agencies to the MOU, has determined not to amend the MOU at this time. In those limited cases where the timelines contained in the regulations and MOU differ, the timelines contained in the regulations will govern.

*Section 960.7. Amendments to licenses.* This section enumerates some of the events or conditions which may trigger the requirement for a license amendment. An application for a license amendment must contain all relevant new information and must be filed with the Assistant Administrator. Amendment applications must be filed in accordance with the procedures specified in Section 960.4 and Appendix 1 for original license applications. In Section 960.7(a)(4), the citation to Appendix 1 has been corrected. In addition, consistent with the changes proposed for review of new applications, in sections 960.7(c), (d), and (e), NOAA has increased the period of time reviewing agencies have to conduct completeness reviews on license amendment requests from 10 working days to 30 calendar days.

Please note that for purposes of Section 960.7, the following transactions do not require an amendment to a license. However, they do require agency notification under its monitoring and compliance requirements in the Annual Compliance Audit:

(1) An acquisition of voting securities pursuant to a stock split or pro rata stock dividend which does not involve a change in administrative control;

(2) An acquisition of convertible voting securities that does not involve acquisition of administrative control;

(3) A purchase of voting securities or comparable interests in a licensee solely for the purpose of investment if, as a result of the acquisition:

(A) When the acquisition is by a foreign person, the foreign person would hold ten percent or less of the outstanding voting securities of the licensee, regardless of the dollar value of the voting securities so acquired and held; or

(B) The purchase is made directly by a bank, trust company, insurance company, pension fund, employee benefit plan, mutual fund, finance company or brokerage company in the ordinary course of business for its own account, provided that a significant portion of that business does not involve the acquisition of entities.

(4) An acquisition of securities by a person acting as a securities underwriter, in the ordinary course of business, and in the process of underwriting;

(5) An acquisition pursuant to a condition in a contract of insurance relating to fidelity, surety, or casualty obligations if the contract was made by an insurer in the ordinary course of business;

(6) An acquisition of a security interest, but not control, in the voting securities or assets of a licensee at the time a loan or other financing is extended; or

(7) An acquisition of voting securities or assets of a U.S. person by a foreign person upon default or other condition, involving a loan or other financing, provided that the loan was made by a syndicate of banks in a loan participation where the foreign lender(s) is/are in the syndicate:

(A) Need(s) the majority consent of the U.S. participants in the syndicate to take action, and cannot on its own initiate any action vis-a-vis the debtor; or

(B) Do/does not have the lead role in the syndicate, and are/is subject to a provision in the loan or financing documents limiting its influence, ownership or administrative control of the debtor.

*Section 960.8. Notification of Foreign Agreements.* This section reflects the balance between promoting the commercial U.S. remote sensing industry and those requirements

imposed by national security concerns, foreign policy and international obligations of the U.S. Government. Specifically, this section establishes the procedures, timelines and criteria for review and approval of a licensee's significant and substantial foreign agreements.

*Section 960.9. License Term.* This section provides that the term of a license for operation of a remote sensing space system is the operational lifetime of the system as long as the system is operated in compliance with the terms and conditions of the license and in accordance with the Act and this Part. In particular, Section 201(b) of the Act authorizes the Secretary to grant licenses to operate a system, only upon a determination that the granting of such license and the operation of the system by the licensee would be consistent with the national security concerns, foreign policy and international obligations of the United States. The requirement set forth in Section 201(b) is an ongoing obligation of the Secretary, and as such, the Secretary must regularly monitor the operation of the system and the activities of the licensee to assure that the national security concerns, foreign policy and international obligations of the U.S. are being protected and that the licensee is in compliance with the requirements of this Act, any regulations issued pursuant to the Act, and the terms and conditions of its license. This section also authorizes the Assistant Administrator to terminate a license if sufficient progress is not being made toward the development and launch of the satellite.

*Section 960.10. Hearings and Appeals.* This section sets forth the administrative appeals mechanism with regard to licensing and enforcement actions.

*Section 960.11. Conditions for Operation.* This section sets forth the conditions for operation of all systems licensed under these regulations and includes NOAA's requirement to protect national security concerns, foreign policy and international obligations of the United States. In furtherance of these obligations, the license contains rigorous conditions on the operation of a system, including the requirement that the licensee maintain operational control of its system from a U.S. territory at all times and incorporate safeguards to ensure the integrity of system operations. In particular, it is important to note that the license requirement imposed on the licensee that it maintain ''operational control,'' as the term is defined in Section 960.3, is an implementation of U.S. obligations under the United Nations Outer Space Treaty of 1967. That treaty provides that the U.S. Government, as a State party, will be held strictly liable for any U.S. private or governmental entity's actions in outer-space. Consequently, NOAA requires that licensees under this part maintain ultimate control of their systems, in order to minimize the risk of such liability and assure that the national security concerns, foreign policy and international obligations of the United States are protected.

In determining what constitutes operational control, NOAA has moved away from a percentage formula of foreign ownership and has instead imposed a requirement that operational control of the system be based within the territorial jurisdiction of the United States including U.S. territories and protectorates. The Secretary may also examine the level of administrative control of a licensee exercised by foreign investors, including whether the respective controlling investment was a foreign merger, acquisition or takeover of a U.S. company that was reviewed by the Committee on Foreign Investment in the United States (CFIUS) under section 721 of the Defense Production Act.

In addition, Section 960.11 requires the licensee to maintain and make available to the U.S. Government, upon request, various records of operations for the previous year, and allow the Secretary of Commerce or his or her designee to inspect such records at all reasonable times, as described in the license.

As part of the reporting and recordkeeping requirements imposed by the license, the licensee is expected to provide various data as verification of compliance with the operating restrictions detailed in the operating license. In addition, monitoring and compliance requirements are imposed within the license such as quarterly reporting, on-site inspections and appropriate records review.

Section 960.11(b)(13) requires licensees to submit to NOAA a Data Protection Plan that provides information on how the licensee will protect data and information from tasking to dissemination. As NOAA licenses more advanced systems, greater emphasis has been placed on protection of the data.

The license sets forth reporting requirements for both publicly-traded and privately-held companies. Licensees that are registered pursuant to the Securities Exchange Act of 1934 (Exchange Act) may submit copies of their Securities and Exchange Commission (SEC) forms 10–K and 10–Q to fulfill this requirement. Licensees that are not registered pursuant to the Exchange Act must include, in their quarterly and annual reports, applicable information listed in the SEC's 10K and 10Q forms.

Section 960.11(c) allows licensees to seek waivers of particular license conditions on a case-by-case basis, for good cause shown, and following consultations by NOAA with other interested agencies.

*Monitoring and Compliance Program*

Consistent with the requirements outlined in Section 960.11 and NOAA's monitoring and compliance program under these regulations, the following information shall be filed by the licensee, in order to evaluate its compliance with the provisions of its private remote sensing space system license. Data provided must be in sufficient detail to enable the Secretary to determine whether the licensee's actions meet the requirements of the Act, these regulations, and the license. Additional information may be required.

Section I—Annual Compliance Audit

An on-site audit shall be conducted at least annually, following the issuance of a license, to confirm the licensee's compliance with the national security, foreign policy, and international obligations of the United States and compliance with all other license conditions. This audit shall review, for example, any changes to corporate structure, board membership (including citizenship), ownership, and financial investments. The audit will also include Securities and Exchange Commission filings. In the event that the licensee is not a publicly-traded company, the licensee must provide applicable information required by the SEC in the 10K and 10Q forms. The Annual Compliance Audit will also review agreements which impact the national security, foreign policy and international obligations of the United States, and the concept of operations. Additional information may be required.

Section II—Twelve Months Prior to Launch

1. Submit plan for agency approval describing how licensee will comply with data collection restrictions, operational limitations, or any data protection plans, as required.

2. Submit operations plan for restricting collection and/or dissemination of imagery of Israeli territory to that which is no more detailed or precise than what will be available from non-U.S. commercial

sources during the time of the licensee's planned operations.

Section III—No Later Than Six Months Prior To Launch

1. Submit a data flow diagram which graphically represents the data flow from the sensor to the final product delivery locations.

2. Submit satellite sub-systems drawing showing the various sub-system locations on the satellite.

3. Submit a final imaging system specification document for each sensor. This must be coordinated with the imaging system contractor.

Section IV—When the Spacecraft is Declared Operational

Spacecraft designation number.

Orbital altitude.

Orbital inclination.

Spacecraft state of health.

Imaging system state of health.

Spatial Resolution.

Spectral Resolution.

On-orbit absolute geo-positioning accuracy.

Circular Error and Linear Error.

Section V—Quarterly Reporting

1. Date, description, and corrective action performed for any anomalies or events which have caused the system to operate outside of license parameters and what action, if any, was performed to return the system to licensed baseline status.

2. Estimated GSD of all images collected and disseminated on the State of Israel.

Section VI—Annual Operational Audit and Recordkeeping

In addition to the information required for the Annual Compliance Audit listed in Section I, all records and data from the previous twelve months pertaining to the following will be maintained by the licensee:

1. Spacecraft telemetry.

2. Imaging sensor(s) tasking and associated metadata to include date/time of collection, image number, imager used, image corner points in latitude/longitude, inertial position (x,y,z), scan duration, azimuth. In addition, radar systems will include tasking and assorted meta data for phase history, grazing angle and polarization information.

3. Imagery data purges and purge alerts provided to the National Satellite Land Remote Sensing Data Archive (NSLRSDA).

*Purge Notifications to the National Satellite Land Remote Sensing Data Archive*

A licensee is required to notify the NSLRSDA of any data in its possession from its licensed remote-sensing space system that it intends to discard so that the NSLRSDA may acquire such data at the cost of reproduction and delivery.

*Unenhanced Data*

When Congress removed the blanket nondiscriminatory data access requirement, it was careful to ensure that access to the unenhanced data would remain consistent with the United Nations' Principles on Remote Sensing, that the government of a sensed state should have timely access to all such data concerning its own territory. Section 202(b)(2) of the 1992 Act requires that all licenses include the condition that the licensee shall make available upon request to the government of any country, including the United States, unenhanced data collected by the system concerning the territory under the jurisdiction of such government on reasonable commercial terms and conditions as soon as such data are available; consistent with the national security concerns, foreign policy and international obligations of the U.S. The regulations incorporate this requirement and consistent with this requirement, NOAA interprets the terms and conditions that are ''reasonable'' in those cases where the data will not be made available on a nondiscriminatory basis. Making the data available to different classes of customers, *e.g.* non-commercial scientific and educational users, other public benefit users, commercial end users, and value-added re-distributors, at different prices is reasonable. If a licensee intends to provide its unenhanced data on a restricted or exclusive basis, it becomes more difficult to determine what is ''reasonable'' vis-a-vis a sensed state. The price of these data, if measured in terms of their value to a particular commercial customer, may be prohibitive to a small government that simply wishes to monitor its own natural resources or to use the data, for example, for purposes of land use planning or to mitigate the effects of a recent natural disaster. On the other hand, the same price may be reasonable if the sensed state intends to use the data for competitive purposes. The reasonable commercial terms and conditions will have to be considered on a case-by-case basis. In any event, the sensed state has the opportunity to demonstrate that the terms result in an undue hardship.

NOAA fully expects that a licensee's obligation to make unenhanced data available to the sensed state will in almost all instances be satisfied as a normal commercial transaction where the government of a sensed state is a regular customer. In those instances where the sensed state has not been able to satisfy its desire to acquire unenhanced data directly from the licensee, the sensed state shall make a formal written request to the Assistant Administrator including the specific information (*i.e.*, geographic location, date) on the unenhanced data it desires to acquire.

*Licensing of New or Advanced Systems*

As a general matter, the NOAA license covers the end-to-end operational capability of a remote sensing space system's ability to quantify information that includes, but is not limited to spatial, spectral, temporal, coherence, and polarization properties of reflected, transmitted, or emitted electromagnetic radiation. In issuing licenses for new and advanced technologies that have not previously been licensed by NOAA, NOAA may apply new license conditions to address the unique characteristics and attributes of these systems. For example, NOAA may grant a ''two-tiered'' license, allowing the licensee to operate its system at one level, available to all users, while reserving the full operational capability of that system for USG or USG-approved customers only. In some cases, the system may have a USG partnership client.

NOAA has licensed synthetic aperture radar and hyperspectral systems. The conditions outlined in Section 960.11 apply to all systems, including licensed synthetic aperture radar and hyperspectral systems. However, in issuing licenses for synthetic aperture radar and hyperspectral systems, conditions or specific limitations may be placed, as necessary, on operational parameters, design characteristics, and data throughput due to national security, foreign policy and international obligations. For synthetic aperture radar systems these include, but are not limited to:

(1) Resolution in terms of impulse response (IPR);

(2) Grazing angles;

(3) Geolocational accuracy;

(4) Multiple polarization;

(5) System throughput (i.e., measurement of time during data collection, ground processing, and dissemination);

(6) Protection of phase history data;

(7) Location and function of non-U.S. operations centers and stations; and

(8) Protection of all uplinks and downlinks.

For hyperspectral systems these include, but are not limited to:

(1) Spatial and spectral resolution;

(2) Co-registration of hyperspectral data with data provided by other on-board sensors;

(3) Operational wavelengths;

(4) System throughput (i.e., measurement of time during data collection, ground processing, and dissemination);

(5) Protection of remote sensing space system commanding, sensor tasking, and tasking information;

(6) Protection of raw data;

(7) Location and function of non-U.S. operations centers and stations; and

(8) Protection of all uplinks and downlinks.

*Reimbursements*

As allowed by Section 507(d) of the Act, if additional technical modifications are imposed on a system operated under a previously granted license, on the basis of national security, the licensee may be reimbursed for those technical modifications. Generally, conditions in original licenses, previously-granted licenses or amendments that are the result of licensee initiated activities will not be considered for reimbursement. The Assistant Administrator, in consultation with the Secretary of Defense or other appropriate Federal agencies, will determine whether actual modification costs or past development costs (including the cost of capital) incurred by the licensee shall be reimbursed by the government agency or agencies which requested such technical modifications. The costs and terms associated with meeting this condition will be negotiated directly between the licensee and the agency or agencies requesting the technical modifications. The loss of anticipated profits and the cost of security measures imposed on all licensees are not reimbursable.

*Kyl-Bingaman Amendment*

Consistent with the requirement that licensees operate their systems in a manner that protects national security concerns, foreign policy and international obligations, Section 1064, Public Law No. 104–201, (the 1997 Defense Authorization Act), referred to as the Kyl-Bingaman Amendment, requires that ''[a] department or agency of the United States may issue a license for the collection or dissemination by a non-Federal entity of satellite imagery with respect to Israel only if such imagery is no more detailed or precise than satellite imagery of Israel that is available from commercial sources.'' Pursuant to that law, the Department of Commerce will make a finding as to the level of detail or precision of satellite imagery of Israel available from commercial sources. Moreover, as the statutory limitation applies to U.S. licensees, the term ''commercial sources'' is interpreted for purposes of these regulations as referring to satellite imagery so readily and consistently available from non-U.S. commercial entities that the availability of additional imagery from U.S. commercial sources may be permitted.

To interpret the term ''commercial availability'' of imagery of Israel from non-U.S. sources, NOAA looks to regulations of the Commerce Department's Bureau of Industry and Security, concerning findings on foreign availability for export control purposes, as a model (See 15 CFR 768). These regulations state that ''foreign availability exists when the Secretary [of Commerce] determines that an item is comparable in quality to an item subject to U.S. national security export controls, and is available-in-fact to a country, from a non-U.S. source, in sufficient quantities to render the U.S. export control of that item or the denial of a license ineffective.'' (See 15 CFR 768.2(a)).

Applying the above approach to implement the Kyl-Bingaman Amendment, the Department of Commerce will monitor the level of imagery resolution readily and consistently available in sufficient quantities from non-U.S. sources, to determine what imaging or data dissemination restrictions, if any, shall apply to licensees. A review of non-U.S. commercial availability will be conducted on an annual basis or more frequently if warranted. Input from licensees or from the general public is welcome to assist in this determination. Findings of this review will be published in the **Federal Register** and will constitute the data collection and/or dissemination restrictions with respect to imagery of Israel.

As part of its licensing process, NOAA will require an applicant to submit a plan explaining how its proposed system will be able to restrict the collection and/or dissemination of imagery of Israeli territory at a level of resolution determined by the Commerce Department. NOAA will review this plan to ensure compliance.

*Spacecraft Disposal and Orbital Debris Mitigation Plan*

As an additional licensing requirement, licensees shall, ''upon termination of operations under the license, make disposition of any satellites in space in a manner satisfactory to the President,'' in accordance with Section 202(b)(4) of the Act. Under Section 960.11 and the terms and conditions of the license, NOAA has interpreted this requirement to mean that a licensee shall assess and minimize the amount of orbital debris released during the post-mission disposal of its satellite. Applicants are required to provide at the time of application a plan for post-mission disposition of remote sensing satellites.

The U.S. Government has developed orbital debris mitigation practices for use in government missions. These practices include control of orbital debris released during normal operations, minimization of debris generated by accidental explosions, selection of a safe flight profile and operational configuration, and post-mission disposal of space structures. NOAA will make available to applicants background information on three possible methods for post-mission disposal which are consistent with these practices: atmospheric re-entry, maneuvering to a storage orbit, or direct retrieval. NOAA will review an applicant's plan for post-mission disposal on a case-by-case basis. NOAA will assess whether the plan, including satellite design and components, provide an acceptable post-mission disposal method to mitigate orbital debris and minimize any potential adverse effects. Applicants are specifically required to submit a casualty risk assessment if planned post-mission disposal involves atmospheric re-entry of the spacecraft.

*Section 960.12 Data Policy for Remote Sensing Space Systems.* This section describes various circumstances under which the licensee may be required, consistent with the terms of its license, to make available some or all of the unenhanced data from the system on a nondiscriminatory basis in accordance with Section 501 of the Act. For example, if the U.S. Government has (either directly or indirectly) funded some of the development, fabrication, launch, or operations costs of a licensed system, the Secretary of Commerce or his or her designee, in consultation with other appropriate U.S. agencies, must determine whether the interest of the United States, in promoting widespread availability of remote sensing data, requires that some or all of the unenhanced data from the system be made available on a nondiscriminatory basis in accordance with Section 501 of the Act. In addition, the license must specify any data subject to this requirement.

The Act requires that an operator of a system that can be characterized as essentially a Governmental system, such as the Landsat system and those systems that are substantially funded by the U.S. Government, make its unenhanced data available on a nondiscriminatory basis, but allows the operator of a non-governmental system to follow normal commercial practices unless U.S. interests dictate otherwise. (See Sections 201(e), 202(b)(3), and 501).

Section 960.12 of the regulations implements this provision consistent with the Act's overall objective of making data available to the widest possible spectrum of users, particularly for scientific purposes in support of the public benefit upon reasonable terms and conditions. This section addresses three categories of licensees. The first are those whose development, fabrication, launch, or operations costs have been funded, entirely or in substantial part, directly by the Government. As dictated by the Act, these operators must make their unenhanced data available on a nondiscriminatory basis. This requirement ensures that the data are broadly accessible and is consistent with the basic policy, codified in the Paperwork Reduction Act, 44 U.S.C. 3506 et seq. and included in Office of Management and Budget Circular A–130, that data paid for by the taxpayer is a public benefit to be made equally available to all members of the public. The second category of licensees are those that are fully commercial, i.e., not funded by the Government in whole or in part. These operators will be allowed to follow their preferred commercial data practices, subject to providing the unenhanced data to the governments of those states sensed and consistent with concerns regarding U.S. national security, foreign policy, and international obligations, as discussed below. These licensees will be encouraged to promote access to their data on as widespread a basis as possible and it is anticipated that, in most cases, there will be a commercial incentive to reach a broad customer base. It is recognized that in some cases, some of the data collected by such systems may not become generally accessible. However, NOAA believes that this loss will be outweighed by the substantially greater volume of data that will be collected by a vigorous commercial industry. It should be noted that limited purchases by the U.S. Government, as a normal customer of the licensee, would not constitute funding or support for purposes of this section.

The third category of licensees consists of those systems in which the U.S. Government provides some support. Here, the Government's interest is more significant, because of taxpayer investment and the possible precedential effect of permitting restricted access to the data through international data exchange involving government subsidized public-private ventures. The data policy applicable to these licensees will be determined on a case-by-case basis, balancing the effect on the licensee of limiting its commercial options against the potential benefits of providing widespread access of the data for non-commercial scientific, educational and other public benefit purposes. In evaluating the potential for data loss, NOAA will consider both the data to be gathered by the particular licensee as well as the possible implications for future intergovernmental data exchanges.

It is anticipated that the U.S. Government interest in making the data available can usually be addressed through terms and conditions in the license that do not require a full nondiscriminatory data access policy. For example, it may be possible to accommodate such interests by ensuring access for non-commercial scientific, educational, and other public good purposes, while protecting a licensee's commercial options.

**5. Subpart C—Prohibitions**

*Section 960.13 Prohibitions.* This section sets forth the prohibitions under these regulations. Under this section, it is unlawful for any person who is subject to the jurisdiction or control of the United States, directly or through any subsidiary or affiliate to, among other things: (a) Operate a system without possession of a valid license issued under the Act and these regulations; (b) violate any provision of the Act, these regulations or any term, condition, or restriction of the license; (c) violate any order, directive, or other notice issued by the Secretary; and/or (d) interfere with the enforcement of this Part. It also requires licensees to update data provided to the Secretary in a timely manner.

**6. Subpart D—Enforcement Procedures**

Section 960.14 states that any person found to be in violation of the Act, this part, or any license issued under this part, will be subject to the civil penalty provisions prescribed in the Act, these regulations and other applicable laws.

Section 960.15 sets forth detailed procedures to be followed by NOAA when assessing civil penalties under the Act.

**7. Appendices**

*Appendix 1—Application Information.* This Appendix contains the information requirements of the license application as discussed in Section 960.4. Appendix 2—Fact Sheet Regarding the Memorandum of Understanding Concerning the Licensing of Private Remote Sensing Satellite Systems. The Departments of State, Defense, Interior, and Commerce, and the Intelligence Community, with the participation of OSTP and the NSC, concluded an interagency MOU concerning the Licensing of Private Remote Sensing Space Systems. On February 2, 2000, a Fact Sheet on the Interagency MOU was released. This Fact Sheet is included as Appendix 2.

*Classification*

A. Regulatory Flexibility Act (5 U.S.C. 601 et seq.)

These regulations establish a process intended to promote the development of the remote sensing industry and to minimize any adverse impact on any entity, large or small, that may seek a license to operate a private remote sensing space system.

Accordingly, the Chief Counsel for Legislation and Regulation of the Department of Commerce certified to the Chief Counsel for Advocacy of the Small Business Administration that this rule will not have a significant economic impact on a substantial number of small entities. The basis for this certification was the fact that, given the extraordinary capitalization required to operate a commercial remote sensing space system, costs of development and launch still remain high. As such, small entities have yet to enter this field and appear highly unlikely to do so. No comments were received regarding this certification. As a result, no final regulatory flexibility analysis was prepared.

B. Paperwork Reduction Act of 1995 (35 U.S.C. 3500 et seq.)

This final rule contains a new collection-of-information requirement subject to the Paperwork Reduction Act (PRA) that will modify the existing collection-of-information requirement that was approved by OMB under control number 0648–0174. This new requirement has been submitted to OMB for approval. Public reporting burden for these requirements are estimated to average: 40 hours for the submission of a license application; 10 hours for the submission of a data protection plan; 5

hours for the submission of a plan describing how the licensee will comply with data collection restrictions; 3 hours for the submission of an operations plan for restricting collection or dissemination of imagery of Israeli territory; 3 hours for submission of a data flow diagram; 2 hours for the submission of satellite sub-systems drawings; 3 hours for the submission of a final imaging system specifications document; 2 hours for the submission of a public summary for a licensed system; 2 hours for the submission of a preliminary design review; 2 hours for the submission of a critical design review; 1 hour for notification of a binding launch services contract; 1 hour for notification of completion of pre-ship review; 10 hours for the submission of a license amendment; 2 hours for the submission of a foreign agreement notification; 2 hours for the submission of spacecraft operational information submitted when a spacecraft becomes operational; 2 hours for notification of deviation in orbit or spacecraft disposition; 2 hours for notification of any operational deviation; 2 hours for notification of planned purges of information to the National Satellite Land Remote Sensing Data Archive; 3 hours for the submission of an operational quarterly report; 8 hours for an annual compliance audit; 10 hours for an annual operational audit; and 2 hours for notification of the demise of a system or a decision to discontinue system operations. No estimate is being given to provide imagery data to the National Satellite Land Remote Sensing Data Archive. An estimate will be developed at a later date.

The public burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Public comment is sought regarding:

Whether this collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; the accuracy of the burden estimate; ways to enhance the quality, utility, and clarity of the information to be collected; and ways to minimize the burden of the collection of information, including through the use of automated collection techniques or other forms of information technology. Send comments on these or any other aspect of the collection of information to Mr. Douglas Brauer, NOAA/NESDIS International and Interagency Affairs Office, at the address noted above and by e-mail to *David_Rostker@omb.eop.gov*, or fax to (202) 395–7285.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA, unless that collection of information displays a currently valid OMB Control Number.

C. National Environmental Policy Act (42 U.S.C. 4321 et seq.)

Publication of these regulations does not constitute a major Federal action significantly affecting the quality of the human environment. Therefore, an environmental impact statement is not required.

D. Executive Order 12866, Regulatory Planning and Review

This rule has been determined to be significant for purposes of Executive Order 12866.

**List of Subjects in 15 CFR Part 960**

Administrative practice and procedure, confidential business information, Penalties, Reporting and record keeping requirements, Satellites, Scientific equipment, Space transportation and exploration.

Dated: April 18, 2006.

**Gregory W. Withee,**

*Assistant Administrator for Satellite and Information Services.*

■ Accordingly, for the reasons set forth above, part 960 of title 15 of the Code of Federal Regulations is revised to read as follows:

## PART 960—LICENSING OF PRIVATE REMOTE SENSING SYSTEMS

### Subpart A—General

Sec.
960.1 Purpose.
960.2 Scope.
960.3 Definitions.

### Subpart B—Licenses

960.4 Application.
960.5 Confidentiality of information.
960.6 Review procedures for license applications.
960.7 Amendments to licenses.
960.8 Notification of foreign agreements.
960.9 License term.
960.10 Appeals/hearings.
960.11 Conditions for operation.
960.12 Data policy for remote sensing space systems.

### Subpart C—Prohibitions

960.13 Prohibitions.

### Subpart D—Enforcement Procedures

960.14 In general.
960.15 Penalties and sanctions.

**Appendix 1 to Part 960—Filing Instructions and Information To Be Included in the Licensing Application**

**Appendix 2 to Part 960—Fact Sheet Regarding the Memorandum of Understanding Concerning the Licensing of Private Remote Sensing Satellite Systems Dated February 2, 2000**

**Authority:** 15 U.S.C. 5624.

### Subpart A—General

#### § 960.1 Purpose.

(a) The regulations in this part set forth the procedural and informational requirements for obtaining a license to operate a private remote sensing space system under Title II of the Land Remote Sensing Policy Act of 1992 (15 U.S.C. 5601 *et seq.*) (Public Law 102–555, 106 Stat. 4163) and applicable U.S. Policy, which addresses the U.S. commercial remote sensing satellite industry. (Available from NOAA, National Environmental Satellite Data and Information Service, 1335 East-West Highway, Room 7311, Silver Spring, MD 20910). In addition, this part describes NOAA's regulation of such systems, pursuant to the Act and applicable U.S. Policy. The regulations in this part are intended to:

(1) Preserve the national security of the United States;

(2) Observe the foreign policies and international obligations of the United States;

(3) Advance and protect U.S. national security and foreign policy interests by maintaining U.S. leadership in remote sensing space activities, and by sustaining and enhancing the U.S. remote sensing industry;

(4) Promote the broad use of remote sensing data, their information products and applications;

(5) Ensure that unenhanced data collected by licensed private remote sensing space systems concerning the territory of any country are made available to the government of that country upon its request, as soon as such data are available and on reasonable commercial terms and conditions as appropriate;

(6) Ensure that remotely sensed data are widely available for civil and scientific research, particularly environmental and global change research; and

(7) Maintain a permanent comprehensive U.S. government archive of global land remote sensing data for long-term monitoring and study of the changing global environment.

(b) In accordance with the Act and applicable U.S. Policy, decisions regarding the issuance of licenses and operational conditions (See Subpart B of

this part) will be made by the Secretary of Commerce or his/her designee. Determinations of conditions necessary to meet national security, foreign policy and international obligations are made by the Secretaries of Defense and State, respectively.

(c) In accordance with U.S. Policy, NOAA encourages U.S. companies to build and operate commercial remote sensing space systems whose operational capabilities, products, and services are superior to any current or planned foreign commercial systems. However, because of the potential value of its products to an adversary, the U.S. Government may restrict operations of the commercial systems in order to limit collection and/or dissemination of certain data and products to the U.S. Government or to U.S. Government-approved recipients.

**§ 960.2 Scope.**

(a) The Act and the regulations in this part apply to any person subject to the jurisdiction or control of the United States who operates or proposes to operate a private remote sensing space system, either directly or through an affiliate or subsidiary, and/or establishes substantial connections with the United States regarding the operation of a private remote sensing system.

(b) In determining whether substantial connections exist with regard to a specific system, the factors NOAA may consider include, but are not limited to: the location of a system control center or operations centers and stations; the administrative control of the system; use of a U.S. launch vehicle; location or administrative control of ground receiving stations; the investment, ownership, or technology included in the system.

(c) The regulations in this part apply to any action taken on or after May 25, 2006 with respect to any license, and to pre-existing licenses.

(d) If any provision of the regulations in this part or the application thereof to any person or circumstance is held invalid, the validity of the remainder of the regulations in this part or the application of such provision to other persons and circumstances shall not be affected.

(e) Issuance of a license under the regulations in this part does not affect the authority of any Department or Agency of the U.S. Government including, but not limited to, the Federal Communications Commission under the Communications Act of 1934 (47 U.S.C. 151 et seq.), the Department of Transportation under the Commercial Space Launch Act of 1984 (49 U.S.C. app. 2601 et seq.), the Department of Commerce under the Export Administration Regulations (15 CFR parts 730–774), or the Department of State under the Arms Export Control Act (22 U.S.C. 2778) and the International Traffic in Arms Regulations (22 CFR parts 120–130).

**§ 960.3 Definitions.**

For purposes of the regulations in this part, the following terms have the following meanings:

*Act* means the Land Remote Sensing Policy Act of 1992 (Pub. L. 102–555, 106 Stat. 4163) as amended by the 1998 Commercial Space Act (Pub. L. 105–303, 112 Stat. 2846), 15 U.S.C. 5601 et seq.

*Administrative control* means the power or authority, direct or indirect, whether or not exercised through the legal or defacto ownership or possession thereof, ownership of voting securities of a licensee, or by proxy voting, contractual arrangements or other means, to determine, direct or decide matters affecting the operations of the system; specifically, to determine, direct, take, manage, administer, influence, reach, or cause decisions regarding the:

(1) Sale, lease, mortgage pledge, or other transfer of any or all of the system or system control assets of the licensee, whether in the ordinary course of business or not;

(2) Operation of the system(s), including but not limited to orbit maintenance and other housekeeping functions, tasking and tasking prioritization, data acquisition, data storage, data transmission, processing and dissemination;

(3) Dissolution of the licensee;

(4) Closing and/or relocation of the command and control center of the system;

(5) Execution, substantive modification and/or termination or non-fulfillment of any significant or substantial foreign agreement of the licensee regarding direct readout or tasking obligations; or

(6) Amendment of the Articles of Incorporation or constituent agreement of the licensee with respect to the matters described in paragraphs (1) through (4) of this definition.

*Administrator* means the Administrator of NOAA and Under Secretary of Commerce for Oceans and Atmosphere or his/her designee.

*Affiliate* means any person:

(1) Which owns or controls more than a 5% interest in the applicant or licensee; or

(2) Which is under common ownership or control with the applicant or licensee.

*Applicant* means a person who has submitted an application for a NOAA license to operate a remote sensing space system.

*Assistant Administrator* means the Assistant Administrator of NOAA for Satellite and Information Services or his/her designee.

*Authorized Officer* means an individual designated by the Secretary of Commerce or his/her designee to enforce the regulations in this part.

*Basic data set* means those unenhanced data generated by the Landsat system or by any remote sensing space system licensed under the Act that have been selected by the Secretary of the Interior to be maintained in the National Satellite Land Remote Sensing Data Archive, as described in Section 502(c) of the Act.

*Beneficial owner* means any person who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, has or shares: The right to exercise administrative control over a licensee; and the power to dispose of or to direct the disposition of, any security interest in a license. All securities of the same class beneficially owned by a person, regardless of the form which such beneficial ownership takes, shall be aggregated in calculating the number of shares beneficially owned by such person. A person shall be deemed to be the beneficial owner of a security interest if that person has the right to acquire beneficial ownership, as defined in this definition, within sixty (60) days from acquiring that interest, including, but not limited to, any right to acquire beneficial ownership through: The exercise of any option, warrant or right; the conversion of a security; the power to revoke a trust, discretionary account, or similar arrangement; or the automatic termination of a trust, discretionary account or similar arrangement.

*Data Protection Plan* refers to the licensee's plan to protect data and information through the entire cycle of tasking, operations, processing, archiving and dissemination. At a minimum, this includes appropriate protection of communications links and/or delivery methods for tasking of the satellite, downlinking of data to a ground station (including relay stations), and delivery of data from the satellite to the licensee's central data storage facilities.

*License* means a grant of authority under the Act by the Administrator to a person to operate a private remote-sensing space system.

*Licensee* means a person who holds a NOAA license to operate a remote sensing space system.

*National Satellite Land Remote Sensing Data Archive* means the archive stablished by the Secretary of the Interior pursuant to the archival responsibilities defined in Section 502 of the Act.

*NOAA* means the National Oceanic and Atmospheric Administration.

*Operate* means to manage, run, authorize, control, or otherwise affect the functioning of a remote sensing space system, directly or through an affiliate or subsidiary. This includes:

(1) Commanding, controlling, tasking, and navigation of the system; or

(2) Data acquisition, storage, processing, and dissemination.

*Operational control* means the ability to operate the system or override commands issued by any operations center or station.

*Orbital debris* means all human-generated debris in Earth orbit. This includes, but is not limited to, payloads that can no longer perform their mission, rocket bodies and other hardware (*e.g.*, bolt fragments and covers) left in orbit as a result of normal launch and operational activities, and fragmentation debris produced by failure or collision. Gases and liquids in free state are not considered orbital debris.

*Person* means any individual (whether or not a citizen of the United States) subject to U.S. jurisdiction; a corporation, partnership, association, or other entity organized or existing under the laws of the United States; a subsidiary (foreign or domestic) of a U.S. parent company; an affiliate (foreign or domestic) of a U.S. company; or any other private remote sensing space system operator having substantial connections with the United States or deriving substantial benefits from the United States that support its international remote sensing operations sufficient to assert U.S. jurisdiction as a matter of common law.

*Proprietary information* means any business or trade secrets or commercial or financial information explicitly designated as proprietary or confidential by the submitter, the public release of which would cause substantial harm to the competitive position of the submitter. Once the information is publicly-released by the submitter, it is no longer considered proprietary.

*Remote sensing space system, Licensed system, or System* means any device, instrument, or combination thereof, the space-borne platform upon which it is carried, and any related facilities capable of actively or passively sensing the Earth's surface, including bodies of water, from space by making use of the properties of the electromagnetic waves emitted, reflected, or diffracted by the sensed objects. For purposes of the regulations in this part, a licensed system consists of a finite number of satellites and associated facilities, including those for tasking, receiving, and storing data, designated at the time of the license application. Small, hand-held cameras shall not be considered remote sensing space systems.

*Secretary* means the Secretary of Commerce.

*Security* means any note, stock, treasury stock, bond, debenture, evidence of indebtedness, certificate of interest or participation in any profit-sharing agreement, collateral trust certificate, pre-organization certificate or subscription, transferable share, investment contract, voting trust certificate, or certificate of deposit for a security; any put, call, straddle, option, or privilege on any security, certificate of deposit, or group or index of securities (including any interest therein or based on the value thereof); any put, call, straddle, option, or privilege entered into a national securities exchange relating to foreign currency; any interest or instrument commonly known as a ''security''; or any certificate of interest or participation in, temporary or interim certificate for, receipt for, guarantee of, or warrant or right to subscribe to or purchase, any of the foregoing.

*Significant or Substantial foreign agreement* (also referred to in this part as foreign agreement or agreement) means an agreement with a foreign nation, entity, consortium, or person that provides for one or more of the following:

(1) Administrative control which may include distributorship arrangements involving the routine receipt of high volumes of the system's unenhanced data;

(2) Participation in the operations of the system; including direct access to the system's unenhanced data; or

(3) An equity interest in the licensee held by a foreign nation and/or person, if such interest equals or exceeds or will equal or exceed twenty (20) percent of total outstanding shares, or entitles the foreign person to a position on the licensee's Board of Directors.

*Subsidiary* means a person over which the applicant or licensee may exercise administrative control.

*Tasking* means any action taken to command a remote sensing space system or its sensor to acquire data for transmission or storage on the satellite's recording subsystem. Such action can be in the form of commands sent to the system for execution or for storage in the satellite's memory for execution at a specified time or location within a given orbit.

*Under Secretary* means the Under Secretary of Commerce for Oceans and Atmosphere and Administrator of NOAA or his/her designee.

*Unenhanced data* means remote sensing signals or imagery products that are unprocessed or subject only to data preprocessing. Data preprocessing may include rectification of system and sensor distortions in remote sensing data as it is received directly from the satellite; registration of such data with respect to features of the Earth; and calibration of spectral response with respect to such data. It does not include conclusions, manipulations, or calculations derived from such data, or a combination of such data with other data. It also excludes phase history data for synthetic aperture radar systems or other space-based radar systems.

*U.S. Policy* means the policy(ies) announced by the President that specifically address U.S. commercial remote sensing space capabilities.

## Subpart B—Licenses

### § 960.4 Application.

No person subject to the jurisdiction and/or control of the United States may operate a private remote sensing space system without a license issued pursuant to this part.

(a) Filing instructions, as well as a list of information to be included in the license application, are included in Appendix 1 of this part.

(b) If information in an application becomes inaccurate or incomplete prior to issuance of the license, the applicant must, within 14 days, file the new or corrected information with the Assistant Administrator. If new or revised information is filed during the application process, the Assistant Administrator shall, within fourteen (14) days, determine whether the deadline imposed by Section 201(c) of the Act and § 960.6(a) must be extended to allow adequate review of the revised application and, if so, for how long.

### § 960.5 Confidentiality of information.

(a) Any proprietary information related to a license application, application for amendment, foreign agreement, or any other supporting documentation submitted to NOAA will be treated as business confidential or proprietary information, if that information is explicitly designated and marked as such by the submitter. This does not preclude the United States Government from citing information in the public domain provided by the

licensee in another venue (*e.g.*, the licensee's Web site or a press release).

(b) Within thirty (30) days of the issuance of a license to operate a remote sensing space system, the licensee shall provide the Assistant Administrator with a publicly-releasable summary of the licensed system. The summary must be submitted in a readily reproducible form accompanied by a copy on electronic media. This summary shall be available for public review at a location designated by the Assistant Administrator and shall include:

(1) The name, mailing address and telephone number of the licensee and any affiliates or subsidiaries;

(2) A general description of the system, its orbit(s) and the type of data to be acquired; and

(3) The name and address upon whom service of all documents may be made.

**§ 960.6 Review procedures for license applications.**

The following procedures are consistent and have been harmonized with those procedures, including time lines, described in the Fact Sheet, at Appendix 2 of this part, which governs in lieu of this section and §§ 960.7 and 960.8 with respect to the process for reaching determinations of conditions necessary to meet national security, international obligations and foreign policy and which is outside the scope of the regulations in this part.

(a) The Assistant Administrator shall, within three (3) working days of receipt of an application, forward a copy of the application to the Department of Defense, the Department of State, the Department of the Interior, and any other Federal agencies determined to have a substantial interest in the license application. The Assistant Administrator shall advise such agencies of the deadline prescribed by paragraph (b) of this section to require additional information from the applicant. The Assistant Administrator shall make a determination on the application, in accordance with the Act and section 960.1(b), within 120 days of its receipt. If a determination has not been made within 120 days, the Assistant Administrator shall inform the applicant of any pending issues and any action required to resolve them.

(b) The reviewing agencies have thirty (30) days from receipt of application to notify the Assistant Administrator in writing whether the application omits any of the information listed in Appendix 1 of this part or whether additional information may be necessary to complete the application. This notification shall state the specific reasons why the additional information is sought. The Assistant Administrator shall then notify the applicant, in writing, what information is required to complete the license application. The 120-day review period prescribed in Section 201(c) of the Act will be stopped until the Assistant Administrator determines that the license application is complete.

(c) Within thirty (30) days of receipt of a complete application, as determined by the Assistant Administrator, each Federal agency consulted in paragraph (a) of this section shall recommend, in writing, to the Assistant Administrator approval or disapproval of the application in writing. If a reviewing agency is unable to complete its review in thirty (30) days, it is required to notify NOAA prior to the expiration of the interagency review period, in writing, of the reason for its delay and provide an estimate of additional time necessary to complete the review.

(d) If the license application is denied, the Assistant Administrator shall provide the applicant with written notification along with a concise statement of the facts in the record determined to support the denial. This denial will be considered final agency action twenty-one (21) days after the date the notice was mailed, unless the applicant files an appeal, as provided in § 960.10.

(e) The Assistant Administrator shall terminate the license application review process if:

(1) The application is withdrawn before the decision approving or denying it is issued; or

(2) The applicant, after receiving a request for additional information pursuant to paragraph (b) of this section, does not provide such information within the time stated in the request.

(f) No license shall be granted by the Secretary unless the Secretary determines, in writing, that the applicant will comply with the requirements of the Act, any regulations issued pursuant to the Act, and that the granting of such license and the operation of the license and system by the licensee would be consistent with the national security interest, foreign policy and international obligations of the United States.

**§ 960.7 Amendments to licenses.**

(a) Prior to taking any of the following actions a licensee must obtain an amendment to the license:

(1) Assignment of any interest in or transfer of the license from one entity to another, renaming, or any change in identity of the license holder;

(2) Change in or transfer of administrative control;

(3) Change of operational control; or

(4) Deviation from orbital characteristics, performance specifications, data collection and exploitation capabilities, operational characteristics identified under Appendix 1. of this part, or any other change in license parameters.

(b) Applications for an amendment to an existing license shall contain all relevant new information and shall be filed at the same address identified in Appendix 1 of this part. Amendment applications shall be filed in accordance with the procedures in § 960.4 and Appendix 1 of this part for original license applications.

(c) The Assistant Administrator shall, within three (3) working days of receipt of an application for amendment, forward a copy of the application to the Department of Defense, the Department of State, the Department of the Interior, and any other Federal agencies determined to have a substantial interest in the application. The Assistant Administrator shall advise such agencies of the deadline prescribed by paragraph (d) of this section to require additional information from the licensee. The Assistant Administrator shall make a determination on the application, in accordance with the Act and § 960.1(b), within 120 days of its receipt. If a determination has not been made within 120 days, the Assistant Administrator shall inform the licensee of any pending issues and any actions necessary to resolve them.

(d) The reviewing agencies have thirty (30) days from receipt of the application for amendment to notify the Assistant Administrator in writing whether the request omits any of the information listed in Appendix 1 of this part or whether additional information may be necessary to complete the request. This notification shall state the specific reasons why the additional information is sought. The Assistant Administrator shall then notify the licensee, in writing, what information is required to complete the application. The 120-day review period prescribed in Section 201(c) of the Act will be stopped until the Assistant Administrator determines that the application request is complete.

(e) Within thirty (30) days of receipt of a complete application for amendment, as determined by the Assistant Administrator, each Federal agency consulted in paragraph (c) of this section shall recommend, in writing, to the Assistant Administrator approval or disapproval of the application. If a reviewing agency is unable to complete its review in thirty (30) days, it is

required to notify NOAA prior to the expiration of the interagency review period, in writing, of the reason for its delay and provide an estimate of additional time necessary to complete the review.

(f)(1) When the licensee is seeking an amendment in order to transfer administrative control or change in the participation of the operations of the system to a foreign person or nation, pursuant to paragraph (a)(2) of this section, the licensee must provide the following information:

(i) The identity, residence and citizenship of the foreign person(s) or nation(s) who will acquire control;

(ii) The licensee's proposed plan to ensure that the licensee will protect the operational control of the licensed system from foreign influence and prevent technology transfer that would adversely impact national security, foreign policy or international obligations; and

(iii) Such additional information as the Assistant Administrator may prescribe as necessary or appropriate to protect the national security, foreign policy or international obligations of the United States.

(2) Such an application for amendment will be reviewed to determine whether the foreign person(s) or nation(s) that will exercise administrative control of the licensee will take no action that impairs the national security interests, foreign policy or international obligations of the United States.

(g) If the application for amendment is denied, the Assistant Administrator shall provide the licensee with written notification along with a concise statement of the facts in the record determined to support the denial. This denial will be considered final agency action twenty-one (21) days after the date the notice was mailed, unless the licensee files an appeal, as provided in § 960.10.

(h) The Assistant Administrator shall terminate the application for amendment review process if:

(1) The application is withdrawn before the decision approving or denying it is issued; or

(2) The licensee, after receiving a request for additional information pursuant to paragraph (d) of this section, does not provide such information within the time stated in the request.

### § 960.8 Notification of foreign agreements.

Licensees must notify the Assistant Administrator of any significant or substantial agreement that they intend to enter into with any foreign nation, entity, or consortium, not later than sixty (60) days prior to concluding the agreement.

(a) Upon notification by a licensee, pursuant to § 960.11(b)(5), the Assistant Administrator shall initiate review of the proposed agreement in light of the national security interests, foreign policy and international obligations of the U.S. Government.

(b) The Assistant Administrator shall, within three (3) working days of receipt of a proposed foreign agreement, forward a copy of the foreign agreement to the Department of Defense, the Department of State, the Department of the Interior, and any other Federal agencies determined to have a substantial interest in the foreign agreement. The Assistant Administrator, in consultation with other appropriate agencies, will review the proposed foreign agreement. As part of this review, the Assistant Administrator will ensure that the proposed foreign agreement contains the appropriate provisions to ensure compliance with all requirements concerning national security interests, foreign policy and international obligations under the Act or the licensee's ability to comply with the Act, these regulations and the terms of the license. These requirements include:

(1) The ability to implement, as appropriate, restrictions on the foreign party's acquisition and dissemination of imagery as imposed by the license or by the Secretary;

(2) The obligations of the licensee to provide access to data for the National Satellite Land Remote Sensing Data Archive; and

(3) The obligations of the licensee to convey to the foreign party the license's reporting and recordkeeping requirements and to facilitate any monitoring and compliance activities identified in the license.

(c) Within thirty (30) days of receipt of the proposed agreement, other agencies reviewing the agreement will notify the Assistant Administrator that the proposed agreement sufficiently addresses the requirements in paragraph (b) of this section or identify what changes will need to be made to the agreement to meet these requirements.

(d)(1) Within sixty (60) days of notification by the licensee, if the Assistant Administrator determines that a proposed agreement will impair his or her ability to enforce the Act, or the licensee's ability to comply with the Act, these regulations, or the terms or conditions of the license, the licensee will be notified which terms and conditions of the license are affected and, specifically, how the agreement impairs their enforcement.

(2) The proposed agreement may not be implemented by the licensee until the licensee has been advised by the Assistant Administrator that the provisions of the proposed agreement are acceptable.

(e) The licensee is required to provide NOAA a signed copy of the foreign agreement within thirty (30) days of signature.

(f) Following approval of the agreement, if the factual circumstances surrounding this transaction change, the licensee must notify NOAA within twenty-one (21) days of the change. The licensee's failure to notify NOAA in a timely manner may result in penalties for noncompliance being levied, pursuant to Section 203(a)(3) of the Act.

(g) A licensee seeking to enter into a foreign agreement that would require the modification of the terms of an existing license shall also submit a license amendment request and the proposed foreign agreement shall be considered in the context of the amendment review process.

### § 960.9 License term.

(a) Each license for operation of a system shall be valid for the operational lifetime of the system or until the Secretary determines that the licensee is not in compliance with the requirements of the Act, the regulations issued pursuant to the Act, the terms and conditions of the license, or that the licensee's activities or system operations are not consistent with the national security, foreign policy and international obligations of the United States.

(b) The licensee shall notify the Assistant Administrator within seven (7) days of financial insolvency, dissolution, the demise of its system or of its decision to discontinue system operation. Upon notification, the Assistant Administrator will terminate the license. However, termination will not affect the obligations of the licensee with regard to provisions in its license, requiring the licensee to:

(1) Provide data to the National Satellite Land Remote Sensing Data Archive for the basic data set;

(2) Make data available to the National Satellite Land Remote Sensing Data Archive that the licensee intends to purge from its holdings;

(3) Make data available to a sensed state; and

(4) Restrict acquisition and dissemination of imagery as imposed by the license or by the Secretary; and

(5) Manage the re-entry segment, including but not limited to, the disposal of the system.

(c) The licensee shall notify the Assistant Administrator that specific actions leading to the development and operation of the licensed remote sensing space system have been completed. If the Assistant Administrator determines that a licensee has not completed such actions with respect to a licensed system, he/she may terminate the license. The actions required to be taken and associated timelines are as follows:

(1) Presentation to NOAA of the following formal review materials within five (5) years of the license issuance:

(i) Preliminary Design Review, and

(ii) Critical Design Review.

(2) Licensee certification to NOAA of the following milestones within five (5) years of the Critical Design Review:

(i) Execution of a binding contract for launch services, and

(ii) Completion of the pre-ship review of the remote sensing payload.

(3) Remote sensing space systems currently licensed by NOAA will have five (5) years from the effective date of these regulations to meet the milestones in Section 960.9(c)(1).

**§ 960.10 Appeals/hearings.**

(a) An applicant or licensee may submit a written appeal to the Administrator involving the granting, denial, or conditioning of a license; a license amendment; a foreign agreement; or enforcement action under this part. The appeal must state the action(s) appealed, must set forth a detailed explanation of the reasons for the appeal, and must be submitted within twenty-one (21) days of the action appealed. The appellant may request a hearing on the appeal before a designated hearing officer.

(b) The hearing shall be held no later than thirty (30) days after receipt of the appeal, unless the hearing officer extends the time. The appellant and other interested persons may appear personally or by counsel and submit information and present arguments, as determined appropriate by the hearing officer. Hearings may be closed to the public as necessary to protect classified or proprietary information. Hearings shall be transcribed, and transcripts made available to the public, as required by statute. Classified and proprietary information shall not be included in the public transcripts. Within thirty (30) days of the conclusion of the hearing, the hearing officer shall recommend a decision to the Administrator.

(c) The hearing requested under paragraph (a) of this section may be granted unless the issues being appealed involve the conduct of military or foreign affairs functions. Determinations concerning limitations on data collection or distribution, license conditions, or enforcement actions necessary to meet national security concerns, foreign policies or international obligations are not subject to a hearing under this Section. A determination to deny an appeal/hearing on this basis shall constitute final agency action.

(d) The Administrator may adopt the hearing officer's recommended decision or may reject or modify it. The Administrator will notify the appellant of the decision, and the reason(s) therefore, in writing, within thirty (30) days of receipt of the hearing officer's recommended decision. The Administrator's action shall constitute final Agency action.

(e) Any time limit prescribed in this section may be extended for a period not to exceed thirty (30) days by the Administrator for good cause, upon his/her own motion or written request from the appellant.

(f) The licensee shall be entitled to an expedited hearing on the review of a foreign agreement if the request is filed with the Administrator within seven (7) days of the date of mailing of the Assistant Administrator's notice under § 960.8(d)(1). The request shall set forth the licensee's response to the determinations contained in the notice, and demonstrate that the time necessary to complete the normal hearing process will jeopardize the agreement.

(1) Expedited hearings shall commence within five (5) days after the filing of the request with the Administrator unless the Administrator or the hearing officer postpones the date of the hearing or the parties agree that it shall commence at a later time.

(2) Within five (5) days of the conclusion of the hearing, the hearing officer shall prepare findings and conclusions for consideration by the Administrator.

(3) Within fourteen (14) days after receipt of such material, the Administrator shall issue his/her findings and conclusions and a statement of the reasons on which they are based. This decision constitutes final agency action.

**§ 960.11 Conditions for operation.**

(a) Each license issued for the operation of a system shall require the licensee to comply with the Act and the regulations in this part. The licensee shall ensure that its license information is kept current and accurate. A licensee's failure to notify NOAA in a timely manner of any changes to that information on which the determination to issue the license or a subsequent licensing action was or will be made may result in penalties for noncompliance being levied, pursuant to Section 203(a)(3) of the Act

(b) The following conditions, as a minimum, shall be included in all licenses:

(1) The licensee shall operate its system in a manner that preserves the national security and observes the foreign policy and international obligations of the United States. Specific limitations on operational performance, including, but not limited to, limitations on data collection and dissemination, as appropriate, will be specified in each license.

(2) The licensee shall maintain operational control from a location within the United States at all times, including the ability to override all commands issued by any operations centers or stations.

(3) The licensee will maintain and make available to the Assistant Administrator records of system tasking, operations and other data as specified in the license for the purposes of monitoring and compliance. Periodic reporting and record keeping requirements will be specified in the license. The licensee shall allow the Assistant Administrator access, at all reasonable times, to all facilities which comprise the remote sensing space system for the purpose of conducting license monitoring and compliance inspections.

(4) The licensee may be required by the Secretary to limit data collection and/or distribution by the system as determined to be necessary to meet significant national security or significant foreign policy concerns, or international obligations of the United States, in accordance with the procedures set forth in the Interagency MOU Fact Sheet found in Appendix 2 of this part. During such limitations, the licensee shall, on request, provide unenhanced restricted images on a commercial basis exclusively to the U.S. Government using U.S. government-approved rekeyable encryption on the down-link and shall use a data down-link format that allows the U.S. Government access to these data during such periods.

(5) A licensee shall notify the Assistant Administrator of its intent to enter into any significant or substantial foreign agreement, and shall submit this agreement for review in accordance with § 960.8. The proposed agreement may not be implemented by the licensee until the licensee has been advised by

the Assistant Administrator that the document's provisions are acceptable.

(i) Notification of any agreement that provides for an on-going or a continuous relationship serves as notification of specific transactions carried out within the scope of that agreement for purposes of the regulations in this part and the Act. Such notification does not relieve a licensee of any obligation under any other laws including U.S. export laws or regulations to secure necessary U.S. Government authorizations and/or licenses, to provide notification, or to comply with other requirements.

(ii) A licensee seeking to enter a foreign agreement that would require the modification of the terms of an existing license shall submit a license amendment, as provided in § 960.7.

(6) In accordance with Section 201(e) of the Act and § 960.12, a licensee shall make available on reasonable commercial terms and conditions, in accordance with the Act and § 960.12, any unenhanced data designated by the Assistant Administrator.

(7) A licensee shall provide to the U.S. Government, upon request, a complete list of all archived, unenhanced data which has been generated by its licensed system which is not already maintained in a public catalog. Any information on this list which is deemed proprietary by the licensee should be so noted by the licensee when the list is provided to the U.S. Government.

(8) A licensee shall make available unenhanced data requested by the Department of the Interior on reasonable cost terms and conditions as agreed by the licensee and the Department of the Interior. After the expiration of any exclusive right to sell, or after an agreed amount of time, the Department of Interior shall make these data available to the public at the cost of fulfilling user requests.

(9) Before purging any licensed data in its possession, the licensee shall offer such data to the National Satellite Land Remote Sensing Data Archive at the cost of reproduction and transmission. The Department of the Interior shall make these data available immediately to the public at the cost of fulfilling user requests.

(10) A licensee shall make available to the government of any country (including the United States) upon request by that government, unenhanced data collected by its system concerning the territory under the jurisdiction of such government. The data shall be provided as soon as the licensee is able to distribute the data commercially or as soon as the licensee has processed them into a format that the licensee uses for its own purposes, whichever occurs sooner, on reasonable terms and conditions. However, no data shall be provided to the sensed state if such release is contrary to U.S. national security concerns, foreign policy or international obligations or is otherwise prohibited by law, e.g. where transactions with the sensed state are prohibited by the laws of the United States. The U.S. Government may require, as a specific license condition, coordination with NOAA prior to fulfilling specific sensed state requests for unenhanced data.

(11) A licensee shall inform the Assistant Administrator immediately of any operational deviation or proposed deviation of the system which would violate the conditions of the license. If advance notice is not possible because of an emergency posing an imminent and substantial threat to human life, property, the environment or the system itself, the licensee shall notify the Assistant Administrator of the deviation as soon as circumstances permit.

(12) A licensee shall dispose of any satellites operated by the licensee upon termination of operations under the license in a manner satisfactory to the President. The licensee shall obtain approval from the Assistant Administrator of all plans and procedures for the disposition of satellites as part of the application process.

(13) The licensee shall submit a Data Protection Plan to the Assistant Administrator for review and approval. The licensee's Data Protection Plan shall contain the process to protect data and information throughout the entire cycle of tasking, operations, processing, archiving and dissemination.

(i) If the operating license restricts the distribution of certain data and imagery to the U.S. Government or U.S. Government-approved customers, including data whose public distribution is limited for 24 hours after collection, the Data Protection Plan should also provide for secure delivery of restricted data and imagery to U.S. Government-approved customer facilities.

(ii) Communications links that may require protection include, but are not limited to: Telemetry, tracking and commanding; narrowband and wideband data, including satellite platform and sensor data, imagery, and metadata; and terrestrial delivery methods including electronic and physical package delivery.

(iii) The licensee's Data Protection Plan must be approved by NOAA before the licensee's remote sensing space system may be launched. NOAA encourages the licensee's early submission and review of the Data Protection Plan to avoid any negative impacts on its system's development and launch schedule.

(iv) The Assistant Administrator may require the licensee to revise its Data Protection Plan if the system is altered from what was originally licensed.

(14) A license is not an asset of the licensee and shall not be mortgaged, sold or pledged as collateral.

(c) The Assistant Administrator may waive any of the conditions in § 960.11(b) upon a showing of good cause and following consultations with the appropriate agencies.

**§ 960.12 Data policy for remote sensing space systems.**

(a) In accordance with the Act, if the U.S. Government has or will directly fund all or a substantial part of the development, fabrication, launch, or operation costs of a licensed system, the license shall require that all of the unenhanced data from the system be made available on a nondiscriminatory basis except on the basis of national security, foreign policy or international obligations.

(b) If the U.S. Government has not funded and will not fund, either directly or indirectly, any of the development, fabrication, launch, or operations costs of a licensed system, the licensee may provide access to its unenhanced data in accordance with reasonable commercial terms and conditions, subject to the requirement of providing data to the government of any sensed state, pursuant to § 960.11(b)(10).

(c) If the U.S. Government has (either directly or indirectly) funded some of the development, fabrication, launch, or operations costs of a licensed system, the Assistant Administrator, in consultation with other appropriate U.S. agencies, shall, subject to national security concerns, determine whether the interest of the United States in promoting widespread availability of remote sensing data on reasonable cost terms and conditions requires that some or all of the unenhanced data from the system be made available on a nondiscriminatory basis in accordance with the Act. The license shall specify any data subject to this requirement. In making this determination, the Assistant Administrator may consider:

(1) The extent and proportion of private and Federal funding of the system;

(2) The extent of the governmental versus the commercial market for the unenhanced data;

(3) The effect of a nondiscriminatory data access designation on the applicant's commercial activity;

(4) The extent to which the applicant's proposed commercial data policies would encourage foreign operators to limit access, particularly for research and public benefit purposes; or

(5) The extent to which the U.S. interest in promoting widespread data availability can be satisfied through license conditions that ensure access to the data for non-commercial scientific, educational, or other public benefit purposes.

## Subpart C—Prohibitions

### § 960.13 Prohibitions.

It is unlawful for any person who is subject to the jurisdiction or control of the United States, directly or through any subsidiary or affiliate to:

(a) Operate a private remote sensing space system in such a manner as to jeopardize the national security or foreign policy and international obligations of the United States;

(b) Operate a private remote sensing space system without possession of a valid license issued under the Act and/or the regulations in this part;

(c) Operate a private remote sensing space system in violation of the terms and conditions of the license issued for such system under the Act and the regulations in this part;

(d) Violate any provision of the Act or the regulations in this part or any term, condition, or restriction of the license;

(e) Violate or fail to comply with any order, directive, or notice issued by the Secretary or his/her designee, pursuant to the Act and/or the regulations in this part, with regard to the operation of the licensed private remote sensing space system;

(f) Fail or refuse to provide to the Secretary or his/her designee in a timely manner, all reports and/or information required to be submitted to the Secretary under the Act or the regulations in this part;

(g) Fail to update in a timely manner, the information required to be submitted to the Secretary in the license application; or

(h) Interfere with the enforcement of this part by:

(1) Refusing to permit access by the Secretary or his/her designee to any facilities which comprise the remote sensing space system for the purposes of conducting any search or inspection in connection with the enforcement of the regulations in this part;

(2) Assaulting, resisting, opposing, impeding, intimidating, or interfering with any authorized officer in the conduct of any search or inspection performed under the regulations in this part;

(3) Submitting false information to the Secretary, his/her designee or any authorized officer; or

(4) Assaulting, resisting, opposing, impeding, intimidating, harassing, bribing, or interfering with any person authorized by the Secretary or his/her designee to implement the provisions of the regulations in this part.

## Subpart D—Enforcement Procedures

### § 960.14 In general.

(a) The Secretary shall conduct such enforcement activities as are necessary to carry out his/her obligations under the Act.

(b) Any person who is authorized to enforce the regulations in this part may:

(1) Enter, search and inspect any facility suspected of being used to violate the regulations in this part or any license issued pursuant to the regulations in this part and inspect and seize any equipment or records contained in such facility;

(2) Seize any data obtained in violation of the regulations in this part or any license issued pursuant to the regulations in this part;

(3) Seize any evidence of a violation of the regulations in this part or of any license issued pursuant to the regulations in this part;

(4) Execute any warrant or other process issued by any court of competent jurisdiction; and

(5) Exercise any other lawful authority.

### § 960.15 Penalties and sanctions.

As authorized by Section 203(a) of the Act, if the Secretary or his/her designee determines that the licensee has substantially failed to comply with the Act, the regulations in this part, or any term, condition or restriction of the license, the Secretary or his/her designee may request the appropriate U.S. Attorney to seek an order of injunction or similar judicial determination from the U.S. District Court for the District of Columbia Circuit or a U.S. District Court within which the licensee resides or has its principal place of business, to terminate, modify, or suspend the license, and/or to terminate licensed operations on an immediate basis.

(a) In addition, any person who violates any provision of the Act, any license issued there under, or the regulations in this part may be assessed a civil penalty by the Secretary of not more that $10,000 for each violation. Each day of operation in violation constitutes a separate violation. Civil penalties will be assessed in accordance with the procedures contained in paragraphs (b) through (g) of this section.

(b) A notice of violation and assessment (NOVA) will be issued by NOAA and served personally or by registered or certified mail, return receipt requested, upon the licensee alleged to be subject to a civil penalty.

(1) The NOVA will contain:

(i) A concise statement of the facts believed to show a violation;

(ii) A specific reference to the provisions of the Act, regulation, license, agreement, or order allegedly violated;

(iii) The findings and conclusions upon which NOAA based the assessment;

(iv) The amount of the civil penalty assessed; and

(v) An explanation of the licensee's rights upon receipt of the NOVA.

(2) In assessing a civil penalty, NOAA will take into account information available to the Agency concerning any factor to be considered under the Act and implementing regulations, and any other information that justice or the purposes of the Act require.

(3) The NOVA may also contain a proposal for compromise or settlement of the case.

(4) The NOVA may also contain a request for the licensee to cease and desist operations which are in violation of the Act, regulations, license, agreement, or order. If the NOVA contains such a request, it will advise the licensee:

(i) Of the amount of time the licensee has to cease and desist the violation. The amount of time will be decided on a case-by-case basis at the sole discretion of the Agency.

(ii) If the licensee fails to respond or comply with NOAA's request, an injunction or other judicial relief may be sought.

(iii) Paragraph (c) of this section applies only to those parts of the NOVA assessing monetary penalties.

(c) The licensee has 14 days from receipt of the NOVA to respond. During this time:

(1) The licensee may accept the penalty or compromise penalty, if any, by taking the actions specified in the NOVA.

(2) The licensee may request a hearing under section 960.10.

(3) The licensee may request an extension of time to respond. NOAA may grant an extension of up to 14 days unless it is determined that the requester could, exercising reasonable diligence, respond within the 14-day

period. A telephonic response to the request is considered an effective response, and will be followed by written confirmation.

(4) The licensee may take no action, in which case the NOVA becomes final in accordance with paragraph (d) of this section.

(d) If no request for hearing is timely filed as provided in § 960.10, the NOVA becomes effective as the final administrative decision and order of NOAA on the 30th day after service of the NOVA or on the last day of any delay period granted. If a request for hearing is timely filed in accordance with § 960.10, the date of the final administrative decision is as provided in that section.

(e) The licensee must make full payment of the civil penalty assessed within 30 days of the date upon which the assessment becomes effective as the final administrative decision and order of NOAA under paragraph (d) of this section or § 960.10.

(1) Payment must be made by mailing or delivering to NOAA at the address specified in the NOVA a check or money order made payable in United States currency in the amount of the assessment to the ''Treasurer of the United States,'' or as otherwise directed.

(2) Upon any failure to pay the civil penalty assessed, NOAA may request the Justice Department to recover the amount assessed in any appropriate district court of the United States, or may act under paragraph (f) of this section.

(f) NOAA, in its sole discretion, may compromise, modify, remit, or mitigate, with or without conditions, any civil penalty imposed.

(1) The compromise authority of NOAA under this section is in addition to any similar authority provided in any applicable statute or regulation, and may be exercised either upon the initiative of NOAA or in response to a request by the alleged violator or other interested person. Any such request should be sent to NOAA at the address specified in the NOVA.

(2) Neither the existence of the compromise authority of NOAA under this section nor NOAA's exercise thereof at any time changes the date upon which an assessment is final or payable.

(g) Factors to be taken into consideration when assessing a penalty may include the nature, circumstances, extent, and gravity of the alleged violation; the licensee's degree of culpability; any history of prior offenses; and such other matters as justice may require.

## Appendix 1 to Part 960—Filing Instructions and Information To Be Included in the Licensing Application

Prospective applicants are encouraged to contact NOAA for a non-binding preconsultation prior to filing an application or other licensing actions.

(a) *Where to file.* Applications and all related documents shall be filed with the Assistant Administrator, National Environmental Satellite, Data and Information Service (NESDIS), NOAA, Department of Commerce, 1335 East West Highway, Silver Spring, Maryland 20910.

(b) *Form.* No particular form is required but each application must be in writing, must include all of the information specified in this subpart, and must be signed by an authorized principal executive officer. In addition, applicants must submit a copy on electronic media using commonly-available commercial word processing software.

(c) *Number of copies.* One (1) copy of each application must be submitted in a readily reproducible form accompanied by a copy on electronic media.

(d) The following information shall be filed by the applicant in order to evaluate its suitability to hold a private remote sensing space system license. Data provided regarding the applicant's proposed remote sensing space system must be in sufficient detail to enable the Secretary to determine whether the proposal meets requirements of the Act.

*Sec. I Corporate Information*

(1) The name, street address and mailing address, telephone number and citizenship(s) of (as applicable):

(i) Applicant as well as any affiliates or subsidiaries;

(ii) Chief executive officer of the applicant and each director;

(iii) Each general corporation partner;

(iv) All executive personnel or senior management of a partnership;

(v) Any directors, partners, executive personnel or senior management who hold positions with or serve as consultants for any foreign nation or person;

(vi) Each domestic beneficial owner of an interest equal to or greater than 10 percent in the applicant;

(vii) Each foreign owner of an interest equal to or greater than 5 percent in the applicant;

(viii) Each foreign lender and amount of debt where foreign indebtedness exceeds 25 percent of an applicant's total indebtedness;

(ix) A person upon who service of all documents may be made.

(2) A description of any significant or substantial agreements between the applicant, its affiliates and subsidiaries, with foreign nation or person, including copies if available;

(3) A copy of the charter or other authorizing instrument certified by the jurisdiction in which the applicant is incorporated or organized and authorized to do business.

*Sec. II Launch Segment Information*

Provide the characteristics of the launch segment to include:

(1) Proposed launch schedule;

(2) Proposed launch vehicle source;

(3) Proposed launch site;

(4) Anticipated operational date;

(5) The range of orbits and altitudes (nominal apogee and perigee);

(6) Inclination angle;

(7) Orbital period.

*Sec. III Space Segment*

(1) The name of the system and the number of satellites which will compose this system;

(2) Technical space system information at the level of detail typical of a request for proposal specification (including sensor type; spatial and spectral resolution; pointing parameters, etc.);

(3) Anticipated best theoretical resolution (show calculation);

(4) Swath width of each sensor (typically at nadir);

(5) The various fields of view for each sensor (IFOV, in-track, cross-track);

(6) On-board storage capacity;

(7) Navigation capabilities—GPS, star tracker accuracies;

(8) Time-delayed integration with focal plane;

(9) Oversampling capability;

(10) Image motion parameters—linear motion, drift; aggregation modes;

(11) Anticipated system lifetime.

*Sec. IV Ground Segment*

(1) The system data collection and processing capabilities proposed including but not limited to: Tasking procedures; scheduling plans; data format (downlinked and distributed data); timeliness of delivery; ground segment information regarding the location of proposed operations centers and stations, and tasking, telemetry and control; data distribution and archiving plans;

(2) The command (uplink and downlink) and mission data (downlink) transmission frequencies and system transmission (uplink and downlink) footprint, the downlink data rate, any plans for communications crosslinks;

(3) The plans for protection of uplink, downlink and any data links;

(4) The methods applicant will use to ensure the integrity of its operations, including plans for: Positive control of the remote sensing space system and relevant operations centers and stations; denial of unauthorized access to data transmissions to or from the remote sensing space system; and restriction of collection and/or distribution of unenhanced data from specific areas at the request of the U.S. Government.

*Sec. V Other Information*

A. The applicant's plans for providing access to or distributing the unenhanced data generated by the system including:

(1) A description of the plan for the sale and distribution of such data;

(2) The method for making the data available to governments whose territories have been sensed;

(3) A description of the plans for making data requested and purchased by the Department of the Interior available to the National Satellite Land Remote Sensing Data Archive for inclusion in the basic data set; and

(4) The licensee's plans to make the data available for non-commercial scientific, educational, or other public benefit purposes, such as the study of the changing global environment.

B. If the applicant is proposing to follow a commercial data distribution and pricing policy as provided for by § 960.12, the application shall include the following additional financial information:

(1) The extent of the private investment in the system;

(2) The extent of any direct funding or other direct assistance which the applicant or its affiliates or subsidiaries have received or anticipate receiving from any agency of the U.S. Government for the development, fabrication, launch, or operation of the system including direct financial support, loan guarantees, or the use of U.S. Government equipment or services;

(3) Any existing or anticipated contract(s) between the applicant, affiliate, or subsidiary and U.S. Government agencies for the purchase of data, information, or services from the proposed system;

(4) Any other relationship between the applicant, affiliate, or subsidiary and the U.S. Government which has supported the development, fabrication, launch, or operation of the system; and

(5) Any plans to provide preferred or exclusive access to the unenhanced data to any particular user or class of users.

C. The applicant will submit a plan for post-mission disposition of any remote-sensing satellites owned or operated by the applicant. If the satellite disposition involves an atmospheric re-entry the applicant must provide an estimate of the total debris casualty area of the system's components and structure likely to survive re-entry.

## Appendix 2 to Part 960—Fact Sheet Regarding the Memorandum of Understanding Concerning the Licensing of Private Remote Sensing Satellite Systems Dated February 2, 2000

The White House, Office of Science and Technology Policy and National Security Council

February 2, 2000.

FACT SHEET REGARDING THE MEMORANDUM OF UNDERSTANDING CONCERNING THE LICENSING OF PRIVATE REMOTE SENSING SATELLITE SYSTEMS

A Memorandum of Understanding (MOU) has been concluded between the Departments of Commerce, State, Defense, Interior and the Intelligence Community regarding interagency procedures on commercial remote sensing systems.

### Background

The Secretary of Commerce, through the National Oceanic and Atmospheric Administration, is responsible for administering the licensing of private remote sensing satellite systems pursuant to the Land Remote Sensing Policy Act of 1992. The Act also grants to the Secretaries of State and Defense the authority to determine conditions necessary to protect international obligations, foreign policy concerns, and national security concerns. The purpose of the MOU is to establish interagency procedures concerning the process for handling remote sensing licensing actions, and consultation regarding interruption of normal commercial operations consistent with the President's policy on remote sensing. In consultation with affected agencies, limitations on commercial remote sensing systems will be imposed by the Secretary of Commerce when necessary to meet international obligations and national security and foreign policy concerns and will be in accord with the determinations of the Secretary of Defense and the Secretary of State and with applicable law. Procedures for implementing this policy are set out below.

### Procedures

A. Consultation During Review of Licensing Actions

Pursuant to section 5621(c) of the Land Remote Sensing Policy Act of 1992, the Secretary of Commerce shall review any application and make a determination thereon within 120 days of receipt of such application. If final action has not occurred within such time, then the Secretary shall inform the applicant of any pending issues and of actions required to resolve them. Copies of requests for licensing actions received by the Department of Commerce (DOC) will be provided by DOC to the Department of State (DOS), the Department of Defense (DOD), the Department of the Interior (DOI), and the Intelligence Community (IC) within 3 working days.

DOC will defer its decision on such licensing actions until the other Parties concerned have had a reasonable time to review them, as provided in this section.

(1) Within 10 working days of receipt, DOS, DOD, DOI, or IC shall notify the Department of Commerce, in writing, of any additional information it believes is necessary to properly evaluate the licensing action, or notify DOC in writing of the additional time, not to exceed 10 working days, necessary to complete the review. This notification shall state the specific reasons why the additional information is sought.

(2) After receiving a complete license package or the information requested in paragraph (1), DOS, DOD, DOI, and IC will complete their review of the license package within 30 days or notify DOC in writing of additional time necessary to complete the review. If DOS, DOD, or IC conclude that imposition of conditions on the actions being reviewed may be necessary to protect international obligations, foreign policy concerns, or national security concerns, the agency identifying the concern will promptly notify DOC in writing with a copy to other interested agencies. Such notification shall: (i) Describe the national security interests, or the international obligations or specific foreign policies at risk if the applicant's system is approved as proposed; (ii) set forth in detail the basis for the conclusion that operation of the applicant's system as proposed will not preserve the national security interests or the international obligations or specific foreign policies identified; and (iii) specify the additional conditions necessary to preserve the relevant United States interests or set forth in detail why denial is required to preserve such interests.

(3) Within 10 days of sending this notification, representatives of DOS, DOD, DOC, DOI, and IC will meet to discuss and resolve any issues with regard to these proposed conditions.

(4) If, after such discussions, DOS or DOD conclude that such conditions are necessary but DOC does not concur, the Secretary of State or the Secretary of Defense may make such a determination of necessary conditions in writing. This function may not be delegated below the acting Secretary or the Deputy Secretary. Such determinations will be promptly forwarded to DOC and a copy will be provided to the Assistant to the President for National Security Affairs and the Assistant to the President for Science and Technology.

(5) Upon notification of such a determination, DOC will suspend any further action on the license that would be inconsistent with the DOS or DOD determination. If the Secretary of Commerce believes the limits defined by another Secretary are inappropriate, the Secretary of Commerce or Deputy Secretary shall then consult with his or her counterpart in the relevant department within 10 days regarding any unresolved issues. If the relevant Secretaries are unable to resolve any issues, the Secretary of Commerce will so notify the Assistant to the President for National Security Affairs, who, in coordination with the Assistant to the President for Science and Technology, will seek to achieve a consensus within the interagency, or failing that, by referral to the President. All efforts will be taken to resolve the dispute within 3 weeks of its submission to the Assistant to the President for National Security Affairs and the Assistant to the President for Science and Technology.

B. Consultation Regarding Interruption of Normal Commercial Operations

(1) This section establishes the process for requiring the licensee to limit data collection and/or distribution by the system during periods when national security or international obligations and/or foreign policies may be compromised, as determined by the Secretary of Defense or the Secretary of State. DOC will provide to the other Parties copies of licensee correspondence and documents that describe how the licensee will comply with such interruptions of its commercial operations.

(2) Conditions should be imposed for the smallest area and for the shortest period necessary to protect the national security, international obligations, or foreign policy concerns at issue.

Alternatives to prohibitions on collection and/or distribution shall be considered such as delaying the transmission or distribution of data, restricting the field of view of the system, encryption of the data if available, or other means to control the use of the data.

(3) Except where urgency precludes it, DOS, DOD, DOC and IC will consult to attempt to come to an agreement concerning appropriate conditions, if any, to be imposed on the licensee in accordance with determinations made by DOS or DOD.

Consultations shall be constructed so that, in the event an agreement cannot be reached at the staff level, sufficient time will remain to allow the Secretary of Commerce to consult personally with the Secretary of State or the Secretary of Defense, as appropriate, prior to the issuance of a determination by the Secretary of State or the Secretary of Defense in accordance with (4) below. That function shall not be delegated below the acting Secretary.

(4) After such consultations, or when the Secretary of State or the Secretary of Defense specifically determines that urgency precludes consultation with the Secretary of Commerce, the Secretary of State or the Secretary of Defense, shall determine the conditions necessary to meet international obligations, significant foreign policy concerns, or significant national security concerns, especially where those interests identified in the National Security Strategy would be put at risk. This function shall not be delegated below the acting Secretary. The Secretary of State or the Secretary of Defense will provide to the Secretary of Commerce his or her determination regarding the conditions required to be imposed on the licensee. The determination will describe the international obligations, specific foreign policy, or national security interest at risk. Upon receipt of the determination, DOC shall immediately notify the licensee of the imposition of limiting conditions on commercial operations. Copies of the determination and any implementing DOC action will be provided promptly to the Assistant to the President for National Security Affairs and the Assistant to the President for Science and Technology.

(5) If the Secretary of Commerce believes the conditions determined by another Secretary are inappropriate, he or she will, simultaneous with notification of, and imposition of such conditions on, the licensee, so notify the Secretary of Defense or the Secretary of State, as appropriate, the Assistant to the President for National Security Affairs, and the Assistant to the President for Science and Technology. The Assistant to the President for National Security Affairs, in coordination with the Assistant to the President for Science and Technology, will initiate as soon as possible a Principals-level consultative process to achieve a consensus within the interagency, or, failing that, refer the matter to the President for decision. All efforts will be taken to resolve the disagreement within 7 working days of its submission to the Assistant to the President for National Security Affairs and the Assistant to the President for Science and Technology.

C. Coordination Before Release of Information Provided or Generated by Other Agencies

Before releasing any information provided or generated by another agency to a licensee or potential licensee, to the public, or to an administrative law judge, each agency agrees to consult with the agency that provided or generated the information. The purpose of such consultations will be to review the propriety of any proposed release of information that may be privileged because it is classified, pre-decisional, deliberative, contain proprietary information, or is protected for other reasons. No information shall be released without the approval of the agency that provided or generated it unless required by law.

D. No Legal Rights or Remedies, or Legally Enforceable Causes of Action, Are Created or Intended To Be Created by the MOU.

[FR Doc. 06–3841 Filed 4–24–06; 8:45 am]

BILLING CODE 3510–HR–P

Federal Register

Tuesday,
April 25, 2006

# Part IV

# Department of Defense

## Department of the Army

**32 CFR Part 505**

**The Army Privacy Program; Proposed Rule**

**DEPARTMENT OF DEFENSE**

**Department of the Army**

**32 CFR Part 505**

**RIN 0702–AA53**

**[Docket No. USA–2006–0011]**

## The Army Privacy Program

**AGENCY:** Department of the Army, DoD.

**ACTION:** Proposed rule; request for comments.

**SUMMARY:** The Department of the Army is proposing to update policies and responsibilities for the Army Privacy Program, which implements the Privacy Act of 1974, by showing organizational realignments and by revising referenced statutory and regulatory authority, such as the Health Insurance Portability and Accountability Act and E-Government Act of 2002.

**DATES:** Consideration will be given to all comments received by June 26, 2006.

**ADDRESSES:** You may submit comments, identified by 32 CFR part 505, Docket No. USA–2006–0011 and or RIN 0702–AA53, by any of the following methods:

• Federal eRulemaking Portal: *http://www.regulations.gov*. Follow the instructions for submitting comments.

• Mail: Federal Docket Management System Office, 1160 Defense Pentagon, Washington, DC 20301–1160.

*Instructions:* All submissions received must include the agency name and docket number or Regulatory Information Number (RIN) for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at *http://www.regulations.gov* as they are received without change, including any personal identifiers or contact information.

**FOR FURTHER INFORMATION CONTACT:** Ms. Janice Thornton at (703) 428–6503.

**SUPPLEMENTARY INFORMATION:**

### A. Background

The Department of the Army's objective in revising 32 CFR part 505 is to reinforce Privacy Act policy objectives to include (1) restricting disclosure of personally identifiable records maintained; (2) to grant individuals rights of access to agency records maintained on themselves; (3) to grant individuals the right to seek amendment of agency records maintained on themselves upon a showing that the records are not accurate, relevant, timely, or complete; and (4) to establish practices ensuring the Army is complying with statutory norms for collection, maintenance, and dissemination of records.

### B. Executive Order 12866 (Regulatory Planning and Review)

It has been determined that Privacy Act rules for the Department of Defense are not significant rules. The rules do not (1) have an annual effect on the economy of $100 million or more or 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; (2) create a serious inconsistency or otherwise interfere with an action taken or planned by another Agency; (3) materially alter the budgetary impact of entitlements, grants, user fees, or loan programs, or the rights and obligations of recipients thereof; or (4) raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in this Executive order.

### C. Regulatory Flexibility

It has been certified that Privacy Act rules for the Department of Defense do not have significant economic impact on a substantial number of small entities because they are concerned only with the administration of Privacy Act systems of records within the Department of Defense.

### D. Paperwork Reduction Act

It has been certified that Privacy Act rules for the Department of Defense impose no information requirements beyond the Department of Defense and that the information collected within the Department of Defense is necessary and consistent with 5 U.S.C. 552a, known as the Privacy Act of 1974.

### E. Unfunded Mandates Reform Act

It has been certified that the Privacy Act rulemaking for the Department of Defense does not involve a Federal mandate that may result in the expenditure by State, local and tribal governments, in the aggregate, or by the private sector, of $100 million or more and that such rulemaking will not significantly or uniquely affect small governments.

### F. Executive Order 13132 (Federalism)

It has been certified that the Privacy Act rules for the Department of Defense do not have federalism implications. The rules do 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.

**Robert Dickerson,**

*Chief, U.S. Army Freedom of Information Act and Privacy Office.*

### List of Subjects in 32 CFR Part 505

Privacy.

For reasons stated in the preamble the Department of the Army proposes to revise 32 CFR part 505 to read as follows:

## PART 505—ARMY PRIVACY ACT PROGRAM

Sec.

505.1 General information.
505.2 General provisions.
505.3 Privacy Act systems of records.
505.4 Collecting personal information.
505.5 Individual access to personal information.
505.6 Amendment of records.
505.7 Disclosure of personal information to other agencies and third parties.
505.8 Training requirements.
505.9 Reporting requirements.
505.10 Use and establishment of exemptions.
505.11 Federal Register publishing requirements.
505.12 Privacy Act enforcement actions.
505.13 Computer Matching Agreement Program.
505.14 Recordkeeping requirements under the Privacy Act.

**Appendix A to Part 505—References**

**Appendix B to Part 505—Denial Authorities for Records Under Their Authority (Formerly Access and Amendment Refusal Authorities)**

**Appendix C to Part 505—Privacy Act Statement Format**

**Appendix D to Part 505—Exemptions; Exceptions; and DOD Blanket Routine Uses**

**Appendix E to Part 505—Litigation Status Sheet**

**Appendix F to Part 505—Example of a System of Records Notice**

**Appendix G to Part 505—Management Control Evaluation Checklist**

**Appendix H to Part 505—Definitions**

**Authority:** Pub. L. 93–579, 88 Stat. 1896 (5 U.S.C. 552a).

### § 505.1 General information.

(a) *Purpose.* This part sets forth policies and procedures that govern personal information maintained by the Department of the Army (DA) in Privacy Act systems of records. This part also provides guidance on collecting and disseminating personal information in general. The purpose of the Army Privacy Act Program is to balance the government's need to maintain information about individuals with the

right of individuals to be protected against unwarranted invasions of their privacy stemming from federal agencies' collection, maintenance, use and disclosure of personal information about them. Additionally, this part promotes uniformity within the Army's Privacy Act Program.

(b) *References:* (1) Referenced publications are listed in Appendix A of this part.

(2) DOD Computer Matching Program and other Defense Privacy Guidelines may be accessed at the Defense Privacy Office Web site *http://www.defenselink.mil/privacy.*

(c) *Definitions are provided at Appendix H of this part.*

(d) *Responsibilities.* (1) The Office of the Administrative Assistant to the Secretary of the Army will—

(i) Act as the senior Army Privacy Official with overall responsibility for the execution of the Department of the Army Privacy Act Program;

(ii) Develop and issue policy guidance for the program in consultation with the Army General Counsel; and

(iii) Ensure the DA Privacy Act Program complies with Federal statutes, Executive Orders, Office of Management and Budget guidelines, and 32 CFR part 310.

(2) The Chief Attorney, Office of the Administrative Assistant to the Secretary of the Army (OAASA) will—

(i) Provide advice and assistance on legal matters arising out of, or incident to, the administration of the DA Privacy Act Program;

(ii) Serve as the legal advisor to the DA Privacy Act Review Board. This duty may be fulfilled by a designee in the Chief Attorney and Legal Services Directorate, OAASA;

(iii) Provide legal advice relating to interpretation and application of the Privacy Act of 1974; and

(iv) Serve as a member on the Defense Privacy Board Legal Committee. This duty may be fulfilled by a designee in the Chief Attorney and Legal Services Directorate, OAASA.

(3) The Judge Advocate General will serve as the Denial Authority on requests made pursuant to the Privacy Act of 1974 for access to or amendment of Army records, regardless of functional category, concerning actual or potential litigation in which the United States has an interest.

(4) The Chief, DA Freedom of Information Act and Privacy Office (FOIA/P), U.S. Army Records Management and Declassification Agency will—

(i) Develop and recommend policy;

(ii) Execute duties as the Army's Privacy Act Officer;

(iii) Promote Privacy Act awareness throughout the DA;

(iv) Serve as a voting member on the Defense Data Integrity Board and the Defense Privacy Board;

(v) Represent the Department of the Army in DOD policy meetings; and

(vi) Appoint a Privacy Act Manager who will—

(A) Administer procedures outlined in this part;

(B) Review and approve proposed new, altered, or amended Privacy Act systems of records notices and subsequently submit them to the Defense Privacy Office for coordination;

(C) Review Department of the Army Forms for compliance with the Privacy Act and this part;

(D) Ensure that reports required by the Privacy Act are provided upon request from the Defense Privacy Office;

(E) Review Computer Matching Agreements and recommend approval or denial to the Chief, DA FOIA/P Office;

(F) Provide Privacy Act training;

(G) Provide privacy guidance and assistance to DA activities and combatant commands where the Army is the Executive Agent;

(H) Ensure information collections are developed in compliance with the Privacy Act provisions;

(I) Ensure Office of Management and Budget reporting requirements, guidance, and policy are accomplished; and

(J) Immediately review privacy violations of personnel to locate the problem and develop a means to prevent recurrence of the problem.

(5) Heads of Department of the Army activities, field-operating agencies, direct reporting units, Major Army commands, subordinate commands down to the battalion level, and installations will—

(i) Supervise and execute the privacy program in functional areas and activities under their responsibility; and

(ii) Appoint a Privacy Act Official who will—

(A) Serve as the staff advisor on privacy matters;

(B) Ensure that Privacy Act records collected and maintained within the Command or agency are properly described in a Privacy Act system of records notice published in the **Federal Register**;

(C) Ensure no undeclared systems of records are being maintained;

(D) Ensure Privacy Act requests are processed promptly and responsively;

(E) Ensure a Privacy Act Statement is provided to individuals when information is collected that will be maintained in a Privacy Act system of records, regardless of the medium used to collect the personal information (*i.e.*, forms, personal interviews, stylized formats, telephonic interviews, or other methods);

(F) Review, biennially, recordkeeping practices to ensure compliance with the Act, paying particular attention to the maintenance of automated records. In addition, ensure cooperation with records management officials on such matters as maintenance and disposal procedures, statutory requirements, forms, and reports; and

(G) Review, biennially Privacy Act training practices. This is to ensure all personnel are familiar with the requirements of the Act.

(6) DA Privacy Act System Managers and Developers will—

(i) Ensure that appropriate procedures and safeguards are developed, implemented, and maintained to protect an individual's personal information;

(ii) Ensure that all personnel are aware of their responsibilities for protecting personal information being collected and maintained under the Privacy Act Program;

(iii) Ensure official filing systems that retrieve records by name or other personal identifier and are maintained in a Privacy Act system of records have been published in the **Federal Register** as a Privacy Act system of records notice. Any official who willfully maintains a system of records without meeting the publication requirements, as prescribed by 5 U.S.C. 552a, as amended, OMB Circular A–130, 32 CFR part 310 and this part, will be subject to possible criminal penalties and/or administrative sanctions;

(iv) Prepare new, amended, or altered Privacy Act system of records notices and submit them to the DA Freedom of Information and Privacy Office for review. After appropriate coordination, the system of records notices will be submitted to the Defense Privacy Office for their review and coordination;

(v) Review, biennially, each Privacy Act system of records notice under their purview to ensure that it accurately describes the system of records;

(vi) Review, every four years, the routine use disclosures associated with each Privacy Act system of records notice in order to determine if such routine use continues to be compatible with the purpose for which the activity collected the information;

(vii) Review, every four years, each Privacy Act system of records notice for which the Secretary of the Army has promulgated exemption rules pursuant to sections (j) or (k) of the Act. This is to ensure such exemptions are still appropriate;

(viii) Review, every year, contracts that provide for the maintenance of a Privacy Act system of records to accomplish an activity's mission. This requirement is to ensure each contract contains provisions that bind the contractor, and its employees, to the requirements of 5 U.S.C. 552a(m)(1); and

(ix) Review, if applicable, ongoing Computer Matching Agreements. The Defense Data Integrity Board approves Computer Matching Agreements for 18 months, with an option to renew for an additional year. This additional review will ensure that the requirements of the Privacy Act, Office of Management and Budget guidance, local regulations, and the requirements contained in the Matching Agreements themselves have been met.

(7) All DA personnel will—

(i) Take appropriate actions to ensure personal information contained in a Privacy Act system of records is protected so that the security and confidentiality of the information is preserved;

(ii) Not disclose any personal information contained in a Privacy Act system of records except as authorized by 5 U.S.C. 552a, DOD 5400.11–R, or other applicable laws. Personnel willfully making a prohibited disclosure are subject to possible criminal penalties and/or administrative sanctions; and

(iii) Report any unauthorized disclosures or unauthorized maintenance of new Privacy Act systems of records to the applicable activity's Privacy Act Official.

(8) Heads of Joint Service agencies or commands for which the Army is the Executive Agent or the Army otherwise provides fiscal, logistical, or administrative support, will adhere to the policies and procedures in this part.

(9) Commander, Army and Air Force Exchange Service, will supervise and execute the Privacy Program within that command pursuant to this part.

(10) Overall Government-wide responsibility for implementation of the Privacy Act is the Office of Management and Budget. The Department of Defense is responsible for implementation of the Act within the armed services. The Privacy Act also assigns specific Government-wide responsibilities to the Office of Personnel Management and the General Services Administration.

(11) Government-wide Privacy Act systems of records notices are available at *http://www.defenselink.mil/privacy.*

(e) *Legal Authority.* (1) Title 5, United States Code, section 552a, as amended, The Privacy Act of 1974.

(2) Title 5, United States Code, section 552, The Freedom of Information Act (FOIA).

(3) Office of Personnel Management, Federal Personnel Manual (5 CFR parts 293, 294, 297, and 7351).

(4) OMB Circular No. A–130, Management of Federal Information Resources, Revised, August 2003.

(5) DOD Directive 5400.11, Department of Defense Privacy Program, November 16, 2004.

(6) DOD Regulation 5400.11–R, Department of Defense Privacy Program, August 1983.

(7) Title 10, United States Code, section 3013, Secretary of the Army.

(8) Executive Order No. 9397, Numbering System for Federal Accounts Relating to Individual Persons, November 30, 1943.

(9) Public Law 100–503, the Computer Matching and Privacy Act of 1974.

(10) Public Law 107–347, section 208, Electronic Government (E-Gov) Act of 2002.

(11) DOD Regulation 6025.18–R, DOD Health Information Privacy Regulation, January 24, 2003.

**§ 505.2 General provisions.**

(a) *Individual privacy rights policy.* Army policy concerning the privacy rights of individuals and the Army's responsibilities for compliance with the Privacy Act are as follows—

(1) Protect the privacy of United States living citizens and aliens lawfully admitted for permanent residence from unwarranted intrusion.

(2) Deceased individuals do not have Privacy Act rights, nor do executors or next-of-kin in general. However, immediate family members may have limited privacy rights in the manner of death details and funeral arrangements of the deceased individual. Family members often use the deceased individual's Social Security Number (SSN) for Federal entitlements; appropriate safeguards must be implemented to protect the deceased individual's SSN from release. Also, the Health Insurance Portability and Accountability Act extends protection to certain medical information contained in a deceased individual's medical records.

(3) Maintain only such information about an individual that is necessary to accomplish the Army's mission.

(4) Maintain only personal information that is timely, accurate, complete, and relevant to the collection purpose.

(5) Safeguard personal information to prevent unauthorized use, access, disclosure, alteration, or destruction.

(6) Maintain records for the minimum time required in accordance with an approved National Archives and Records Administration record disposition.

(7) Let individuals know what Privacy Act records the Army maintains by publishing Privacy Act system of records notices in the **Federal Register**. This will enable individuals to review and make copies of these records, subject to the exemptions authorized by law and approved by the Secretary of the Army. Department of the Army Privacy Act systems of records notices are available at *http://www.defenselink.mil/privacy*.

(8) Permit individuals to correct and amend records about themselves which they can prove are factually in error, not timely, not complete, not accurate, or not relevant.

(9) Allow individuals to request an administrative review of decisions that deny them access to or the right to amend their records.

(10) Act on all requests promptly, accurately, and fairly.

(11) Keep paper and electronic records that are retrieved by name or personal identifier only in approved Privacy Act systems of records.

(12) Maintain no records describing how an individual exercises his or her rights guaranteed by the First Amendment (freedom of religion, freedom of political beliefs, freedom of speech and press, freedom of peaceful assemblage, and petition) unless expressly authorized by statute, pertinent to and within the scope of an authorized law enforcement activity, or otherwise authorized by law or regulation.

(13) Maintain appropriate administrative technical and physical safeguards to ensure records are protected from unauthorized alteration or disclosure.

(b) *Safeguard personal information.*

(1) Privacy Act data will be afforded reasonable safeguards to prevent inadvertent or unauthorized disclosure of records during processing, storage, transmission, and disposal.

(2) Personal information should never be placed on shared drives that are accessed by groups of individuals unless each person has an ''official need to know'' the information in the performance of official duties.

(3) Safeguarding methods must strike a balance between the sensitivity of the data, need for accuracy and reliability for operations, general security of the area, and cost of the safeguards. In some situations, a password may be enough protection for an automated system with a log-on protocol. For additional guidance on safeguarding personal information in automated records see

AR 380–67, The Department of the Army Personnel Security Program.

(c) *Conveying privacy protected data electronically via e-mail and the World Wide Web.*

(1) Unencrypted electronic transmission of privacy protected data makes the Army vulnerable to information interception which can cause serious harm to the individual and the accomplishment of the Army's mission.

(2) The Privacy Act requires that appropriate technical safeguards be established, based on the media (e.g., paper, electronic) involved, to ensure the security of the records and to prevent compromise or misuse during transfer.

(3) Privacy Web sites and hosted systems with privacy-protected data will employ secure sockets layers (SSL) and Public Key Infrastructure (PKI) encryption certificates or other DoD-approved commercially available certificates for server authentication and client/server authentication. Individuals who transmit data containing personally identifiable information over e-mail will employ PKI or other DoD-approved certificates.

(4) When sending Privacy Act protected information within the Army using encrypted or dedicated lines, ensure that—

(i) There is an ''official need to know'' for each addressee (including ''cc'' addressees); and

(ii) The Privacy Act protected information is marked For Official Use Only (FOUO) to inform the recipient of limitations on further dissemination. For example, add FOUO to the beginning of an e-mail message, along with the following language: ''This contains FOR OFFICIAL USE ONLY (FOUO) information which is protected under the Privacy Act of 1974 and AR 340–21, The Army Privacy Program. Do not further disseminate this information without the permission of the sender.''

(iii) Do not indiscriminately apply this statement. Use it only in situations when actually transmitting protected Privacy Act information.

(iv) For additional information about marking documents ''FOUO'' review AR 25–55, Chapter IV.

(5) Add appropriate ''Privacy and Security Notices'' at major Web site entry points. Refer to AR 25–1, para 6–4n for requirements for posting ''Privacy and Security Notices'' on public Web sites. Procedures related to the establishing, operating, and maintaining of unclassified DA Web sites can be accessed at *http://www.defenselink.mil/webmasters/policy/DOD_web_policy*.

(6) Ensure public Web sites comply with policies regarding restrictions on persistent and third party cookies. The Army prohibits both persistent and third part cookies. (see AR 25–1, para 6–4n)

(7) A Privacy Advisory is required on Web sites which host information systems soliciting personally identifying information, even when not maintained in a Privacy Act system of records. The Privacy Advisory informs the individual why the information is solicited and how it will be used. Post the Privacy Advisory to the Web site page where the information is being solicited, or to a well marked hyperlink stating ''Privacy Advisory—Please refer to the Privacy and Security Notice that describes why this information is collected and how it will be used.''

(d) *Protecting records containing personal identifiers such as names and Social Security Numbers.*

(1) Only those records covered by a Privacy Act system of records notice may be arranged to permit retrieval by a personal identifier (e.g., an individual's name or Social Security Number). AR 25–400–2, paragraph 6–2 requires all records covered by a Privacy Act system of records notice to include the system of record identification number on the record label to serve as a reminder that the information contained within must be safeguarded.

(2) Use a coversheet or DA Label 87 (For Official Use Only) for individual records not contained in properly labeled file folders or cabinets.

(3) When developing a coversheet, the following is an example of a statement that you may use: ''The information contained within is FOR OFFICIAL USE ONLY (FOUO) and protected by the Privacy Act of 1974.''

(e) *Nomination of individuals when personal information is lost, stolen, or compromised.*

(1) Whenever an Army organization becomes aware the protected personal information pertaining to a Service member, civilian employee (appropriated or non-appropriated fund), military retiree, family member, or another individual affiliated with Army organization (e.g., volunteer) has been lost, stolen, or compromised, the organization shall inform the affected individuals as soon as possible, but not later than ten days after the loss or compromise of protected personal information is discovered.

(2) At a minimum, the organization shall advise individuals of what specific data was involved; the circumstances surrounding the loss, theft, or compromise; and what protective actions the individual can take.

(3) If Army organizations are unable to comply with policy, they will immediately notify their superiors, who will submit a memorandum through the chain of command to the Administrative Assistant of the Secretary of the Army to explain why the affected individual's or population's personal information has been lost, stolen, or compromised.

(4) This policy is also applicable to Army contractors who collect, maintain, use, or disseminate protected personal information on behalf of the organization.

(f) *Federal government contractors' compliance.*

(1) When a DA activity contracts for the design, development, or operation of a Privacy Act system of records in order to accomplish a DA mission, the agency must apply the requirements of the Privacy Act to the contractor and its employees working on the contract (See 48 CFR part 24 and other applicable supplements to the FAR; 32 CFR part 310).

(2) System Managers will review annually, contracts contained within the system(s) of records under their responsibility, to determine which ones contain provisions relating to the design, development, or operation of a Privacy Act system of records.

(3) Contractors are considered employees of the Army for the purpose of the sanction provisions of the Privacy Act during the performance of the contract requirements.

(4) Disclosing records to a contractor for use in performing the requirements of an authorized DA contract is considered a disclosure within the agency under exception (b)(1), ''Official Need to Know'', of the Act.

**§ 505.3 Privacy Act systems of records.**

(a) *Systems of records.* (1) A system of records is a group of records under the control of a DA activity that are retrieved by an individual's name or by some identifying number, symbol, or other identifying particular assigned to an individual.

(2) Privacy Act systems of records must be—

(i) Authorized by Federal statute or an Executive Order;

(ii) Needed to carry out DA's mission; and

(iii) Published in the **Federal Register** in a system of records notice, which will provide the public an opportunity to comment before DA implements or changes the system.

(3) The mere fact that records are retrievable by a name or personal identifier is not enough. Records must actually be retrieved by a name or personal identifier. Records in a group

of records that may be retrieved by a name or personal identifier but are not normally retrieved by this method are not covered by this part. However, they are covered by AR 25–55, the Department of the Army Freedom of Information Act Program.

(4) The existence of a statute or Executive Order mandating the maintenance of a system of records to perform an authorized activity does not abolish the responsibility to ensure the information in the system of records is relevant and necessary to perform the authorized activity.

(b) *Privacy Act system of records notices.*

(1) DA must publish notices in the **Federal Register** on new, amended, altered, or deleted systems of records to inform the public of the Privacy Act systems of records that it maintains. The Privacy Act requires submission of new or significantly changed systems of records to OMB and both houses of Congress before publication in the **Federal Register** (See Appendix E of this part).

(2) Systems managers must send a proposed notice at least 120 days before implementing a new, amended or altered system to the DA Freedom of Information and Privacy Office. The proposed or altered notice must include a narrative statement and supporting documentation. A narrative statement must contain the following items:

(i) System identifier and name;

(ii) Responsible Official, title, and phone number;

(iii) If a new system, the purpose of establishing the system or if an altered system, nature of changes proposed;

(iv) Authority for maintenance of the system;

(v) Probable or potential effects of the system on the privacy of individuals;

(vi) Whether the system is being maintained, in whole or in part, by a contractor;

(vii) Steps taken to minimize risk of unauthorized access;

(viii) Routine use compatibility;

(ix) Office of Management and Budget information collection requirements; and

(x) Supporting documentation as an attachment. Also as an attachment should be the proposed new or altered system notice for publication in the **Federal Register**.

(3) An amended or altered system of records is one that has one or more of the following:

(i) A significant increase in the number, type, or category of individuals about whom records are maintained;

(ii) A change that expands the types of categories of information maintained;

(iii) A change that alters the purpose for which the information is used;

(iv) A change to equipment configuration (either hardware or software) that creates substantially greater access to the records in the system of records;

(v) An addition of an exemption pursuant to section (j) or (k) of the Act; or

(vi) An addition of a routine use pursuant to 5 U.S.C. 552a(b)(3).

(4) For additional guidance contact the DA FOIA/P Office.

(5) On behalf of DA, the Defense Privacy Office maintains a list of DOD Components' Privacy Act system of records notices at the Defense Privacy Office's Web site *http://www.defenselink.mil/privacy*.

(6) DA PAM 25–51 sets forth procedures pertaining to Privacy Act system of records notices.

(7) For new systems, system managers must establish appropriate administrative, technical, and physical safeguards to ensure the security and confidentiality of records. This applies to all new systems of records whether maintained manually or automated.

(i) One safeguard plan is the development and use of a Privacy Impact Assessment (PIA) mandated by the E-Gov Act of 2002, section 208. The Office of Management and Budget specifically directs that a PIA be conducted, reviewed, and published for all new or significantly altered information in identifiable form collected from or about the members of the public. The PIA describes the appropriate administrative, technical, and physical safeguards for new automated systems. This will assist in the protection against any anticipated threats or hazards to the security or integrity of data, which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom information is maintained. Contact your local Information Officer for guidance on conducting a PIA.

(ii) The development of appropriate safeguards must be tailored to the requirements of the system as well as other factors, such as the system environment, location, and accessibility.

**§ 505.4 Collecting personal information.**

(a) *General provisions.* (1) Employees will collect personal information to the greatest extent practicable directly from the subject of the record. This is especially critical, if the information may result in adverse determinations about an individual's rights, benefits, and privileges under Federal programs (See 5 U.S.C. 552a(e)(2)).

(2) It is unlawful for any Federal, state, or local government agency to deny anyone a legal right, benefit, or privilege provided by law for refusing to give their SSN unless the law requires disclosure, or a law or regulation adopted before January 1, 1975, required the SSN or if DA uses the SSN to verify a person's identity in a system of records established and in use before that date. Executive Order 9397 (issued prior to January 1, 1975) authorizes the Army to solicit and use the SSN as a numerical identifier for individuals in most Federal records systems. However, the SSN should only be collected as needed to perform official duties. Executive Order 9397 does not mandate the solicitation of SSNs from Army personnel as a means of identification.

(3) Upon entrance into military service or civilian employment with DA, individuals are asked to provide their SSN. The SSN becomes the service or employment number for the individual and is used to establish personnel, financial, medical, and other official records. After an individual has provided his or her SSN for the purpose of establishing a record, the Privacy Act Statement is not required if the individual is only requested to furnish or verify the SSN for identification purposes in connection with the normal use of his or her records. If the SSN is to be used for a purpose other than identification, the individual must be informed whether disclosure of the SSN is mandatory or voluntary; by what statutory authority the SSN is solicited; and what uses will be made of the SSN. This notification is required even if the SSN is not to be maintained in a Privacy Act system of records.

(4) When asking an individual for his or her SSN or other personal information that will be maintained in a system of records, the individual must be provided with a Privacy Act Statement.

(b) *Privacy Act Statement (PAS).* (1) A Privacy Act Statement is required whenever personal information is requested from an individual and will become part of a Privacy Act system of records. The information will be retrieved by the individual's name or other personal identifier (See 5 U.S.C. 552a(e)(3)).

(2) The PAS will ensure that individuals know why the information is being collected so they can make an informed decision as to providing the personal information.

(3) In addition, the PAS will include language that is explicit, easily understood, and not so lengthy as to deter an individual from reading it.

(4) A sign can be displayed in areas where people routinely furnish this kind of information, and a copy of the PAS will be made available upon request by the individual.

(5) Do not ask the person to sign the PAS.

(6) A Privacy Act Statement must include the following four items—

(i) *Authority:* Cite the specific statute or Executive Order, including a brief title or subject that authorizes the DA to collect the personal information requested.

(ii) *Principal Purpose(s):* Cite the principal purposes for which the information will be used.

(iii) *Routine Uses:* A list of where and why the information will be disclosed OUTSIDE of DOD. Applicable routine uses are published in the applicable Privacy Act system of records notice(s). If none, the language to be used is: ''Routine Use(s): None. However the 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices apply.''

(iv) *Disclosure:* Voluntary or Mandatory. Include in the Privacy Act Statement specifically whether furnishing the requested personal data is mandatory or voluntary. A requirement to furnish personal data is mandatory ONLY when a Federal statute, Executive Order, regulation, or other law specifically imposes a duty on the individual to provide the information sought, and when the individual is subject to a penalty if he or she fails to provide the requested information. If providing the information is only a condition of or prerequisite to granting a benefit or privilege and the individual has the option of receiving the benefit or privilege, providing the information is always voluntary. However, the loss or denial of the privilege, benefit, or entitlement sought must be listed as a consequence of not furnishing the requested information.

(7) Some acceptable means of administering the PAS are as follows, in the order of preference—

(i) Below the title of the media used to collect the personal information. The PAS should be positioned so that the individual will be advised of the PAS before he or she provides the requested information;

(ii) Within the body with a notation of its location below the title;

(iii) On the reverse side with a notation of its location below the title;

(iv) Attached as a tear-off sheet; or

(v) Issued as a separate supplement.

(8) An example of a PAS is at appendix B of this part.

(9) Include a PAS on a Web site page if it collects information directly from an individual and is retrieved by his or her name or personal identifier (See Office of Management and Budget Privacy Act Guidelines, 40 FR 28949, 28961 (July 9, 1975)).

(10) Army policy prohibits the collection of personally identifying information on public Web sites without the express permission of the user. Requests for exceptions must be forwarded to the Army CIO/G–6. (See AR 25–1, para 6–4n.)

(c) *Collecting personal information from third parties.* (1) It may not be practical to collect personal information directly from the individual in all cases. Some examples of when collection from third parties may be necessary are when—

(i) Verifying information;

(ii) Opinions or evaluations are needed;

(iii) The subject cannot be contacted; or

(iv) At the request of the subject individual.

(2) When asking third parties to provide information about other individuals, they will be advised of—

(i) The purpose of the request; and

(ii) Their rights to confidentiality as defined by the Privacy Act of 1974 (Consult with your servicing Staff Judge Advocate for potential limitations to the confidentiality that may be offered pursuant to the Privacy Act).

(d) *Confidentiality promises.* Promises of confidentiality must be prominently annotated in the record to protect from disclosure any information provided in confidence pursuant to 5 U.S.C. 552a(k)(2), (k)(5), or (k)(7).

### § 505.5 Individual access to personal information.

(a) *Individual access.* (1) The access provisions of this part are intended for use by individuals whose records are maintained in a Privacy Act system of records. If a representative acts on their behalf, a written authorization must be provided, with the exception of members of Congress acting on behalf of a constituent.

(2) A Department of the Army ''Blanket Routine Use'' allows the release of Privacy Act protected information to members of Congress when they are acting on behalf of the constituent and the information is filed and retrieved by the constituent's name or personal identifier. The said ''Blanket Routine Use'' is listed below.

Congressional Inquiries Disclosure Routine Use: Disclosure from a system of records maintained by a DOD Component may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

(3) Upon a written request, an individual will be granted access to information pertaining to him or her that is maintained in a Privacy Act system of records, unless—

(i) The information is subject to an exemption, the system manager has invoked the exemption, and the exemption is published in the **Federal Register**; or

(ii) The information was compiled in reasonable anticipation of a civil action or proceeding.

(4) Legal guardians or parents acting on behalf of a minor child have the minor child's rights of access under this part, unless the records were created or maintained pursuant to circumstances where the interests of the minor child were adverse to the interests of the legal guardian or parent.

(5) These provisions should allow for the maximum release of information consistent with Army and DOD's statutory responsibilities.

(b) *Individual requests for access.*

(1) Individuals will address requests for access to records in a Privacy Act system of records to the system manager or the custodian of the record designated in DA systems of records notices (See DA PAM 25–51 or the Defense Privacy Office's Web site *http://www.defenselink.mil/privacy*).

(2) Individuals do not have to state a reason or justify the need to gain access to records under the Act.

(3) Release of personal information to individuals under this section is not considered a ''public release'' of information.

(c) *Verification of identity for first party requesters.*

(1) Before granting access to personal data, an individual will provide reasonable verification of identity.

(2) When requesting records in writing, the preferred method of verifying identity is the submission of a notarized signature. An alternative method of verifying identity for individuals who do not have access to notary services is the submission of an un-sworn declaration in accordance with 28 U.S.C. 1746 in the following format:

(i) If executed within the United States, its territories, possessions, or commonwealths: ''I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on (date). (Signature)''.

(ii) If executed outside of the United States: ''I declare under perjury or penalty under the laws of the United States of America that the foregoing is

true and correct. Executed on (date). (Signature).''

(3) When an individual seeks access in person, identification can be verified by documents normally carried by the individual (such as identification card, driver's license, or other license, permit or pass normally used for identification purposes). However, level of proof of identity is commensurate with the sensitivity of the records sought. For example, more proof is required to access medical records than is required to access parking records.

(4) Telephonic requests will not be honored.

(5) An individual cannot be denied access solely for refusal to provide his or her Social Security Number (SSN) unless the SSN was required for access by statute or regulation adopted prior to January 1, 1975.

(6) If an individual wishes to have his or her records released directly to a third party or to be accompanied by a third party when seeking access to his or her records, reasonable proof of authorization must be obtained. The individual may be required to furnish a signed access authorization with a notarized signature or other proof of authenticity (i.e. telephonic confirmation) before granting the third party access.

(d) *Individual access to medical records.*

(1) An individual must be given access to his or her medical and psychological records unless a judgment is made that access to such records could have an adverse effect on the mental or physical health of the individual. This determination normally should be made in consultation with a medical doctor. Additional guidance is provided in DOD 5400.11–R, Department of Defense Privacy Program. In this instance, the individual will be asked to provide the name of a personal health care provider, and the records will be provided to that health care provider, along with an explanation of why access without medical supervision could be harmful to the individual.

(2) Information that may be harmful to the record subject should not be released to a designated individual unless the designee is qualified to make psychiatric or medical determinations.

(3) DA activities may offer the services of a military physician, other than the one who provided the treatment.

(4) Do not require the named health care provider to request the records for the individual.

(5) The agency's decision to furnish the records to a medical designee and not directly to the individual is not considered a denial for reporting purposes under the Act and cannot be appealed.

(6) However, no matter what the special procedures are, DA has a statutory obligation to ensure that access is provided the individual.

(7) Regardless of age, all DA military personnel and all married persons are considered adults. The parents of these individuals do not have access to their medical records without written consent of the individual.

(8) DOD 6025.18–R, DOD Health Information Privacy Regulation, issued pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, has placed additional procedural requirements on the uses and disclosure of individually identifiable health information beyond those found in the Privacy Act of 1974 and this part. In order to be in compliance with HIPAA, the additional guidelines and procedures will be reviewed before release of an individual's identifiable health information.

(e) *Personal notes.*

(1) The Privacy Act does not apply to personal notes of individuals used as memory aids. These documents are not Privacy Act records and are not subject to this part.

(2) The five conditions for documents to be considered personal notes are as follows—

(i) Maintained and discarded solely at the discretion of the author;

(ii) Created only for the author's personal convenience and the notes are restricted to that of memory aids;

(iii) Not the result of official direction or encouragement, whether oral or written;

(iv) Not shown to others for any reason; and

(v) Not filed in agency files.

(3) Any disclosure from personal notes, either intentional or through carelessness, removes the information from the category of memory aids and the personal notes then become subject to provisions of the Act.

(f) *Denial or limitation of individual's right to access.*

(1) Even if the information is filed and retrieved by an individual's name or personal identifier, his or her right to access may be denied if—

(i) The records were compiled in reasonable anticipation of a civil action or proceeding including any action where DA expects judicial or administrative adjudicatory proceedings. The term ''civil action or proceeding'' includes quasi-judicial, pre-trial judicial, and administrative proceedings, as well as formal litigation;

(ii) The information is about a third party and does not pertain to the requester. A third party's SSN and home address will be withheld. However, information about the relationship between the individual and the third party would normally be disclosed as it pertains to the individual;

(iii) The records are in a system of records that has been properly exempted by the Secretary of the Army from the access provisions of this part and the information is exempt from release under a provision of the Freedom of Information Act (See appendix C of this part for a list of applicable Privacy Act exemptions, exceptions, and ''Blanket'' routine uses);

(iv) The records contain properly classified information that has been exempted from the access provision of this part;

(v) The records are not described well enough to enable them to be located with a reasonable amount of effort on the part of an employee familiar with the file. Requesters should reasonably describe the records they are requesting. They do not have to designate a Privacy Act system of records notice identification number, but they should at least identify a type of record or functional area. For requests that ask for ''all records about me,'' DA personnel should ask the requester for more information to narrow the scope of his or her request; and

(vi) Access is sought by an individual who fails or refuses to comply with Privacy Act established procedural requirements, included refusing to pay fees.

(2) Requesters will not use government equipment, supplies, stationery, postage, telephones, or official mail channels for making Privacy Act requests. System managers will process such requests but inform requesters that using government resources to make Privacy Act requests is not authorized.

(3) When a request for information contained in a Privacy Act system of records is denied in whole or in part, the Denial Authority or designee shall inform the requester in writing and explain why the request for access has been refused.

(4) A request for access, notification, or amendment of a record shall be acknowledged in writing within 10 working days of receipt by the proper system manager or record custodian.

(g) *Relationship between the Privacy Act and the Freedom of Information Act.*

(1) Not all requesters are knowledgeable of the appropriate statutory authority to cite when

requesting information. In some instances, they may cite neither the PA nor the Freedom of Information Act in their request. In some instances they may cite one Act but not the other. The Freedom of Information Act and the PA works together to ensure that requesters receive the greatest amount of information possible.

(2) Do not deny the individual access to his or her records simply because he or she failed to cite the appropriate statute or regulation.

(3) If the records are required to be released under the Freedom of Information Act, the PA will never block disclosure to requester. If the PA allows the DA activity to deny access to an individual, the Freedom of Information Act must still be applied, and the information released if required by the Freedom of Information Act.

(4) Unlike the Freedom of Information Act, the Privacy Act applies only to U.S. citizens and aliens lawfully admitted for permanent residence.

(5) Requesters who seek records about themselves contained in a Privacy Act system of records (1st party requesters) and who cite or imply only the Privacy Act, will have their request processed under the provisions of both the PA and the Freedom of Information Act. If the information requested is not contained in a Privacy Act system of records or is not about the requester, the individual's request will be processed under the provisions of the Freedom of Information Act only, and the Freedom of Information Act processing requirements/time lines will apply.

(6) Third party information.

(i) Third party information contained in a Privacy Act system of records that does not pertain to the requester, such as SSN, home addresses, and other purely personal information that is not about the requester, will be processed under the provisions of Freedom of Information Act only. Third party information that is not about the requester is not subject to the Privacy Act's first party access provision.

(ii) Information about the relationship between the first party requester and a third party is normally disclosed as pertaining to the first party requester. Consult your servicing Staff Judge Advocate if there is a question about the release of third party information to a first party requester.

(7) If an individual requests information about them contained in a Privacy Act system of records, the individual may be denied the information only if the information is exempt under both the PA and the Freedom of Information Act. Both PA and Freedom of Information Act exemptions will be cited in the denial letter and appeals will be processed in accordance with both Acts.

(8) Each time a first party requester cites or implies the PA, perform this analysis:

(i) Is the request from a United States living citizen or an alien lawfully admitted for permanent residence?

(ii) Is the individual requesting an agency record?

(iii) Are the records within a PA system of records that are filed and retrieved by an individual's name or other personal identifier? (If the answer is ''yes'' to all of these questions, then the records should be processed under the ''Privacy Act'') and

(iv) Does the information requested pertain exclusively to the requester?

(A) If yes, no further consideration of Freedom of Information Act exemptions required. Release all information unless a PA exemption authorizes withholding.

(B) If no, process the information that is not about the requester under the Freedom of Information Act and withhold only if a proper Freedom of Information Act exemption applies.

(h) *Functional requests.* If an individual asks for his or her records and does not cite or reasonably imply either the Privacy Act or the Freedom of Information Act, and another prescribing directive or regulation authorizes the release, the records should be released under that other directive or regulation and not the PA or the FOIA. Examples of functional requests are military members asking to see their Official Military Personnel Records or civilian employees asking to see their Official Personnel Folder.

(i) *Procedures for denying or limiting an individual's right to access or amendment and the role of the Denial Authority.*

(1) The only officials authorized to deny a request for records or a request to amend records in a PA system of records pertaining to the requesting individual, are the appropriate Denial Authorities, their designees, or the Secretary of the Army who will be acting through the General Counsel.

(2) Denial Authorities are authorized to deny requests, either in whole or in part, for notification, access and amendment of Privacy Act records contained in their respective areas of responsibility.

(i) The Denial Authority may delegate all or part of their authority to a division chief under his supervision within the Agency in the grade of 0–5/GS–14 or higher. All delegations must be in writing.

(ii) The Denial Authority will send the names, office names, and telephone numbers of their delegates to the DA Freedom of Information and Privacy Office.

(iii) If a Denial Authority delegate denies access or amendment, the delegate must clearly state that he or she is acting on behalf of the Denial Authority, who must be identified by name and position in the written response to the requester. Denial Authority designation will not delay processing privacy requests/actions.

(iv) The official Denial Authorities are for records under their authority (See appendix B of this part). The individuals designated as Denial Authorities under this part are the same individuals designated as Initial Denial Authorities under AR 25–55, the Department of the Army Freedom of Information Act Program. However, delegation of Denial Authority pursuant to this part does not automatically encompass delegation of Initial Denial Authority under AR 25–55. Initial Denial Authority must be expressly delegated pursuant to AR 25–55 for an individual to take action on behalf of an Initial Denial Authority under AR 25–55.

(3) The custodian of the record will acknowledge requests for access made under the provisions of the Privacy Act within 10 working days of receipt.

(4) Requests for information recommended for denial will be forwarded to the appropriate Denial Authority, along with a copy of the records and justification for withholding the record. At the same time, notify the requester of the referral to the Denial Authority for action. All documents or portions thereof determined to be releasable to the requester will be released to the requester before forwarding the case to the Denial Authority.

(5) Within 30 working days, the Denial Authority will provide the following notification to the requester in writing if the decision is to deny the requester access to the information.

(6) Included in the notification will be:

(i) Denying Official's name, position title, and business address;

(ii) Date of the denial;

(iii) The specific reason for the denial, citing the appropriate subsections of the Privacy Act, the Freedom of Information Act, AR 25–55, The Department of the Army Freedom of Information Act Program and this part; and

(iv) The individual's right to administratively appeal the denial within 60 calendar days of the mailing date of the notice, through the Denial Authority, to the Office of the General Counsel, Secretary of the Army, 104

Army Pentagon, Washington, DC 20310–0104.

(7) The appeal must be in writing and the requester should provide a copy of the denial letter and a statement of their reasons for seeking review.

(8) For denials made by the DA when the record is maintained in a Government-wide system of records, an individual's request for further review must be addressed to each of the appropriate government Privacy Act offices listed in the Privacy Act system of records notices. For a current listing of Government-wide Privacy Act system of records notices see the Defense Privacy Office's Web site *http://www.defenselink.mil/privacy* or DA PAM 25–51.

(j) *No records determinations.*

(1) Since a no record response may be considered an ''adverse'' determination, the Denial Authority must make the final determination that no records exist. The originating agency shall notify the requester that an initial determination has been made that there are no responsive records, however the final determination will be made by the Denial Authority. A no records certificate must accompany a no records determination that is forwarded to the Denial Authority.

(2) The Denial Authority must provide the requester with appeal rights.

(k) *Referral of requests.*

(1) A request received by a DA activity having no records responsive to a request shall be referred to another DOD Component or DA activity, if the other Component or activity confirms that they have the requested records, or verifies that they are the proper custodian for that type of record. The requester will be notified of the referral. In cases where the DA activity receiving the request has reason to believe that the existence or nonexistence of the record may in itself be classified, that activity will consult the Component or activity having cognizance over the records in question before referring the request. If the Component or activity that is consulted determines that the existence or nonexistence of the records is in itself classified, the requester shall be so notified by the DA activity originally receiving the request that it can neither confirm nor deny the existence of the record, and no referral shall take place.

(2) A DA activity shall refer a Privacy Act request for a classified record that it holds to another DOD Component, DA activity, or agency outside the Department of Defense, if the record originated in the other DOD Component, DA activity, or outside agency, or if the classification is derivative. The referring DA activity will provide the records and a release recommendation with the referral action.

(3) Any DA activity receiving a request that has been misaddressed will refer the request to the proper address and advise the requester.

(4) Within DA, referrals will be made directly to offices having custody of the requested records (unless the Denial Authority is the custodian of the requested records). If the office receiving the Privacy Act request does not know where the requested records are located, the office will contact the DA FOIA/P Office, to determine the appropriate office for referral.

(5) The requester will be informed of the referral whenever records or a portion of records are, after prior consultation, referred to another activity for a release determination and direct response. Additionally, the DA activity referral letter will accomplish the following—

(i) Fully describe the Privacy Act system of records from which the document was retrieved; and

(ii) Indicate whether the referring activity claims any exemptions in the Privacy Act system of records notice.

(6) Within the DA, an activity will refer a Privacy Act request for records that it holds but was originated by another activity, to the originating activity for direct response. An activity will not, in any case, release or deny such records without prior consultation with the originating activity. The requester will be notified of such referral.

(7) A DA activity may refer a Privacy Act request for records that originated in an agency outside of DOD, or that is based on information obtained from an agency outside the DOD, to that agency for direct response to the requester, only if that agency is subject to the Privacy Act. Otherwise, the DA activity must respond to the request.

(8) DA activities will not honor any Privacy Act requests for investigative, intelligence, or any other type of records that are on loan to the Department of Defense for a specific purpose, if the records are restricted from further release in writing. Such requests will be referred to the agency that provided the records.

(9) A DA activity will notify requesters seeking National Security Council (NSC) or White House documents that they should write directly to the NSC or White House for such documents. DA documents in which the NSC or White House have a concurrent reviewing interest will be forwarded to the Department of Defense, Office of Freedom of Information and Security Review, which will coordinate with the NSC or White House, and return the documents to the originating DA activity after NSC or White House review. NSC or White House documents discovered in DA activity files which are responsive to a Privacy Act request will be forwarded to DOD for coordination and return with a release determination.

(10) To the extent referrals are consistent with the policies expressed above; referrals between offices of the same DA activity are authorized.

(l) *Reproduction fees.* (1) Use fees only to recoup direct reproduction costs associated with granting access.

(2) DA activities may use discretion in their decision to charge for the first copy of records provided to an individual to whom the records pertain. Thereafter, fees will be computed pursuant to the fee schedule set forth in AR 25–55, including the fee waiver provisions.

(3) Checks or money orders for fees should be made payable to the Treasurer of the United States and will be deposited in the miscellaneous receipts of the treasury account maintained at the activity's finance office.

(4) Reproduction costs shall only include the direct costs of reproduction and shall not include costs of—

(i) Time or effort devoted to searching for or reviewing the records by personnel;

(ii) Fees not associated with the actual cost of reproduction;

(iii) Producing a copy when it must be provided to the individual without cost under another regulation, directive, or law;

(iv) Normal postage;

(v) Transportation of records or personnel; or

(vi) Producing a copy when the individual has requested only to review the records and has not requested a copy, and the only means of allowing review is to make a copy (e.g., the records are stored in a computer and a copy must be printed to provide individual access, or the activity does not wish to surrender temporarily the original records for the individual to review).

(m) *Privacy Act case files.*

(1) Whenever an individual submits a Privacy Act request, a case file will be established. This Privacy Act case file is a specific type of file that is governed by a specific Privacy Act system of records notice. In no instance will the individual's Privacy Act request and corresponding Army actions be included in the individual's military personnel file or other military filing systems, such as adverse action files or general legal files, and in no instance will the Privacy Act case file be used to

make an adverse determination about the individual.

(2) The case file will be comprised of the request for access/amendment, grants, refusals, coordination action(s), and all related papers.

**§ 505.6 Amendment of records.**

(a) *Amended records.*

(1) Individuals are encouraged to periodically review the information maintained about them in Privacy Act systems of records and to familiarize themselves with the amendment procedures established by this part.

(2) An individual may request to amend records that are retrieved by his or her name or personal identifier from a system of records unless the system has been exempted from the amendment provisions of the Act. The standard for amendment is that the records are inaccurate as a matter of fact rather than judgment, irrelevant, untimely, or incomplete. The burden of proof is on the requester.

(3) The system manager or custodian must review Privacy Act records for accuracy, relevance, timeliness, and completeness.

(4) Amendment procedures are not intended to permit individuals to challenge events in records that have actually occurred. Amendment procedures only allow individuals to amend those items that are factually inaccurate and not matters of official judgment (*e.g.*, performance ratings, promotion potential, and job performance appraisals). In addition, an individual is not permitted to amend records for events that have been the subject of judicial or quasi-judicial actions/proceedings.

(b) *Proper amendment requests.*

(1) Amendment requests, except for routine administrative changes, will be in writing.

(2) When acting on behalf of a first party requester, an individual must provide written documentation of the first party requester's consent to allow the individual to view his or her records.

(3) Amendment is appropriate if it can be shown that—

(i) Circumstances leading up to the recorded event were found to be inaccurately reflected in the document;

(ii) The record is not identical to the individual's copy; or

(iii) The document was not constructed in accordance with the applicable recordkeeping requirements prescribed in AR 25–400–2, The Army Records Information Management System (ARIMS).

(4) Under the amendment provisions, an individual may not challenge the merits of an adverse determination.

(5) U.S. Army Criminal Investigation Command (USACIDC) reports of investigations (PA system of records notice A0195–2a USACIDC, Source Register; A0195–2b USACIDC, Criminal Investigation and Crime Laboratory Files) have been exempted from the amendment provisions of the Privacy Act. Requests to amend these reports will be considered under AR 195–2. Actions taken by the Commander of U.S. Army Criminal Investigation Command will constitute final action on behalf of the Secretary of the Army under that regulation.

(6) Records placed in the National Archives are exempt from the Privacy Act provision allowing individuals to request amendment of records. Most provisions of the Privacy Act apply only to those systems of records that are under the legal control of the originating agency; for example, an agency's current operating files or records stored at a Federal Records Center.

(7) Inspector General investigative files and action request/complaint files (records in system notice A0021–1 SAIG, Inspector General Records) have been exempted from the amendment provisions of the Privacy Act. Requests to amend these reports will be considered under AR 20–1 by The Inspector General. Action by the The Inspector General will constitute final action on behalf of the Secretary of the Army under that regulation.

(8) Other records that are exempt from the amendment provisions of the Privacy Act are listed in the applicable PA system of records notices.

(c) *Amendment procedures.*

(1) Requests to amend records should be addressed to the custodian or system manager of the records. The request must reasonably describe the records to be amended and the changes sought (*e.g.*, deletion, addition, or amendment). The burden of proof is on the requester. The system manager or records custodian will provide the individual with a written acknowledgment of the request within 10 working days and will make a final response within 30 working days of the date the request was received. The acknowledgment must clearly identify the request and inform the individual that final action will be forthcoming within 30 working days.

(2) Records for which amendment is sought must be reviewed by the proper system manager or custodian for accuracy, relevance, timeliness, and completeness.

(3) If the amendment is appropriate, the system manager or custodian will physically amend the records accordingly. The requester will be notified of such action.

(4) If the amendment is not warranted, the request and all relevant documents, including reasons for not amending, will be forwarded to the proper Denial Authority within 10 working days to ensure that the 30 day time limit for the final response is met. In addition, the requester will be notified of the referral.

(5) Based on the documentation provided, the Denial Authority will either amend the records and notify the requester and the custodian of the records of all actions taken, or deny the request. If the records are amended, those who have received the records in the past will receive notice of the amendment.

(6) If the Denial Authority determines that the amendment is not warranted, he or she will provide the requester and the custodian of the records reason(s) for not amending. In addition, the Denial Authority will send the requester an explanation regarding his or her right to seek further review by the DA Privacy Act Review Board, through the Denial Authority, and the right to file a concise ''Statement of Disagreement'' to append to the individual's records.

(i) On receipt of a request for further review by the Privacy Act Review Board, the Denial Authority will append any additional records or background information that substantiates the refusal or renders the case complete;

(ii) Within 5 working days of receipt, forward the appeal to the DA Privacy Act Review Board; and

(iii) Append the servicing Judge Advocate's legal review, including a determination that the Privacy Act Review Board packet is complete.

(d) *DA Privacy Act Review Board.*

(1) The DA Privacy Act Review Board acts on behalf of the Secretary of the Army in deciding appeals of the appropriate Denial Authority's refusal to amend records.

(2) The Board will process an appeal within 30 working days of its receipt. The General Counsel may authorize an additional 30 days when unusual circumstances and good cause so warrant.

(3) The Board membership consists of the following principal members, comprised of three voting and two non-voting members, or their delegates.

(4) Three voting members include—

(i) Administrative Assistant to the Secretary of the Army (AASA) who acts as the Chairman of the Board;

(ii) The Judge Advocate General; and

(iii) The Chief, DA Freedom of Information and Privacy Division, U.S. Army Records Management and Declassification Agency.

(5) In addition, two non-voting members include—

(i) The Chief Attorney, OAASA (or designee) who serves as the legal advisor and will be present at all Board sessions to provide legal advice as required; and

(ii) Recording Secretary provided by the Office of the Administrative Assistant to the Secretary of the Army.

(e) *DA Privacy Act Review Board meetings.*

(1) The meeting of the Board requires the presence of all five members or their designated representatives. Other non-voting members with subject matter expertise may participate in a meeting of the Board, at the discretion of the Chairman.

(2) Majority vote of the voting members is required to make a final determination on a request before the Board.

(3) Board members, who have denial authority, may not vote on a matter upon which they took Denial Authority action. However, an individual who took Denial Authority action, or his or her representative, may serve as a non-voting member when the Board considers matters in the Denial Authority's area of functional specialization.

(4) The Board may seek additional information, including the requester's official personnel file, if relevant and necessary to decide the appeal.

(5) If the Board determines that an amendment is warranted (the record is inaccurate as a matter of fact rather than judgment, irrelevant, untimely, or incomplete) it will amend the record and notify the requester, the Denial Authority, the custodian of the record, and any prior recipients of the record, of the amendment.

(6) If the Board determines that amendment is unwarranted, they will—

(i) Obtain the General Counsel's concurrence in writing;

(ii) Respond to the requester with the reasons for denial; and

(iii) Inform the requester of the right to file a ''Statement of Disagreement'' with the Board's action and to seek judicial review of the Army's refusal to amend. A ''Statement of Disagreement'' must be received by the system manager within 120 days and it will be made an integral part of the pertinent record. Anyone who may have access to, use of, or need to disclose information from the record will be aware that the record was disputed. The disclosing authority may include a brief summary of the Board's reasons for not amending the disputed record.

(7) It is inappropriate for the Privacy Act Review Board to consider any record which is exempt from the amendment provision of the Privacy Act.

**§ 505.7 Disclosure of personal information to other agencies and third parties.**

(a) *Disclosing records to third parties.*

(1) DA is prohibited from disclosing a record from a Privacy Act system of records to any person or agency without the prior written consent of the subject of the record, except when—

(i) Pursuant to the twelve Privacy Act exceptions. The twelve exceptions to the ''no disclosure without consent'' rule are those exceptions which permit the release of personal information without the individual's/subject's consent (See appendix C of this part).

(ii) The FOIA requires the release of the record. One of the twelve exceptions to Privacy Act is the FOIA Exception. If the FOIA requires the release of information, the information must be released. The Privacy Act can not prevent release to a third party if the FOIA requires release. However, information must not be discretionarily released under the FOIA if the information is subject to the Privacy Act's ''no disclosure without consent'' rule.

(iii) A routine use applies. Another major exception to the ''no disclosure without consent'' rule is the routine use exception. The Privacy Act allows federal agencies to publish routine use exceptions to the Privacy Act. Some routine uses are Army specific, DOD specific, and Government-wide. Routine uses exceptions are listed in the Privacy Act system of records notice(s) applicable to the Privacy Act records in question. The Army and other agencies' system of records notices may be accessed at the Defense Privacy Office's Web site *http://www.defenselink.mil/privacy.*

(2) The approved twelve exceptions to the Privacy Act ''no disclosure without consent'' rule are listed at appendix C of this part.

(b) *Disclosing records to other DOD components and to Federal agencies outside the DOD.*

(1) The twelve Privacy Act exceptions referred to in appendix C of this part are available to other DOD components and to Federal agencies outside the DOD as exceptions to the Privacy Act's ''no disclosure without consent'' rule, with the exception of the FOIA exception. The FOIA is not an appropriate mechanism for providing information to other DOD components and to Federal agencies outside the DOD.

(2) A widely used exception to requests for information from local and state government agencies and Federal agencies not within the DOD is the routine use exception to the Privacy Act.

(3) The most widely used exception to requests for information from other DOD components is the ''intra-agency need to know'' exception to the Privacy Act. Officers and employees of the DOD who have an official need for the records in the performance of their official duties are entitled to Privacy Act protected information. Rank, position, or title alone does not authorize access to personal information about others. An official need for the information must exist before disclosure.

(4) For the purposes of disclosure and disclosure accounting, the Department of Defense (DOD) is considered a single agency.

(c) *Disclosures under AR 25–55, the Freedom of Information Act (FOIA) Program.*

(1) Despite Privacy Act protections, all records must be disclosed if the Freedom of Information Act (FOIA) requires their release. The FOIA requires release unless the information is exempted by one or more of the nine FOIA exemptions.

(2) Required release under the FOIA. The following are examples of personal information that is generally not exempt from the FOIA; therefore, it must be released to the public, unless covered by paragraphs (d)(2) and (d)(3) of this section. The following list is not all inclusive:

(i) Military Personnel—

(A) Rank, date of rank, active duty entry date, basic pay entry date, and gross pay (including base pay, special pay, and all allowances except Basic Allowance for Housing);

(B) Present and past duty assignments, future stateside assignments;

(C) Office/unit name, duties address and telephone number (DOD policy may require withholding of this information in certain circumstances);

(D) Source of commission, promotion sequence number, military awards and decorations, and professional military education;

(E) Duty status, at any given time;

(F) Separation or retirement dates;

(G) Military occupational specialty (MOS);

(H) Active duty official attendance at technical, scientific or professional meetings; and

(I) Biographies and photos of key personnel (DOD policy may require withholding of this information in certain circumstances).

(ii) Federal civilian employees—

(A) Present and past position titles, occupational series, and grade;

(B) Present and past annual salary rates (including performance awards or

bonuses, incentive awards, merit pay amount, Meritorious or Distinguished Executive Ranks, and allowances and differentials);

(C) Present and past duty stations;

(D) Office or duty telephone number (DOD policy may require withholding of this information in certain circumstances); and

(E) Position descriptions, identification of job elements, and performance standards (but not actual performance appraisals), the release of which would not interfere with law enforcement programs or severely inhibit agency effectiveness. Performance elements and standards (or work expectations) may also be withheld when they are so intertwined with performance appraisals, the disclosure would reveal an individual's performance appraisal.

(d) *Personal information that requires protection.*

(1) The following are examples of information that is generally NOT releasable without the written consent of the subject. This list is not all inclusive—

(i) Marital status;

(ii) Dependents' names, sex and SSN numbers;

(iii) Civilian educational degrees and major areas of study (unless the request for the information relates to the professional qualifications for Federal employment);

(iv) School and year of graduation;

(v) Home of record;

(vi) Home address and phone;

(vii) Age and date of birth;

(viii) Overseas assignments (present or future);

(ix) Overseas office or unit mailing address and duty phone of routinely deployable or sensitive units;

(x) Race/ethnic origin;

(xi) Educational level (unless the request for the information relates to professional qualifications for federal employment);

(xii) Social Security Number (SSN); and

(xiii) The information that would otherwise be protected from mandatory disclosure under a FOIA exemption.

(2) The Office of the Secretary of Defense issued a policy memorandum in 2001 that provided greater protection of DOD personnel in the aftermath of 9/11 by requiring information that personally identifies DOD personnel be more carefully scrutinized and limited. In general, the Department of Defense has specifically advised that DOD components are not to release lists of names, duty addresses, present or past position titles, grades, salaries, and performance standards of DOD military members and civilian employees. At the office director level or above, the release of information will be limited to the name, official title, organization, and telephone number, provided a determination is made that disclosure does not raise security or privacy concerns. No other information, including room numbers, will normally be released about these officials. Consistent with current policy, information on officials below the office director level may continue to be released if their positions or duties require frequent interaction with the public.

(3) Disclosure of records pertaining to personnel of overseas, sensitive, or routinely deployed units shall be prohibited to the extent authorized by 10 U.S.C. 130b.

(e) *Release of home addresses and home telephone numbers.*

(1) The release of home addresses and home telephone numbers normally is prohibited. This release is normally considered a clearly ''unwarranted invasion'' of personal privacy and is exempt from mandatory release under the FOIA. However, home addresses and home telephone numbers may still be released if—

(i) The individual has indicated previously in writing that he or she has no objection to the release;

(ii) The source of the information to be released is a public document such as commercial telephone directory or other public listing;

(iii) The release is required by Federal statute (for example, pursuant to federally funded state programs to locate parents who have defaulted on child support payments) (See 42 U.S.C. 653); or

(iv) The releasing of information is pursuant to the routine use exception or the ''intra-agency need to know'' exception to the Privacy Act.

(2) A request for a home address or telephone number may be referred to the last known address of the individual for a direct reply by the individual to the requester. In such cases, the requester shall be notified of the referral.

(3) Do not sell or rent lists of individual names and addresses unless such action is specifically authorized by the appropriate authority.

(f) *Emergency Recall Rosters.*

(1) The release of emergency recall rosters normally is prohibited. Their release is normally considered a clearly ''unwarranted invasion'' of personal privacy and is exempt from mandatory release under the FOIA. Emergency recall rosters should only be shared with those who have an ''official need to know'' the information, and they should be marked ''For Official Use Only'' (See AR 25–55).

(2) Do not include a person's SSN on an emergency recall roster or their spouse's name.

(3) Commanders and supervisors should give consideration to those individuals with unlisted phone numbers. Commanders and supervisors should consider limiting access to an unlisted number within the unit.

(g) *Social Rosters.*

(1) Before including personal information such as a spouse's name, home addresses, home phone numbers, and similar information on social rosters or social directories, which will be shared with individuals, always ask for the individual's written consent. Without their written consent, do not include this information.

(2) Collection of this information will require a Privacy Act Statement which clearly tells the individual what information is being solicited, the purpose, to whom the disclosure of the information is made, and whether collection of the information is voluntary or mandatory.

(h) *Disclosure of personal information on group orders.*

(1) Personal information will not be posted on group orders so that everyone on the orders can view it. Such a disclosure of personal information violates the Privacy Act and this part.

(2) The following are some examples of personal information that should not be contained in group orders. The following list is not all inclusive—

(i) Complete SSN;

(ii) Home addresses and phone numbers; or

(iii) Date of birth.

(i) *Disclosures for established routine uses.*

(1) Records may be disclosed outside the DOD without the consent of the individual to whom they pertain for an established routine use.

(2) A routine use shall—

(i) Be compatible with and related to the purpose for which the record was compiled;

(ii) Identify the persons or organizations to which the records may be released; and

(iii) Have been published previously in the **Federal Register**.

(3) Establish a routine use for each user of the information outside the Department of Defense who needs official access to the records.

(4) Routine uses may be established, discontinued, or amended without the consent of the individuals involved. However, new or changed routine uses must be published in the **Federal**

**Register** at least 30 days before actually disclosing any records.

(5) In addition to the routine uses listed in the applicable systems of records notices, ''Blanket Routine Uses'' for all DOD maintained systems of records have been established. These ''Blanket Routine Uses'' are applicable to every record system maintained within the DOD unless specifically stated otherwise within a particular record system. The ''Blanket Routine Uses'' are listed at appendix C of this part.

(j) *Disclosure accounting.*

(1) System managers must keep an accurate record of all disclosures made from DA Privacy Act system of records, including those made with the consent of the individual, except when records are—

(i) Disclosed to DOD officials who have a ''need to know'' the information to perform official government duties; or

(ii) Required to be disclosed under the Freedom of Information Act.

(2) The purpose for the accounting of disclosure is to—

(i) Enable an individual to ascertain those persons or agencies that have received information about them;

(ii) Enable the DA to notify past recipients of subsequent amendments or ''Statements of Dispute'' concerning the record; and

(iii) Provide a record of DA compliance with the Privacy Act of 1974, if necessary.

(3) Since the characteristics of records maintained within DA vary widely, no uniform method for keeping the disclosure accounting is prescribed.

(4) Essential elements to include in each disclosure accounting report are—

(i) The name, position title, and address of the person making the disclosure;

(ii) Description of the record disclosed;

(iii) The date, method, and purpose of the disclosure; and

(iv) The name, position title, and address of the person or agency to which the disclosure was made.

(5) The record subject has the right of access to the disclosure accounting except when—

(i) The disclosure was made for law enforcement purposes under 5 U.S.C. 552a(b)(7); or

(ii) The disclosure was made from a system of records for which an exemption from 5 U.S.C. 552a(c)(3) has been claimed.

(6) There are no approved filing procedures for the disclosure of accounting records; however, system managers must be able to retrieve upon request. With this said, keep disclosure accountings for 5 years after the disclosure, or for the life of the record, whichever is longer.

(7) When an individual requests such an accounting, the system manager or designee will respond within 20 working days.

### § 505.8 Training requirements.

(a) *Training.*

(1) The Privacy Act requires all heads of Army Staff agencies, field operating agencies, direct reporting units, Major Commands, subordinate commands, and installations to establish rules of conduct for all personnel involved in the design, development, operation, and maintenance of any Privacy Act system of records and to train the appropriate personnel with respect to the privacy rules including the penalties for non-compliance (See 5 U.S.C. 552a(e)(9)).

(2) To meet the training requirements, three general levels of training must be established. They are—

(i) Orientation. Training that provides basic understanding of this part as it applies to the individual's job performance. This training will be provided to personnel, as appropriate, and should be a prerequisite to all other levels of training;

(ii) Specialized training. Training that provides information as to the application of specific provisions of this part to specialized areas of job performance. Personnel of particular concern include, but are not limited to, personnel specialists, finance officers, DOD personnel who may be expected to deal with the news media or the public, special investigators, paperwork managers, individuals working with medical and security records, records managers, computer systems development personnel, computer systems operations personnel, statisticians dealing with personal data and program evaluations, contractors and anyone responsible for implementing or carrying out functions under this part. Specialized training should be provided on a periodic basis; and

(iii) Managerial training. Training designed to identify for responsible managers (such as senior system managers, Denial Authorities, and functional managers described in this section) issues that they should consider when making management decisions affected by the Privacy Act Program.

(b) *Training tools.* Helpful resources include—

(1) Privacy Act training slides for Major Commands and Privacy Act Officers: Contact the DA FOIA/P Office, or slides can be accessed at the Web site *https://www.rmda.belvoir.army.mil/rmdaxml/rmda/FPHomePage.asp.*

(2) The ''DOJ Freedom of Information Act Guide and Privacy Act Overview': The U.S. Department of Justice, Executive Office for United States Attorneys, Office of Legal Education, 600 E. Street, NW., Room 7600, Washington, DC 20530, or training programs can be accessed at the Web site *http://www.usdoj.gov/usao/eousa/ole.html.*

### § 505.9 Reporting requirements.

The Department of the Army will submit reports, consistent with the requirements of DOD 5400.11–R, OMB Circular A–130, and as otherwise directed by the Defense Privacy Office. Contact the DA FOIA/P Office for further guidance regarding reporting requirements.

### § 505.10 Use and establishment of exemptions.

(a) *Three types of exemptions.*

(1) There are three types of exemptions applicable to an individual's right to access permitted by the Privacy Act. They are the Special, General, and Specific exemptions.

(2) Special exemption (d)(5)—Relieves systems of records from the access provision of the Privacy Act only. This exemption applies to information compiled in reasonable anticipation of a civil action or proceeding.

(3) General exemption (j)(2)—Relieves systems of records from most requirements of the Act. Only Army activities actually engaged in the enforcement of criminal laws as their primary function may claim this exemption.

(4) Specific exemptions (k)(1)–(k)(7)—Relieves systems of records from only a few provisions of the Act.

(5) To find out if an exemption is available for a particular record, refer to the applicable system of records notices. System of records notices will state which exemptions apply to a particular type of record. System of records notices that are applicable to the Army are contained in DA Pam 25–51 (available at the Army Publishing Directorate Web site *http://www.usapa.army.mil/*), the Defense Privacy Office's Web site *http://www.defenselink.mil/privacy/*), or in this section). Some of the system of records notices apply only to the Army and the DOD and some notices are applicable government-wide.

(6) Descriptions of current exemptions are listed in detail at appendix C of this part.

(b) Exemption procedures.

(1) For the General and Specific exemptions to be applicable to the

Army, the Secretary of the Army must promulgate exemption rules to implement them. This requirement is not applicable to the one Special exemption which is self-executing. Once an exemption is made applicable to the Army through the exemption rules, it will be listed in the applicable system of records notices to give notice of which specific types of records the exemption applies to. When a system manager seeks to have an exemption applied to a certain Privacy Act system of records that is not currently provided for by an existing system of records notice, the following information will be furnished to the DA FOIA/P Office—

(i) Applicable system of records notice;

(ii) Exemption sought; and

(iii) Justification.

(2) After appropriate staffing and approval by the Secretary of the Army and the Defense Privacy Office, it will be published in the **Federal Register** as a proposed rule, followed by a final rule 60 days later. No exemption may be invoked until these steps have been completed.

**§ 505.11 Federal Register publishing requirements.**

(a) *The Federal Register.* There are three types of documents relating to the Privacy Act Program that must be published in the **Federal Register**. They are the DA Privacy Program policy and procedures (AR 340–21), the DA exemption rules, and Privacy Act system of records notices.

(b) *Rulemaking procedures.*

(1) DA Privacy Program procedures and exemption rules are subject to the formal rulemaking process.

(2) Privacy Act system of records notices are not subject to formal rulemaking and are published in the **Federal Register** as Notices, not Rules.

(3) The Privacy Program procedures and exemption rules are incorporated into the Code of Federal Regulations (CFR). Privacy Act system of records notices are not published in the CFR.

**§ 505.12 Privacy Act enforcement actions.**

(a) Judicial Sanctions. The Act has both civil remedies and criminal penalties for violations of its provisions.

(1) Civil remedies. The DA is subject to civil remedies for violations of the Privacy Act. In addition to specific remedial actions, 5 U.S.C. 552a(g) may provide for the payment of damages, court costs, and attorney's fees.

(2) Criminal penalties. A DA official or employee may be found guilty of a misdemeanor and fined not more than $5,000 for willfully—

(i) Disclosing individually identifiable personal information to one not entitled to the information;

(ii) Requesting or obtaining information from another's record under false pretenses; or

(iii) Maintaining a system of records without first meeting the public notice requirements of the Act.

(b) *Litigation Status Sheet.*

(1) When a complaint citing the Privacy Act is filed in a U.S. District Court against the Department of the Army, an Army Component, a DA Official, or any Army employee, the responsible system manager will promptly notify the Army Litigation Division, 901 North Stuart Street, Arlington, VA 22203–1837.

(2) The Litigation Status Sheet at appendix E of this part provides a standard format for this notification. At a minimum, the initial notification will have items (a) through (f) provided.

(3) A revised Litigation Status Sheet must be provided at each stage of the litigation.

(4) When a court renders a formal opinion or judgment, copies must be provided to the Defense Privacy Office by the Army Litigation Division.

(c) *Administrative Remedies—Privacy Act complaints.*

(1) The installation level Privacy Act Officer is responsible for processing Privacy Act complaints or allegations of Privacy Act violations. Guidance should be sought from the local Staff Judge Advocate and coordination made with the system manager to assist in the resolution of Privacy Act complaints. The local Privacy Act officer is responsible for—

(i) Reviewing allegations of Privacy Act violations and the evidence provided by the complainants;

(ii) Making an initial assessment as to the validity of the complaint, and taking appropriate corrective action;

(iii) Coordinating with the local Staff Judge Advocate to determine whether a more formal investigation such as a commander's inquiry or an AR 15–6 investigation is appropriate; and

(iv) Ensuring the decision at the local level from either the Privacy Act Officer or other individual who directed a more formal investigation is provided to the complainant in writing.

(2) The decision at the local level may be appealed to the next higher command level Privacy Act Officer.

(3) A legal review from the next higher command level Privacy Act Officer's servicing Staff Judge Advocate is required prior to action on the appeal.

**§ 505.13 Computer Matching Agreement Program.**

(a) *General provisions.*

(1) Pursuant to the Privacy Act and this part, DA records may be subject to computer matching, i.e., the computer comparison of automated systems of records.

(2) There are two specific kinds of Matching Programs covered by the Privacy Act—

(i) Matches using records from Federal personnel or payroll systems of records; and

(ii) Matches involving Federal benefit programs to accomplish one or more of the following purposes—

(A) To determine eligibility for a Federal benefit;

(B) To comply with benefit program requirements; and

(C) To effect recovery of improper payments or delinquent debts from current or former beneficiaries.

(3) The comparison of records must be computerized. Manual comparisons are not covered.

(4) Any activity that expects to participate in a Computer Matching Program must contact the DA FOIA/P Office immediately.

(5) In all cases, Computer Matching Agreements are processed by the Defense Privacy Office and approved by the Defense Data Integrity Board. Agreements will be conducted in accordance with the requirements of 5 U.S.C. 552a, and OMB Circular A–130.

(b) *Other matching.* Several types of computer matching are exempt from the restrictions of the Act such as matches used for statistics, pilot programs, law enforcement, tax administration, routine administration, background checks, and foreign counterintelligence. The DA FOIA/P Office should be consulted if there is a question as to whether the Act governs a specific type of computer matching.

**§ 505.14 Recordkeeping requirements under the Privacy Act.**

(a) *AR 25–400–2, The Army Records Information Management System (ARIMS).* To maintain privacy records are required by the Army Records Information Management System (ARIMS) to provide adequate and proper documentation of the conduct of Army business so that the rights and interests of individuals and the Federal Government are protected.

(b) A full description of the records prescribed by this part and their disposition/retention requirements are found on the ARIMS Web site at *https://www.arims.army.mil.*

**Appendix A to Part 505—References**

(a) The Privacy Act of 1974 (5 U.S.C. 552a, as amended).

(b) OMB Circular No. A–130, Management of Federal Information Resources.

(c) AR 25–55, The Department of the Army Freedom of Information Program.

(d) DA PAM 25–51, The Army Privacy Program—System of Records Notices and Exemption Rules.

(e) DOD Directive 5400.11, Department of Defense Privacy Program.

(f) DOD 5400.11–R, Department of Defense Privacy Program.

(g) AR 25–2, Information Assurance.

(h) AR 25–400–2, The Army Records Information Management System (ARIMS).

(i) AR 27–10, Military Justice.

(j) AR 40–66, Medical Record Administration and Health Care Documentation.

(k) AR 60–20 and AFR 147–14, Army and Air Force Exchange Service Operating Policies.

(l) AR 190–45, Law Enforcement Reporting.

(m) AR 195–2, Criminal Investigation Activities.

(n) AR 380–5, Department of Army Information Security Program.

(o) DOD Directive 5400–7, DOD Freedom of Information Act (FOIA) Program.

(q) DOD 5400.7–R, DOD Freedom of Information Program.

(r) DOD 6025.18–R, DOD Health Information Privacy Regulation (HIPAA).

(s) U.S. Department of Justice, Freedom of Information Act Guide and Privacy Act Overview.

(t) Office of Secretary of Defense memorandum, dated July 15, 2005, subject: Notifying Individuals when Personal Information is Lost, Stolen, or Compromised located at *http://www.army.mil/ciog6/referencs/policy/dos/OSDprivateinfo.pdf.*

## Appendix B to Part 505—Denial Authorities for Records Under Their Authority (Formerly Access and Amendment Refusal Authorities)

(a) The Administrative Assistant to the Secretary of the Army is authorized to act for the Secretary of the Army on requests for all records maintained by the Office of the Secretary of the Army and its serviced activities, as well as requests requiring the personal attention of the Secretary of the Army. This also includes civilian Equal Employment Opportunity (EEO) actions. (See DCS, G–1 for Military Equal Opportunity (EO) actions). The Administrative Assistant to the Secretary of the Army has delegated this authority to the Chief Attorney, OAASA (See DCS, G1 for Military Equal Opportunity (EO) actions).

(b) The Assistant Secretary of the Army (Financial Management and Comptroller) is authorized to act on requests for finance and accounting records. Requests for CONUS finance and accounting records should be referred to the Defense Finance and Accounting Service (DFAS). The Chief Attorney, OAASA, acts on requests for non-finance and accounting records of the Assistant Secretary of the Army (Financial Management and Comptroller).

(c) The Assistant Secretary of the Army (Acquisition, Logistics, & Technology) is authorized to act on requests for procurement records other than those under the purview of the Chief of Engineers and the Commander, U.S. Army Materiel Command. The Chief Attorney, OAASA, acts on requests for non-procurement records of the Assistant Secretary of the Army (Acquisition, Logistics and Technology).

(d) The Deputy Assistant Secretary of the Army (Civilian Personnel Policy)/Director of Civilian Personnel, Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs) is authorized to act on requests for civilian personnel records, personnel administration and other civilian personnel matters, except for EEO (civilian) matters which will be acted on by the Administrative Assistant to the Secretary of the Army. The Deputy Assistant Secretary of the Army (Civilian Personnel Policy)/ Director of Civilian Personnel has delegated this authority to the Chief, Policy and Program Development Division (Note: Requests from former civilian employees to amend a record in an Office of Personnel Management system of records, such as the Official Personnel Folder, should be sent to the Office of Personnel Management, Assistant Director for Workforce Information, Compliance, and Investigations Group: 1900 E. Street, NW., Washington, DC 20415–0001).

(e) The Chief Information Officer G–6 is authorized to act on requests for records pertaining to Army Information Technology, command, control communications and computer systems and the Information Resources Management Program (automation, telecommunications, visual information, records management, publications and printing).

(f) The Inspector General is authorized to act on requests for all Inspector General Records.

(g) The Auditor General is authorized to act on requests for records relating to audits done by the U.S. Army Audit Agency under AR 10–2. This includes requests for related records developed by the Audit Agency.

(h) The Director of the Army Staff is authorized to act on requests for all records of the Chief of Staff and its Field Operating Agencies. The Director of the Army Staff has delegated this authority to the Chief Attorney and Legal Services Directorate, U.S. Army Resources & Programs Agency (See The Judge Advocate General for the General Officer Management Office actions). The Chief Attorney and Legal Services Director, U.S. Army Resources & Programs Agency acts on requests for records of the Chief of Staff and its Field Operating Agencies (See The Judge Advocate General for the General Officer Management Office actions).

(i) The Deputy Chief of Staff, G–3/5/7 is authorized to act on requests for records relating to International Affairs policy, planning, integration and assessments, strategy formulation, force development, individual and unit training policy, strategic and tactical command and control systems, nuclear and chemical matters, use of DA forces.

(j) The Deputy Chief of Staff, G–8 is authorized to act on requests for records relating to programming, material integration and externally directed reviews.

(k) The Deputy Chief of Staff, G–1 is authorized to act on the following records: Personnel board records, Equal Opportunity (military) and sexual harassment, health promotions, physical fitness and well being, command and leadership policy records, HIV and suicide policy, substance abuse programs except for individual treatment records which are the responsibility of the Surgeon General, retiree benefits, services, and programs (excluding individual personnel records of retired military personnel, which are the responsibility of the U.S. Army Human Resources Command-St. Louis), DA dealings with Veterans Affairs, U.S. Soldier's and Airmen's Home; all retention, promotion, and separation records; all military education records including records related to the removal or suspension from a military school or class; Junior Reserve Officer Training Corps (JROTC) and Senior Reserve Officer Training Corps (SROTC) records; SROTC instructor records; U.S. Military Academy Cadet Records; recruiting and MOS policy issues, personnel travel and transportation entitlements, military strength and statistics, The Army Librarian, demographics, and Manprint.

(l) The Deputy Chief of Staff, G–4 is authorized to act on requests for records relating to DA logistical requirements and determinations, policy concerning materiel maintenance and use, equipment standards, and logistical readiness.

(m) The Chief of Engineers is authorized to act on requests for records involving civil works, military construction, engineer procurement, and ecology; and the records of the U.S. Army Engineer divisions, districts, laboratories, and field operating agencies.

(n) The Surgeon General/Commander, U.S. Army Medical Command, is authorized to act on requests for medical research and development records, and the medical records of active duty military personnel, dependents, and persons given physical examination or treatment at DA medical facilities, to include alcohol and drug treatment/test records.

(o) The Chief of Chaplains is authorized to act on requests for records involving ecclesiastical relationships, rites performed by DA chaplains, and nonprivileged communications relating to clergy and active duty chaplains' military personnel files.

(p) The Judge Advocate General is authorized to act on requests for records relating to claims, courts-martial, legal services, administrative investigations, and similar legal records. The Judge Advocate General is also authorized to act on requests for the General Officer Management Office actions, and records described elsewhere in this part if those records relate to litigation in which the United States has an interest. In addition, The Judge Advocate General is authorized to act on requests for records that are not within the functional areas of responsibility of any other Denial Authority.

(q) The Chief, National Guard Bureau, is authorized to act on requests for all personnel and medical records of retired, separated, discharged, deceased, and active Army National Guard military personnel, including technician personnel, unless such records clearly fall within another Denial Authority's responsibility. This authority includes, but is not limited to, National Guard organization and training files; plans, operations, and readiness files, policy files,

historical files, files relating to National Guard military support, drug interdiction, and civil disturbances; construction, civil works, and ecology records dealing with armories, facilities within the States, ranges, etc.; Equal Opportunity investigative records; aviation program records and financial records dealing with personnel, operation and maintenance, and equipment budgets.

(r) The Chief, Army Reserve and Commander, U.S. Army Reserve Command are authorized to act on requests for all personnel and medical records of retired, separated, discharged, deceased, and reserve component military personnel, and all U.S. Army Reserve (USAR) records, unless such records clearly fall within another Denial Authority's responsibility. Records under the responsibility of the Chief, Army Reserve and the Commander, U.S. Army Reserve Command include records relating to USAR plans, policies, and operations; changes in the organizational status of USAR units; mobilization and demobilization policies, active duty tours, and the Individual Mobilization Augmentation program; and all other Office of the Chief, Army Reserve (OCAR) records and Headquarters, U.S. Army Reserve Command records.

(s) The Commander, United States Army Materiel Command (AMC) is authorized to act on requests for the records of AMC headquarters and to subordinate commands, units, and activities that relate to procurement, logistics, research and development, and supply and maintenance operations.

(t) The Provost Marshal General is authorized to act on all requests for provost marshal activities and law enforcement functions for the Army, all matters relating to police intelligence, physical security, criminal investigations, corrections and internment (to include confinement and correctional programs for U.S. prisoners, criminal investigations, provost marshal activities, and military police support. The Provost Marshal General is responsible for the Office of Security, Force Protection, and Law Enforcement Division and is the functional proponent for AR 190-series (Military Police) and 195-series (Criminal Investigation), AR 630–10 Absent Without Leave, Desertion, and Administration of Personnel Involved in Civilian Court Proceedings, and AR 633–30, Military Sentences to Confinement.

(u) The Commander, U.S. Army Criminal Investigation Command, is authorized to act on requests for criminal investigative records of USACIDC headquarters, and its subordinate activities, and military police reports. This includes criminal investigation records, investigation-in-progress records, and all military police records and reports that result in criminal investigation reports. This authority has been delegated to the Director, U.S. Army Crime Records Center.

(v) The Commander, U.S. Army Human Resources Command, is authorized to act on requests for military personnel files relating to active duty personnel including, but not limited to military personnel matters, military education records including records related to the removal or suspension from a military school or class; personnel locator, physical disability determinations, and other military personnel administration records; records relating to military casualty and memorialization activities; heraldic activities, voting, records relating to identification cards, naturalization and citizenship, commercial solicitation, Military Postal Service Agency and Army postal and unofficial mail service. The Commander, U.S. Army Human Resources Command, is also authorized to act on requests concerning all personnel and medical records of retired, separated, discharged, deceased, and reserve component military personnel, unless such records clearly fall within another Denial Authority's authority.

(w) The Commander, U.S. Army Resources Command-St. Louis has been delegated authority to act on behalf of the U.S. Army Human Resources Commander for requests concerning all personnel and medical records of retired, separated, discharged, deceased, and reserve component military personnel, unless such records clearly fall within another Denial Authority's authority. The authority does not include records relating to USAR plans, policies, and operations; changes in the organizational status of USAR units, mobilization and demobilization policies; active duty tours, and the individual mobilization augmentation program.

(x) The Assistant Chief of Staff for Installation Management is authorized to act on requests for records relating to planning, programming, execution and operation of Army installations. This includes base realignment and closure activities, environmental activities other than litigation, facilities and housing activities, and installation management support activities.

(y) The Commander, U.S. Army Intelligence and Security Command, is authorized to act on requests for intelligence and security records, foreign scientific and technological records, intelligence training, intelligence threat assessments, and foreign liaison information, mapping and geodesy information, ground surveillance records, intelligence threat assessment, and missile intelligence data relating to tactical land warfare systems.

(z) The Commander, U.S. Army Combat Readiness Center (formerly U.S. Army Safety Center), is authorized to act on requests for Army safety records.

(aa) The Commander, U.S. Army Test and Evaluation Command (ATEC), is authorized to act on requests for the records of ATEC headquarters, its subordinate commands, units, and activities that relate to test and evaluation operations.

(bb) The General Counsel, Army and Air Force Exchange Service, is authorized to act on requests for Army and Air Force Exchange Service records, under AR 60–20/AFR 147–14.

(cc) The Commandant, United States Disciplinary Barracks (USDB) is authorized to act on records pertaining to USDB functional area responsibilities relating to the administration and confinement of individual military prisoners at the USDB. This includes, but is not limited to, all records pertaining to the treatment of military prisoners; investigation of prisoner misconduct; management, operation, and administration of the USDB confinement facility; and related programs which fall directly within the scope of the Commandant's functional area of command and control.

(dd) The Commander, U.S. Army Community and Family Support Center (USACFSC) is authorized to act on requests for records pertaining to morale, welfare, recreation, and entertainment programs; community and family action programs; child development centers; non-appropriated funds issues, and private organizations on Army installations.

(ee) The Commander, Military Surface Deployment and Distribution Command (formerly Military Traffic Management Command) is authorized to act on requests for records pertaining to military and commercial transportation and traffic management records.

(ff) The Director, Installation Management Agency (IMA) is authorized to act on requests for all IMA records.

(gg) Special Denial Authority's authority for time-event related records may be designated on a case-by-case basis. These will be published in the **Federal Register**. You may contact the Department of the Army, Freedom of Information and Privacy Office to obtain current information on special delegations.

## Appendix C to Part 505—Privacy Act Statement Format

(a) *Authority:* The specific federal statute or Executive Order that authorizes collection of the requested information.

(b) *Principal Purpose(s):* The principal purpose or purposes for which the information is to be used.

(c) *Routine Uses(s):* Disclosure of the information outside DOD.

(d) *Disclosure:* Whether providing the information is voluntary or mandatory and the effects on the individual if he or she chooses not to provide the requested information.

(1) Example of a Privacy Act Statement—

(i) *Authority:* Emergency Supplement Act of 2000; Public Law 106–246; 5 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; Department of Defense Directive 8500.aa, Information Assurance (IA); and E.O. 9397 (SSN).

(ii) *Principal Purpose(s):* To control access to DOD information, information based systems and facilities by authenticating the identity of a person using a measurable physical characteristic(s). This computer system uses software programs to create biometrics templates and summary statistics, which are used for purposes such as assessing system performance or identifying problem areas.

(iii) *Routine Use(s):* None. The DOD ''Blanket Routine Uses'' set forth at the beginning of the Army's Compilations of System of Records Notices applies to this system.

(iv) *Disclosure:* Voluntary; however, failure to provide the requested information may result in denial of access to DOD information based systems and/or DOD facilities.

(2) [Reserved].

## Appendix D to Part 505—Exemptions; Exceptions; and DOD Blanket Routine Uses

(a) *Special Exemption.* 5 U.S.C. 552a(d)(5)—Denies individual access to any information compiled in reasonable anticipation of civil action or proceeding.

(b) *General and Specific Exemptions.* The Secretary of the Army may exempt Army systems of records from certain requirements of the Privacy Act. The two kinds of exemptions that require Secretary of the Army enactment are General and Specific exemptions. The Army system of records notices for a particular type of record will state whether the Secretary of the Army has authorized a particular General and Specific exemption to a certain type of record. The Army system of records notices are published in DA Pam 25–51 and on the Defense Privacy Office's Web site *http://www.defenselink.mil/privacy/.*

(c) *Twelve Exceptions to the ''No Disclosure without Consent'' rule of the Privacy Act.*

(1) 5 U.S.C. 552a(b)(1)—To DOD officers and employees who have a need for the record in the performance of their official duties. This is the ''official need to know concept.''

(2) 5 U.S.C. 552a(b)(2)—FOIA requires release of the information.

(3) 5 U.S.C. 552a(b)(3)—the Routine Use Exception. The Routine Use must be published in the **Federal Register** and the purpose of the disclosure must be compatible with the purpose for the published Routine Use. The applicable Routine Uses for a particular record will be listed in the applicable Army Systems Notice.

(4) 5 U.S.C. 552a(b)(4)—To the Bureau of the Census to plan or carry out a census or survey, or related activity pursuant to Title 13 of the U.S. Code.

(5) 5 U.S.C. 552a(b)(5)—To a recipient who has provided DA or DOD with advance adequate written assurance that the record will be used solely as a statistical research or reporting record, and the record is to be transferred in a form that is not individually identifiable.

(6) 5 U.S.C. 552a(b)(6)—To the National Archives and Records Administration as a record that has sufficient historical or other value to warrant its continued preservation by the U.S. Government, or for evaluation by the Archivist of the United States or the designee of the Archivist to determine whether the record has such value. Note: Records transferred to the Federal Records Centers for storage remain under the control of the DA and no accounting for disclosure is required under the Privacy Act.

(7) 5 U.S.C. 552a(b)(7)—To another agency or instrumentality of any governmental jurisdiction within or under the control of the United States for a civil or criminal law enforcement activity, if the activity is authorized by law, and if the head of the agency or instrumentality has made a written request to the Army or the DOD specifying the particular portion desired and the law enforcement activity for which the record is sought.

(8) 5 U.S.C. 552a(b)(8)—To a person pursuant to a showing of compelling circumstances affecting the health or safety of an individual if upon such disclosure, notification is transmitted to the last known address of such individual.

(9) 5 U.S.C. 552a(b)(9)—To either House of Congress, or, to the extent the matter is within its jurisdiction, any committee or subcommittee thereof, or any joint committee of Congress or subcommittee of any such joint committee. Requests from a Congressional member acting on behalf of a constituent are not included in this exception, but may be covered by a routine use exception to the Privacy Act (See applicable Army system of records notice).

(10) 5 U.S.C. 552a(b)(10)—To the Comptroller General or authorized representatives, in the course of the performance of the duties of the Government Accountability Office.

(11) 5 U.S.C. 552a(b)(11)—Pursuant to the order of a court of competent jurisdiction. The order must be signed by a judge.

(12) 5 U.S.C. 552a(b)(12)—To a consumer reporting agency in accordance with section 3711(e) of Title 31 of the U.S. Code. The name, address, SSN, and other information identifying the individual; amount, status, and history of the claim; and the agency or program under which the case arose may be disclosed. However, before doing so, agencies must complete a series of steps designed to validate the debt and to offer the individual an opportunity to repay it.

(d) *DOD Blanket Routine Uses.* In addition to specific routine uses which are listed in the applicable Army system of record notices, certain ''Blanket Routine Uses'' apply to all DOD maintained systems of records. These are listed on the Defense Privacy Office's Web site *http://www.defenselink.mil/privacy/.* These ''Blanket Routine Uses'' are not specifically listed in each system of records notice as the specific routine uses are. The current DOD ''Blanket Routine Uses'' are as follows—

(1) Law Enforcement Routine Use. If a system of records maintained by a DOD component to carry out its functions indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or by regulation, rule, or order issued pursuant thereto, the relevant records in the system of records may be referred, as a routine use, to the agency concerned, whether federal, state, local, or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation or order issued pursuant thereto.

(2) Disclosure When Requesting Information Routine Use. A record from a system of records maintained by a DOD component may be disclosed as a routine use to a Federal, state, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DOD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit.

(3) Disclosure of Requested Information Routine Use. A record from a system of records maintained by a DOD component may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

(4) Congressional Inquiries Disclosure Routine Use. Disclosure from a system of records maintained by a DOD component may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

(5) Private Relief Legislation Routine Use. Relevant information contained in all systems of records of DOD published on or before August 22, 1975, may be disclosed to Office of Management and Budget in connection with the review of private relief legislation, as set forth in OMB Circular A–19, at any stage of the legislative coordination and clearance process as set forth in that Circular.

(6) Disclosures Required by International Agreements Routine Use. A record from a system of records maintained by a DOD Component may be disclosed to foreign law enforcement, security, investigatory, or administrative authorities in order to comply with requirements imposed by, or to claim rights conferred in, international agreements and arrangements including those regulating the stationing and status in foreign countries of DOD military and civilian personnel.

(7) Disclosure to State and Local Taxing Authorities Routine Use. Any information normally contained in Internal Revenue Service Form W–2, which is maintained in a record from a system of records maintained by a DOD component, may be disclosed to state and local taxing authorities with which the Secretary of the Treasury has entered into agreements pursuant to 5 U.S.C. sections 5516, 5517, and 5520 and only to those state and local taxing authorities for which an employee or military member is or was subject to tax regardless of whether tax is or was withheld. This routine use is in accordance with Treasury Fiscal Requirements Manual Bulletin 76–07.

(8) Disclosure to the Office of Personnel Management Routine Use. A record from a system of records subject to the Privacy Act and maintained by a DA activity may be disclosed to the Office of Personnel Management concerning information on pay and leave, benefits, retirement deductions, and any other information necessary for Office of Personnel Management to carry out its legally authorized Government-wide personnel management functions and studies.

(9) Disclosure to the Department of Justice for Litigation Routine Use. A record from a system of records maintained by a DOD component may be disclosed as a routine use to any component of the Department of Justice for the purpose of representing the Department of Defense, or any officer,

employee, or member of the Department in pending or potential litigation to which the record is pertinent.

(10) Disclosure to Military Banking Facilities Overseas Routine Use. Information as to current military addresses and assignments may be provided to military banking facilities who provide banking services overseas and who are reimbursed by the Government for certain checking and loan losses. For personnel separated, discharged, or retired from the Armed forces, information as to last known residential or home of record address may be provided to the military banking facility upon certification by a banking facility officer that the facility has a returned or dishonored check negotiated by the individual or the individual has defaulted on a loan and that if restitution is not made by the individual, the U.S. Government will be liable for the losses the facility may incur.

(11) Disclosure of Information to the General Services Administration Routine Use. A record from a system of records maintained by a DOD component may be disclosed as a routine use to the General Services Administration for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906.

(12) Disclosure of Information to National Archives and Records Administration Routine Use. A record from a system of records maintained by a DOD component may be disclosed as a routine use to NATIONAL ARCHIVES AND RECORDS ADMINISTRATION for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906.

(13) Disclosure to the Merit Systems Protection Board Routine Use. A record from a system of records maintained by a DOD component may be disclosed as a routine use to the Merit Systems Protection Board, including the Office of the Special Counsel for the purpose of litigation, including administrative procedures, appeals, special studies of the civil service and other merit systems, review of Office of Personnel Management or component rules and regulations, investigation of alleged or possible prohibited personnel practices, including administrative proceedings involving any individual subject of a DOD investigation, and such other functions, promulgated in 5 U.S.C. sections 1205 and 1206, or as may be authorized by law.

(14) Counterintelligence Purposes Routine Use. A record from a system of records maintained by a DOD component may be disclosed as a routine use outside the DOD or the U.S. Government for the purpose of counterintelligence activities authorized by U.S. Law or Executive Order or for the purpose of enforcing laws, which protect the national security of the United States.

## Appendix E to Part 505—Litigation Status Sheet

(a) Case Number: The number used by a DA activity for reference purposes; Requester;

(b) Document Title or Description: Indicates the nature of the case, such as ''Denial of access'', ''Refusal to amend,'' ''Incorrect records'', or other violations of the Act (specify);

(c) Litigation: Date complaint filed, Court, and Case File Number;

(d) Defendants: DOD component and individual;

(e) Remarks: Brief explanation of what the case is about;

(f) Court action: Court's finding and disciplinary action (if applicable); and

(g) Appeal (If applicable): Date complaint filed, court, case File Number, court's finding, disciplinary action (if applicable).

## Appendix F to Part 505—Example of a System of Records Notice

(a) Additional information and guidance on Privacy Act system of records notices are found in DA PAM 25–51. The following elements comprise a Privacy Act system of records notice for publication in the **Federal Register:**

(b) System Identifier: A0025–55 AHRC—DA FOIA/P Office assigns the notice number, for example, A0025–55, where ''A'' indicates ''Army,'' the next number represents the publication series number related to the subject matter, and the final letter group shows the system manager's command. In this case, it would be U.S. Army Human Resources Command.

(c) System Name: Use a short, specific, plain language title that identifies the system's general purpose (limited to 55 characters).

(d) System Location: Specify the address of the primary system and any decentralized elements, including automated data systems with a central computer facility and input or output terminals at separate locations. Use street address, 2-letter state abbreviations and 9-digit ZIP Codes. Spell out office names. Do not use office symbols.

(e) Categories of Individuals: Describe the individuals covered by the system. Use non-technical, specific categories of individuals about whom the Department of Army keeps records. Do not use categories like ''all Army personnel'' unless that is truly accurate.

(f) Categories of Records in the System: Describe in clear, plain language, all categories of records in the system. List only documents actually kept in the system. Do not identify source documents that are used to collect data and then destroyed. Do not list form numbers.

(g) Authority for Maintenance of the System: Cite the specific law or Executive Order that authorizes the maintenance of the system. Cite the DOD directive/instruction or Department of the Army Regulation(s) that authorizes the Privacy Act system of records. Always include titles with the citations. Note: Executive Order 9397 authorizes using the SSN as a personal identifier. Include this authority whenever the SSN is used to retrieve records.

(h) Purpose(s): List the specific purposes for maintaining the system of records by the activity.

(i) Routine Use(s): The blanket routine uses that appear at the beginning of each Component compilation apply to all systems notice unless the individual system notice specifically states that one or more of them do not apply to the system. Blanket Routine Uses are located at the beginning of the Component listing of systems notices and are not contained in individual system of records notices. However, specific routine uses are listed in each applicable system of records notice. List the specific activity to which the record may be released, for example ''To the Veterans Administration'' or ''To state and local health agencies''. For each routine user identified, include a statement as to the purpose or purposes for which the record is to release to that activity. Do not use general statements, such as ''To other Federal agencies as required'' or ''To any other appropriate Federal agency''.

(j) Polices and Practices for Storing, Retrieving, Accessing, Retaining, and Disposing of Records in the System:

(k) Storage: State the medium in which DA maintains the records; for example, in file folders, card files, microfiche, computer, or a combination of those methods. Storage does not refer to the storage container.

(l) Retrievability: State how the Army retrieves the records; for example, by name, fingerprints or voiceprints.

(m) Safeguards: Identify the system safeguards; for example, storage in safes, vaults, locked cabinets or rooms, use of guards, visitor controls, personnel screening, computer systems software, and so on. Describe safeguards fully without compromising system security.

(n) Retention and Disposal. State how long AR 25–400–2 requires the activity to maintain the records. Indicate when or if the records may be transferred to a Federal Records Center and how long the record stays there. Specify when the Records Center sends the record to the National Archives or destroys it. Indicate how the records may be destroyed.

(o) System Manager(s) and Address: List the position title and duty address of the system manager. For decentralized systems, show the locations, the position, or duty title of each category of officials responsible for any segment of the system.

(p) Notification Procedures: List the title and duty address of the official authorized to tell requesters if their records are in the system. Specify the information a requester must submit; for example, full name, military status, SSN, date of birth, or proof of identity, and so on.

(q) Record Access Procedures: Explain how individuals may arrange to access their records. Include the titles or categories of officials who may assist; for example, the system manager.

(r) Contesting Records Procedures: The standard language to use is ''The Army's rules for accessing records, and for contesting contents and appealing initial agency determinations are contained in Army Regulation 25–71; 32 CFR part 505; or may be obtained from the system manager.''

(s) Record Source Categories: Show categories of individuals or other information sources for the system. Do not list confidential sources protected by 5 U.S.C. 552a(k)(2), (k)(5), or (k)(7).

(t) Exemptions Claimed for the System: Specifically list any approved exemption including the subsection in the Act. When a system has no approved exemption, write ''none'' under this heading.

## Appendix G to Part 505—Management Control Evaluation Checklist

(a) *Function.* The function covered by this checklist is DA Privacy Act Program.

(b) *Purpose.* The purpose of this checklist is to assist Denial Authorities and Activity Program Coordinators in evaluating the key management controls listed below. This checklist is not intended to cover all controls.

(c) *Instructions.* Answer should be based on the actual testing of key management controls (e.g., document analysis, direct observation, sampling, simulation, other). Answers that indicate deficiencies should be explained and corrective action indicated in supporting documentation. These management controls must be evaluated at least once every five years. Certificate of this evaluation has been conducted and should be accomplished on DA Form 11–2–R (Management Control Evaluation Certification Statement).

Test Questions.

a. Is a Privacy Act Program established and implemented in your organization?

b. Is an individual appointed to implement the Privacy Act requirements?

c. Are provisions of AR 25–71 concerning protection of OPSEC sensitive information regularly brought to the attention of managers responsible for responding to Privacy Act requests and those responsible for control of the Army's records?

d. When more than twenty working days are required to respond, is the Privacy Act requester informed, explaining the circumstance requiring the delay and provided an appropriate date for completion?

e. Are Accounting Disclosures Logs being maintained?

Comments: Assist in making this a better tool for evaluating management controls. Submit comments to the Department of Army, Freedom of Information and Privacy Division.

## Appendix H to Part 505—Definitions

Function.

(a) *Access.* Review or copying a record or parts thereof contained in a Privacy Act system of records by an individual.

(b) *Agency.* For the purposes of disclosing records subject to the Privacy Act, Components of the Department of Defense are considered a single agency. For other purposes including access, amendment, appeals from denials of access or amendment, exempting systems of records, and record keeping for release to non-DOD agencies, the Department of the Army is considered its own agency.

(c) *Amendment.* The process of adding, deleting, or changing information in a system of records to make the data accurate, relevant, timely, or complete.

(d) *Computer Matching Agreement.* An agreement to conduct a computerized comparison of two or more automated systems of records to verify eligibility for payments under Federal benefit programs or to recover delinquent debts for these programs.

(e) *Confidential Source.* A person or organization who has furnished information to the Federal Government under an express promise that the person's or the organization's identity would be held in confidence or under an implied promise of such confidentiality if this implied promise was made before September 27, 1975.

(f) *Cookie.* A mechanism that allows the server to store its own information about a user on the user's own computer. Cookies are embedded in the HTML information flowing back and forth between the user's computer and the servers. They allow user-side customization of Web information. Normally, cookies will expire after a single session.

(g) *Defense Data Integrity Board.* The Board oversees and coordinates all computer matching programs involving personal records contained in systems of records maintained by the DOD Component; reviews and approves all computer matching agreements between the Department of Defense (DOD) and other Federal, State, and local governmental agencies, as well as memoranda of understanding when the match is internal to the DOD.

(h) *Disclosure.* The transfer of any personal information from a Privacy Act system of records by any means of communication (such as oral, written, electronic mechanical, or actual review) to any persons, private entity, or government agency, other than the subject of the record, the subject's designated agent or the subject's legal guardian. Within the context of the Privacy Act and this part, this term applies only to personal information that is a part of a Privacy Act system of records.

(i) *Deceased Individuals.* The Privacy Act confers no rights on deceased persons, nor may their next-of-kin exercise any rights for them. However, family members of deceased individuals have their own privacy right in particularly sensitive, graphic, personal details about the circumstances surrounding an individual's death. This information may be withheld when necessary to protect the privacy interests of surviving family members. Even information that is not particularly sensitive in and of itself may be withheld to protect the privacy interests of surviving family members if disclosure would rekindle grief, anguish, pain, embarrassment, or cause a disruption of their peace of minds. Because surviving family members use the deceased's Social Security Number to obtain benefits, DA personnel should continue to protect the SSN of deceased individuals.

(j) *Individual.* A living person who is a citizen of the United States or an alien lawfully admitted for permanent residence. The parent or legal guardian of a minor also may act on behalf of an individual. Members of the United States Armed Forces are individuals. Corporations, partnerships, sole proprietorships, professional groups, businesses, whether incorporated or unincorporated, and other commercial entities are not individuals.

(k) *Individual Access.* The subject of a Privacy Act file or his or her designated agent or legal guardian has access to information about them contained in the Privacy Act file. The term individual generally does not embrace a person acting on behalf of a commercial entity (for example, sole proprietorship or partnership).

(l) *Denial Authority (formerly Access and Amendment Refusal Authority).* The Army Staff agency head or major Army commander designated authority by this part to deny access to, or refuse amendment of, records in his or her assigned area or functional specialization.

(m) *Maintain.* Includes keep, collect, use or disseminate.

(n) *Members of the Public.* Individuals or parties acting in a private capacity.

(o) *Minor.* An individual under 18 years of age, who is not married and who is not a member of the Department of the Army.

(p) *Official Use.* Within the context of this part, this term is used when Department of the Army officials and employees have demonstrated a need for the use of any record or the information contained therein in the performance of their official duties.

(q) *Personal Information.* Information about an individual that identifies, relates, or is unique to, or describes him or her, e.g., a social security number, age, military rank, civilian grade, marital status, race, salary, home/office phone numbers, etc.

(r) *Persistent cookies.* Cookies that can be used to track users over time and across different Web sites to collect personal information.

(s) *Personal Identifier.* A name, number, or symbol that is unique to an individual, usually the person's name or SSN.

(t) *System of Records.* A group of records under the control of the DA from which information is filed and retrieved by individuals' names or other personal identifiers assigned to the individuals. System notices for all systems of records must be published in the **Federal Register**. A grouping of records arranged chronologically or subjectively that are not retrieved by individuals' names or identifiers is not a Privacy Act system of records, even though individual information could be retrieved by individuals' names or personal identifiers, such as through a paper-by-paper search.

(u) *Privacy Advisory.* A statement required when soliciting personally identifying information by a Department of the Army Web site and the information is not maintained in a system of records. The Privacy Advisory informs the individual why the information is being solicited and how it will be used.

(v) *Privacy Impact Assessment (PIA).* An analysis, which considers information sensitivity, vulnerability, and cost to a computer facility/or word processing center in safeguarding personal information processed or stored in the facility.

(w) *Privacy Act (PA) Request.* A request from an individual for information about the existence of, access to, or amendment of records pertaining to that individual located in a Privacy Act system of records. The request must cite or implicitly refer to the Privacy Act of 1974.

(x) *Protected Personal Information.* Information about an individual that identifies, relates to, is unique to, or describes him or her (e.g., home address, date of birth, social security number, credit card, or charge card account, etc.).

(y) *Records.* Any item, collection, or grouping of information, whatever the storage

media (e.g., paper, electronic, etc), about an individual that is maintained by a DOD Component, including but not limited to, his or her education, financial transactions, medical history, criminal or employment history and that contains his or her name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print or a photograph.

(z) *Records Maintenance and Use.* Any action involving the storage, retrieval, and handling of records kept in offices by or for the agency.

(aa) *Review Authority.* An official charged with the responsibility to rule on administrative appeals of initial denials of requests for notification, access, or amendment of records. Additionally, the Office of Personnel Management is the review authority for civilian official personnel folders or records contained in any other OMP record.

(bb) *Routine Use.* Disclosure of a record outside DOD without the consent of the subject individual for a use that is compatible with the purpose for which the information was collected and maintained by DA. A routine use must be included in the notice for the Privacy Act system of records published in the **Federal Register**.

(cc) *Statistical Record.* A record in a system of records maintained for statistical research or reporting purposes and not used in whole or in part in making determinations about specific individuals.

(dd) *System Manager.* An official who has overall responsibility for policies and procedures for operating and safeguarding a Privacy Act system of records.

(ee) *Third-Party Cookies.* Cookies placed on a user's hard drive by Internet advertising networks. The most common third-party cookies are placed by the various companies that serve the banner ads that appear across many Web sites.

(ff) *Working Days.* Days excluding Saturday, Sunday, and legal holidays.

[FR Doc. 06–3842 Filed 4–24–06; 8:45 am]

BILLING CODE 3710–08–P

Federal Register

Tuesday,
April 25, 2006

Part V

# Department of the Treasury

**Internal Revenue Service**

**26 CFR Parts 1 and 602**

**Application of Separate Limitations to Dividends From Noncontrolled Section 902 Corporations; Final Rule and Proposed Rule**

**DEPARTMENT OF THE TREASURY**

**Internal Revenue Service**

**26 CFR Parts 1 and 602**

**[TD 9260]**

**RIN 1545–BF46**

## Application of Separate Limitations to Dividends From Noncontrolled Section 902 Corporations

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Temporary regulations.

**SUMMARY:** This document contains temporary regulations regarding the application of separate foreign tax credit limitations to dividends received from noncontrolled section 902 corporations under section 904(d)(4). Section 403 of the American Jobs Creation Act of 2004, Public Law 108–357, 118 Stat. 1418 (October 22, 2004) (AJCA), modified the treatment of such dividends effective for taxable years beginning after December 31, 2002. Section 403(l) of the Gulf Opportunity Zone Act of 2005, Public Law 109–135, 119 Stat. 2577 (December 22, 2005) (GOZA), permits taxpayers to elect to defer the effective date of the AJCA amendments until taxable years beginning after December 31, 2004. The temporary regulations provide guidance needed to comply with these changes and affect corporations claiming foreign tax credits. The text of these temporary regulations also serves as the text of the proposed regulations (REG–144784–02) set forth in the notice of proposed rulemaking on this subject published elsewhere in this issue of the **Federal Register**.

**DATES:** *Effective Date:* These regulations are effective April 25, 2006. For dates of applicability, see §§ 1.861–9T(f)(4)(iv), 1.861–12T(c)(4)(iii), 1.902–1T(g), 1.904–2T(h)(1) and (2), 1.904–4T(c)(2)(i), 1.904–5T(o)(2), 1.904–7T(f)(10), 1.904(f)–12T(g)(5), and 1.964–1T(c)(2) and (c)(6).

*Applicability Dates:* These regulations generally apply to dividends paid in taxable years of noncontrolled section 902 corporations beginning after December 31, 2002.

**FOR FURTHER INFORMATION CONTACT:** Ginny Chung (202) 622–3850 (not a toll free call).

**SUPPLEMENTARY INFORMATION:**

### Paperwork Reduction Act

These temporary regulations are being issued without prior notice and public procedure pursuant to the Administrative Procedure Act (5 U.S.C. 553). For this reason, the collections of information contained in these regulations have been reviewed and, pending receipt and evaluation of public comments, approved by the Office of Management and Budget under control number 1545–2014. Responses to these collections of information are required to obtain a tax benefit.

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.

For further information concerning these collections of information, and where to submit comments on the collections of information and the accuracy of the estimated burden, and suggestions for reducing this burden, please refer to the preamble of the cross-referencing notice of proposed rulemaking published in this issue of the **Federal Register**.

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

This document contains amendments to the regulations under sections 861, 902, 904, and 964 relating to the application of separate limitations to dividends from noncontrolled section 902 corporations (10/50 corporations) under section 904(d)(4), as amended by the AJCA and GOZA. Prior to the Taxpayer Relief Act of 1997, Public Law No. 105–34, 111 Stat. 788, 971 (1997) (1997 Act), dividends from each 10/50 corporation were subject to a separate foreign tax credit limitation (a separate category for dividends from each 10/50 corporation). The 1997 Act modified these rules, effective for taxable years beginning after December 31, 2002. In lieu of the separate category treatment, the 1997 Act provided that dividends paid by 10/50 corporations that are not passive foreign investment companies out of earnings and profits accumulated in taxable years beginning on or before December 31, 2002, (10/50 dividends out of pre-2003 earnings) would be included in a single separate category (the single category for dividends from all 10/50 corporations), and dividends from 10/50 corporations out of earnings and profits accumulated in taxable years beginning after December 31, 2002, (10/50 dividends out of post-2002 earnings) would be treated as income in a separate category based on the separate category of the underlying earnings and profits being distributed (look-through treatment). On December 23, 2002, the IRS and the Treasury Department issued Notice 2003–5 (2003–1 C.B. 294), which provided guidance addressing the application of section 904 to dividends paid by 10/50 corporations under the 1997 Act.

The AJCA modified the 10/50 dividend rules in the 1997 Act and provided that dividends from 10/50 corporations would be eligible for look-through treatment effective for taxable years beginning after December 31, 2002, without regard to when the distributed earnings were accumulated. Section 403(l) of the GOZA provided a rule allowing a taxpayer to elect, for taxable years beginning after December 31, 2002, and before January 1, 2005, not to apply the expanded look-through rules enacted in the AJCA to 10/50 dividends out of pre-2003 earnings. Section 403(l) of the GOZA also provided, with respect to carrybacks and carryforwards under section 904(c) of excess foreign taxes allocable to a dividend from a 10/50 corporation, that a taxpayer that elects not to apply the expanded look-through rules enacted in the AJCA to taxable years beginning in 2003 and 2004 must defer the application of the look-through rules for carryovers of excess foreign taxes contained in section 904(d)(4)(C)(iv).

The temporary regulations modify the section 902 and 904 regulations to reflect the look-through treatment of dividends from 10/50 corporations and provide transition rules for the treatment of overall foreign losses and separate limitation losses under section 904(f) and the carryover of excess foreign taxes under section 904(c). The temporary regulations also modify the grouping rules of § 1.904–4(c) that apply for purposes of determining whether an item of income is considered high-taxed income, the rules under § 1.861–9T governing the apportionment of interest expense of a 10/50 corporation, and the rules under § 1.861–12T governing the characterization of stock of a 10/50 corporation for purposes of apportioning the shareholder's interest expense.

In addition, the temporary regulations modify the regulations under section 964 to add rules permitting majority domestic corporate shareholders of a 10/50 corporation to make tax accounting elections on behalf of the 10/50 corporation. The temporary regulations also expand the section 964 regulations to allow controlling United States shareholders and majority domestic corporate shareholders to adopt or change the taxable year of a controlled foreign corporation or 10/50 corporation (as the case may be) on behalf of the

foreign corporation. The temporary regulations also revise the regulations' procedural rules to permit statements evidencing the shareholders' action to be filed with the shareholders' tax returns instead of 183 days after the close of the foreign corporation's taxable year. Finally, the temporary regulations modify the section 964 regulations to eliminate obsolete provisions and reorganize some of the rules contained in § 1.964–1T(g).

The IRS and the Treasury Department request comments on additional guidance that may be needed to implement section 403 of the AJCA and section 403(l) of the GOZA.

**Explanation of Provisions**

*I. Interest Expense Apportionment*

A. Interest Expense of a 10/50 Corporation

For purposes of apportioning interest expense of a 10/50 corporation in order to apply the dividend look-through rule, new § 1.861–9T(f)(4) generally applies the principles of § 1.861–9T(f)(3) (apportionment of interest expense of a controlled foreign corporation). Under this rule, interest expense of a 10/50 corporation may be apportioned using either the asset method or the modified gross income method. Section 1.861–9T(f)(4) also provides that the election to use the asset method or modified gross income method may be made by either the 10/50 corporation itself or by the ''majority domestic corporate shareholders'' of the 10/50 corporation. The term *majority domestic corporate shareholders* means those domestic corporations that meet the ownership requirements of section 902(a) with respect to the 10/50 corporation (or to a first-tier foreign corporation that is a member of the same qualified group as the 10/50 corporation) that, in the aggregate, own directly or indirectly more than 50 percent of the combined voting power of all of the voting stock of the 10/50 corporation that is owned directly or indirectly by all domestic corporations that meet the ownership requirements of section 902(a) with respect to the 10/50 corporation (or a relevant first-tier 10/50 corporation). Unlike a controlled foreign corporation (CFC), however, a 10/50 corporation will not be required to use the asset method even though the majority domestic corporate shareholders elect the fair market value method of apportionment. Compare § 1.861–9T(f)(3)(i) and § 1.861–8T(c)(2) (requiring CFC to use fair market value method if controlling United States shareholders as defined in § 1.861–9T(f)(3)(ii) elect fair market value method). The IRS and the Treasury Department believe that the conformity rule of § 1.861–8T(c)(2) should not apply to foreign corporations that are not controlled by domestic shareholders. Therefore, regardless of the methods used by the majority domestic corporate shareholders of a 10/50 corporation, the 10/50 corporation (or the majority domestic corporate shareholders on behalf of the 10/50 corporation) may elect to use any of the methods described in § 1.861–9T or § 1.861–9 (*e.g.*, the modified gross income, tax book value, alternative tax book value, or fair market value method) to apportion the 10/50 corporation's interest expense.

B. Characterization of Stock of a 10/50 Corporation

For purposes of apportioning interest expense to income of a taxpayer in the various separate categories under section 904(d), § 1.861–12T(c)(4) currently treats stock of each 10/50 corporation owned by the taxpayer as an asset giving rise to income in a separate category. The temporary regulations are amended to reflect the repeal of separate categories for dividends from 10/50 corporations. Because dividends from 10/50 corporations are eligible for look-through treatment in the same manner as dividends from CFCs, the IRS and the Treasury Department believe that stock of a 10/50 corporation should be treated for interest expense apportionment purposes in the same manner as stock of a CFC, which is characterized based on the income produced in the current year, or expected to be produced in future years, by the assets of the CFC. See § 1.861–12T(c)(3). Accordingly, § 1.861–12T(c)(4) is amended to provide that stock in a 10/50 corporation is characterized as an asset in the various separate categories on the basis of either the asset method (described in § 1.861–12T(c)(3)(ii)) or the modified gross income method (described in § 1.861–12T(c)(3)(iii)), depending on the method used by the 10/50 corporation to apportion its interest expense. In addition, the temporary regulations eliminate the special rule in § 1.861–12T(c)(4)(ii) for separate limitation losses, which provided that a taxpayer could elect to reallocate interest expense that resulted in a loss in a separate category for dividends from a 10/50 corporation. This rule is no longer necessary due to the elimination of separate categories for dividends from 10/50 corporations.

C. Definition of ''10 Percent Owned Corporation''

The current temporary regulations require an affiliated group using the tax book value method in apportioning its interest expense to adjust the basis of stock in any ''10 percent owned corporation'' that is held directly by members of the group to reflect the member's pro rata share of such corporation's earnings and profits (or deficit in earnings and profits). § 1.861–12T(c)(1), (c)(2). The adjustment must take into account such corporation's pro rata share of the earnings and profits (or deficit) of any lower-tier 10 percent owned corporation. § 1.861–12T(c)(2)(iii). In general, a corporation is a ''10 percent owned corporation'' if members of the affiliated group own directly or indirectly 10 percent or more of the voting power of the corporation. § 1.861–12T(c)(2)(ii). As amended by this Treasury Decision, the basis adjustment rule of § 1.861–12T(c)(2)(i) is revised to clarify that it applies to stock of a 10 percent owned corporation not only where stock in a 10 percent owned corporation is held directly by members of the affiliated group, but also where the stock is held indirectly through a partnership or other pass-through entity. Thus, the basis adjustment is required whenever the stock (rather than the interest in the pass-through entity) is the relevant asset for purposes of interest expense apportionment.

*II. Deemed Paid Credit Under Section 902*

A. Extension of Look-Through Rules and Tier Limitation

The 1997 Act and AJCA amendments expanded the look-through treatment of dividends from 10/50 corporations. The temporary regulations amend § 1.902–1(d) to reflect these changes. The temporary regulations also reflect provisions of the 1997 Act amending section 902 to provide for the calculation of deemed-paid taxes with respect to distributions through up to six tiers of foreign corporations in a chain of corporations in a ''qualified group'' described in section 902(b)(2). Under section 902(b)(2), the term ''qualified group'' does not include any foreign corporation below the third tier in the chain unless such corporation is a controlled foreign corporation of which the domestic corporation is a United States shareholder. For a member of the qualified group below the third tier, only foreign income taxes paid with respect to periods during which it was a controlled foreign corporation are eligible to be deemed paid. The temporary regulations modify

§ 1.902–1 to reflect these statutory amendments, effective for taxes paid by fourth-, fifth-, and sixth-tier qualified group members with respect to taxable years beginning after August 5, 1997.

B. Amounts Included in Post-1986 Foreign Income Taxes

Under § 1.902–1(a)(7), foreign income taxes do not include amounts not treated as a tax or certain taxes for which credit is disallowed under various provisions of section 901. The temporary regulations update the definition of foreign income taxes in § 1.902–1(a)(7) to exclude taxes for which a credit is disallowed under sections 901(j) (relating to the disallowance of a credit for foreign taxes paid or accrued to certain countries), sections 901(k) and (l) (disallowing credit for certain withholding taxes paid with respect to dividends or other income if the recipient does not meet certain holding period requirements or is under an obligation to make related payments with respect to substantially similar or related property), or any similar provision. In addition, the temporary regulations modify § 1.902–1(a)(8) to reflect the amendment of section 902(c)(2)(B) in 1997, which clarified the definition of post-1986 foreign income taxes by substituting the phrase ''attributable to'' for the phrase ''deemed paid with respect to.''

Section 1113(c)(2) of the 1997 Act provided that in the case of any chain of foreign corporations described in clauses (i) and (ii) of section 902(b)(2)(B), no liquidation, reorganization, or similar transaction in a taxable year beginning after August 5, 1997, can have the effect of permitting taxes to be taken into account under section 902 which could not have been taken into account under section 902 but for the transaction. This rule was enacted as part of the effective date of the 1997 Act's extension of the deemed-paid credit rules from three to six tiers as discussed above. Accordingly, § 1.902–1T(c)(8) is added to clarify that foreign taxes paid or accrued by a qualified group member are not eligible to be deemed paid if they were paid or accrued in a taxable year beginning on or before August 5, 1997, if such member was a fourth-, fifth- or sixth-tier corporation with respect to the taxpayer on the first day of its first taxable year beginning after August 5, 1997.

*III. Carryovers and Carrybacks of Excess Foreign Taxes Under Section 904(c)*

Section 904(d)(4)(C)(iv), as amended by the AJCA, provides that look-through treatment applies to the carryover of excess foreign taxes from pre-2003 taxable years to post-2002 taxable years to the extent that they are allocable to dividends from 10/50 corporations. Consistent with this statutory amendment, § 1.904–2T(h)(1) provides that to the extent that a taxpayer has paid, accrued, or deemed paid excess taxes in a separate category for dividends from a 10/50 corporation paid in a pre-2003 taxable year and these excess taxes are carried over to taxable years beginning on or after the first day of the 10/50 corporation's first post-2002 taxable year, the excess taxes are assigned to the appropriate separate category as if the associated dividends had been eligible for look-through treatment when paid, based on the reconstruction of the 10/50 corporation's pre-2003 earnings in accordance with § 1.904–7T(f) (discussed below in section V.E., ''Treatment of earnings and taxes accumulated during a non-look-through period''). In the case of excess taxes attributable to dividends from a 10/50 corporation with respect to which the taxpayer is no longer a qualifying shareholder as of the first day of its first post-2002 taxable year, § 1.904–2T(h)(1) provides that the excess taxes are assigned pro rata to the separate categories to which the foreign corporation's pre-2003 earnings would have been assigned had they been distributed in the last year that the taxpayer was a qualifying shareholder.

If the Commissioner determines that the look-through characterization of the excess taxes cannot be reasonably determined under one of the methods described in § 1.904–7T(f)(4), the Commissioner will assign such taxes to the general limitation category. Section 1.904–2T(h)(1) also provides that any excess taxes carried over from pre-2003 taxable years to post-2002 taxable years that would otherwise be assigned to the passive category are assigned to the general limitation category. The IRS and the Treasury Department believe that these rules are appropriate because to the extent the pre-2003 dividend paid by the 10/50 corporation that generated the excess credits would have been treated as passive income, such income and associated taxes would have been considered high-taxed income under section 904(d)(2)(A)(iii)(III) and generally would have been recharacterized as general limitation income and taxes.

Section 904(d)(4)(C)(iv), as amended by the AJCA, authorizes the Secretary to issue regulations for allocating carrybacks of excess taxes allocable to a dividend paid by a 10/50 corporation in a post-2002 taxable year to a pre-2003 taxable year for purposes of allocating such dividend among the separate categories in effect for the taxable year to which carried. The IRS and the Treasury Department determined that the regulations should not provide for the carryback of post-2002 excess taxes attributable to look-through dividends paid by a 10/50 corporation to a separate limitation category for dividends from each 10/50 corporation in pre-2003 years. Such a rule would be administratively burdensome because it would require taxpayers to maintain multiple sets of section 904(c) accounts for separate categories for the 2003 and 2004 taxable years and because it would necessitate complex stacking rules to determine the amount of excess taxes in a separate category that were attributable to dividends paid by specific 10/50 corporations. Accordingly, § 1.904–2T(h)(2) provides that excess taxes that are allocable to dividends from 10/50 corporations paid in post-2002 taxable years that are attributable to one or more separate categories are carried back to prior taxable years in the same separate categories to which the dividends were assigned.

*IV. High-Taxed Income of a 10/50 Corporation*

In general, income received or accrued by a United States person that would otherwise be passive income is treated as general limitation income if the income is determined to be high-taxed income within the meaning of section 904(d)(2)(F). In determining whether passive income is high-taxed income, the grouping rules of § 1.904–4(c) apply separately to dividends and subpart F inclusions from each controlled foreign corporation, income of a qualified business unit (QBU), and income of a QBU of a controlled foreign corporation and any other look-through entity as defined in § 1.904–5(i). §§ 1.904–4(c)(4) and (c)(5)(iv). The temporary regulations at § 1.904–4T(c)(3) and (c)(4) provide that the grouping rules similarly apply separately to dividends from each 10/50 corporation, which includes dividends that are treated as passive income either on a look-through basis or due to inadequate substantiation. The IRS and the Treasury Department believe that this rule is consistent with the intent of the existing separate grouping rules as well as legislative intent that ''the high-tax income rules apply appropriately to dividends treated as passive category income because of inadequate substantiation.'' H.R. Conf. Rep. No. 755, 108th Cong. 2d Sess. 386 n.222 (2004). Consistent with the changes to the look-through rules enacted in the

AJCA, this rule is effective for dividends paid in post-2002 taxable years of 10/50 corporations.

*V. Look-Through Rules as Applied to 10/50 Corporations*

A. Treatment of Dividends Paid by a 10/50 Corporation in General

Section 904(d)(4)(A), as amended by the AJCA, provides that look-through treatment applies to any dividend paid by a 10/50 corporation in a post-2002 taxable year, regardless of the year in which the earnings were accumulated. Accordingly, § 1.904–5T(c)(4)(iii) provides that any dividends paid in a post-2002 taxable year to a domestic corporation by a 10/50 corporation with respect to which the domestic corporation meets the stock ownership requirements of section 902(a) are treated as income in a separate category in proportion to the ratio of the portion of earnings and profits attributable to income in such category to the total amount of earnings and profits of the 10/50 corporation. Interest, rents, and royalties paid by a 10/50 corporation to a domestic corporation are not eligible for look-through treatment and are treated as passive income except as otherwise provided in section 904(d)(2)(A) and the regulations thereunder. Any dividend distribution by a 10/50 corporation to a shareholder that is not a corporation meeting the stock ownership requirements of section 902(a) or (b) is also treated as passive income. Finally, as provided in section 904(d)(4)(C)(ii), § 1.904–5T(c)(4)(iii) provides that a dividend from a 10/50 corporation is treated as passive income if the look-through characterization of the dividend is not substantiated to the satisfaction of the Commissioner. These rules are generally applicable to dividends paid by a 10/50 corporation during its first post-2002 taxable year and thereafter, without regard to whether the corresponding taxable year of the dividend recipient is a post-2002 taxable year.

B. Allocation and Apportionment of Expenses of a 10/50 Corporation

In applying look-through to dividends from 10/50 corporations, expenses of the 10/50 corporation (such as payments of interest, rents, and royalties) must be allocated and apportioned to the 10/50 corporation's pools of post-1986 undistributed earnings. § 1.904–5T(c)(2)(iii) provides that expenses of a 10/50 corporation are allocated and apportioned to the income of the 10/50 corporation in the same manner as expenses of a CFC. See, *e.g.*, section 954(b)(5); § 1.904–5(c)(2)(ii)).

The temporary regulations, however, do not extend the special allocation rule for related person interest expense under section 954(b)(5) and § 1.904–5(c)(2)(ii) (providing that interest paid by a CFC to a U.S. shareholder or any related look-through entity is first allocated to reduce foreign personal holding company income which is passive income) to interest paid by 10/50 corporations. The AJCA did not extend look-through treatment to interest paid by a 10/50 corporation to a domestic shareholder or to a related entity, and 10/50 corporations are not subject to subpart F. Accordingly, interest paid by a 10/50 corporation to a domestic shareholder, CFC, or another 10/50 corporation is treated as passive income (or high withholding tax interest, financial services income, or high-taxed general limitation income, as appropriate) and is apportioned to reduce the payor's pools of post-1986 undistributed earnings under the rules applicable to unrelated person interest expense, even though the generally applicable expense allocation rules of § 1.904–5 apply to determine which earnings are reduced at the payor 10/50 corporation level.

C. Treatment of Dividends Paid Between Lower-Tier Look-Through Entities

To reflect the extension of look-through treatment to dividends paid by 10/50 corporations and the repeal of separate categories for dividends from each 10/50 corporation, the temporary regulations remove the rules of § 1.904–4(g) and amend the relevant provisions of §§ 1.902–1 and 1.904–5. In order for a dividend from a 10/50 corporation to qualify for look-through treatment, the shareholder must be a domestic corporation meeting the stock ownership requirements of section 902(a) with respect to the 10/50 corporation. Sections 904(d)(2)(E) and 904(d)(4).

In determining whether dividends paid by lower-tier corporations are eligible for look-through treatment, the eligibility requirements for dividends from 10/50 corporations and CFCs cannot be precisely conformed, because a taxpayer's eligibility for look-through treatment of a dividend from a 10/50 corporation is based on whether the taxpayer meets the stock ownership requirements of section 902, whereas a taxpayer's eligibility for look-through treatment of a dividend from a CFC is based on whether the taxpayer is a United States shareholder with respect to the CFC under section 951(b). See sections 904(d)(2)(E)(i), 904(d)(3)(A), 904(d)(3)(D), and 904(d)(4)(A). However, the IRS and the Treasury Department believe that the eligibility requirements for look-through treatment of dividends from 10/50 corporations and CFCs should be conformed to the greatest extent possible.

Accordingly, § 1.902–1T(d)(1) provides that the amount of foreign taxes deemed paid is computed separately with respect to post-1986 undistributed earnings or pre-1987 accumulated profits in each separate category out of which a look-through dividend is paid in the following situations: (1) A dividend from a CFC to a domestic corporation meeting the stock ownership requirements of section 902(a) that is a United States shareholder (as defined in section 951(b) or section 953(c)) of the CFC; (2) a dividend from a 10/50 corporation to a domestic corporation meeting the stock ownership requirements of section 902(a); (3) a dividend received by an upper-tier CFC from a lower-tier CFC where the CFCs are related look-through entities under § 1.904–5(i)(3); and (4) a dividend from a CFC or 10/50 corporation to a foreign corporation that is eligible to compute an amount of foreign taxes deemed paid under section 902(b)(1) (*i.e.*, both the payor and payee corporations are members of the same qualified group as defined in section 902(b)(2)). Similarly, the temporary regulations at § 1.904–5T(i)(4) apply look-through treatment to any dividend paid by a CFC or 10/50 corporation to another member of the same qualified group (as defined in section 902(b)(2)) that is eligible to compute an amount of foreign taxes deemed paid under section 902(b)(1), and retain the current rule of § 1.904–5(i)(3) to the extent that it applies look-through treatment to dividends between CFCs that have a common 10 percent U.S. shareholder but do not meet the requirements of section 902(b).

D. Application of Section 904(g) to 10/50 Corporations

Section 904(g) (redesignated under the AJCA as section 904(h) for taxable years beginning after 2006) provides that certain inclusions, including dividends and interest paid or accrued by a United States-owned foreign corporation to a United States shareholder or a related person and which would be treated as foreign source income, are treated as U.S. source income. Section 904(g)(6) defines a United States-owned foreign corporation as any foreign corporation if United States persons (as defined in section 7701(a)(30) hold 50 percent or more of either the total combined voting power of all classes of voting stock or the total value of the stock. Section

1.904–5(m) provides rules concerning the resourcing of certain amounts received or accrued (or treated as received or accrued) by a United States shareholder from a CFC. The temporary regulations at § 1.904–5T(m) clarify that the rules for resourcing interest and dividends also apply to a 10/50 corporation that meets the definition of a United States-owned foreign corporation. These temporary regulations apply to amounts paid by a 10/50 corporation in taxable years of such corporation beginning after April 25, 2006.

E. Treatment of Earnings and Taxes Accumulated During a Non-Look-Through Period

Section 1.904–7T(f)(2) provides that earnings accumulated and foreign income taxes paid after a 10/50 corporation had a domestic corporate shareholder that met the stock ownership requirements of section 902(a) but before any such shareholder was eligible for look-through treatment of dividends (non-look-through pool) that exist as of the end of the 10/50 corporation's last pre-2003 taxable year are treated as if they were accumulated and paid during a period in which the distribution would have been eligible for look-through treatment (look-through period). These earnings and taxes are treated as the opening balance of the post-1986 undistributed earnings and taxes pools in the 10/50 corporation's other separate categories on the first day of the 10/50 corporation's first post-2002 taxable year. Dividends that were paid in pre-2003 taxable years out of earnings accumulated in a non-look-through pool are not eligible for look-through treatment.

Section 1.904–7T(f)(4)(i) provides that in order to substantiate the look-through characterization of the earnings and taxes in the non-look-through pools, the taxpayer must reconstruct the non-look-through pools of earnings and taxes for each year in the non-look-through period, beginning with the first year in which earnings were accumulated in the non-look-through pool. Earnings and taxes are treated as if they were accumulated during a look-through period, taking into account earnings distributed and taxes deemed paid in the non-look-through period as if they were distributed and deemed paid pro rata from the amounts that were added to the non-look-through pools during the non-look-through period. As reconstructed, earnings and taxes in the non-look-through pools as of the last day of the 10/50 corporation's last pre-2003 taxable year are assigned to the look-through pools on the first day of the 10/50 corporation's first post-2002 taxable year.

The IRS and the Treasury Department recognize that shareholders may face difficulties in reconstructing historical accumulated earnings and taxes accounts of a 10/50 corporation on a look-through basis, because noncontrolling shareholders may have difficulty obtaining detailed records for prior periods from the 10/50 corporation. Therefore, the IRS and the Treasury Department anticipate that a reasonable approximation of the amounts properly included in the look-through pools, based on available records obtained through reasonable, good-faith efforts by the taxpayer, will adequately substantiate the reconstruction required by the statute.

Alternatively, § 1.904–7T(f)(4)(ii) provides a safe harbor in reconstructing the non-look-through pools. Under the safe harbor, a taxpayer may allocate the earnings and taxes in the non-look-through pools ratably to the look-through pools on the first day of the 10/50 corporation's first post-2002 taxable year in the same percentages as the taxpayer (or the qualified group member that owns the 10/50 corporation) properly characterizes the stock of the 10/50 corporation in the separate categories for purposes of apportioning the taxpayer's (or qualified group member's) interest expense in its first taxable year ending after the first day of the 10/50 corporation's first post-2002 taxable year. Under § 1.861–12T(c)(3) and (4), this characterization generally is based on how the assets or income of the 10/50 corporation are characterized in the separate categories for purposes of apportioning interest expense of the 10/50 corporation in the 10/50 corporation's first post-2002 taxable year. However, § 1.904–7T(f)(4)(ii) provides that if a taxpayer elects to use the safe harbor rule with respect to a 10/50 corporation that uses the modified gross income method to apportion interest expense for the 10/50 corporation's first post-2002 taxable year, earnings and taxes in the non-look-through pools are allocated to the look-through pools based on an average of the 10/50 corporation's modified gross income ratios for its taxable years beginning in 2003 and 2004. The IRS and the Treasury Department believe that the two-year base period rule is necessary to avoid potential distortions associated with allocating earnings and taxes from the non-look-through pool to the look-through pools based on the 10/50 corporation's modified gross income for just one taxable year.

Section 904(d)(4)(C)(ii), as amended by the AJCA, provides that if the Secretary determines that look-through treatment of a dividend out of earnings formerly accumulated in the non-look-through pool has not been adequately substantiated, the dividend is treated as passive income for purposes of section 904(d). Section 1.904–7T(f)(4)(iii) provides that in the case where a taxpayer does not elect the safe harbor rule of § 1.904–7T(f)(4)(ii) and the Commissioner determines that the look-through characterization of earnings and taxes in the non-look-through pools cannot reasonably be determined based on the available information, the Commissioner will assign the earnings and associated taxes to the passive category for purposes of section 904(d).

As provided in § 1.904–7T(f)(3), rules similar to § 1.904–7T(f)(2) will apply in assigning to separate categories earnings and taxes of a CFC that were accumulated during a non-look-through period. As reconstructed, earnings and taxes in a CFC's non-look-through pools as of the last day of the CFC's last pre-2003 taxable year will be added to the opening balance of the CFC's look-through pools of earnings and taxes on the first day of the CFC's first post-2002 taxable year. The taxpayer must substantiate the look-through characterization of such earnings and taxes in accordance with § 1.904–7T(f)(4) by either reconstructing the non-look-through pools or electing the safe harbor.

In addition, as provided in § 1.904–7T(f)(6), the rules of § 1.904–7T(f)(2) will apply to assign to separate categories pre-1987 accumulated profits and pre-1987 foreign income taxes of a foreign corporation that were accumulated during a non-look-through period and, prior to the AJCA amendments, would have been assigned to a separate category for dividends from a 10/50 corporation. Accordingly, pre-1987 accumulated profits and pre-1987 foreign income taxes accumulated during a non-look-through period will be treated as if they were accumulated during a look-through period. The taxpayer must substantiate the look-through characterization of such earnings and taxes in accordance with § 1.904–7T(f)(4) by either reconstructing the annual layers of pre-1987 accumulated profits or electing the safe harbor.

F. Treatment of a Deficit Accumulated in a Non-Look-Through Period

Section 1.904–7T(f)(5) provides that if there is an accumulated deficit in the non-look-through pool as of the end of a 10/50 corporation's last pre-2003

taxable year, the deficit and associated taxes are treated in the same manner as earnings and taxes in a positive non-look-through pool, *i.e.*, the deficit and taxes are treated as if they had been accumulated and paid during a look-through period. The earnings and deficits in earnings making up the accumulated deficit are assigned to the look-through pools based on where the 10/50 corporation's income and expenses or losses would have been assigned had they been incurred during a look-through period, or, if the taxpayer elects the safe harbor, the deficit is allocated based on how the stock of the 10/50 corporation is properly characterized for interest expense apportionment purposes. If the taxpayer does not elect the safe harbor and the Commissioner determines that the look-through characterization of the deficit in the non-look-through pool cannot be reasonably determined based on the available information, the Commissioner will assign the deficit and any associated taxes to the 10/50 corporation's passive category.

The temporary regulations treat the deficit in the non-look-through pool as the opening balance of the post-1986 undistributed earnings pools in the 10/50 corporation's other separate categories on the first day of the 10/50 corporation's first post-2002 taxable year. If the 10/50 corporation makes a distribution in a post-2002 taxable year in which there is a deficit balance in the aggregate of the look-through pools (as increased or reduced by earnings or a deficit in the non-look-through pool), the deficit balance is carried back, on a look-through basis, to reduce pre-1987 accumulated profits on a last in-first out basis, and the deficit is removed from post-1986 undistributed earnings. See § 1.902–2(a)(1). If the deficit reduces to zero all of the pre-1987 accumulated profits, no foreign taxes in any of the pre-1987 annual layers are deemed paid with respect to the dividend. See § 1.902–1(b)(4).

In the case of a CFC that was formerly a 10/50 corporation and has a deficit in the non-look-through pool that was accumulated while it was a 10/50 corporation, any deficit that was not absorbed by earnings in the look-through pools and that remains at the end of the CFC's last pre-2003 taxable year is assigned to the look-through pools on the first day of the CFC's first post-2002 taxable year based on the reconstruction or safe harbor rules of § 1.904–7T(f)(4). Foreign income taxes associated with this deficit pool that were previously not creditable are also assigned to the look-through pools on the first day of the CFC's first post-2002 taxable year based on the same method. To the extent that the portion of the deficit in the non-look-through pool that is assigned to a separate category exceeds post-1986 undistributed earnings in that category as of the end of the CFC's last pre-2003 taxable year, the deficit will carry forward into the CFC's post-1986 undistributed earnings pools for 2003. Under § 1.904–7T(f)(6), similar rules apply to recharacterize a deficit in pre-1987 accumulated profits and any associated pre-1987 foreign income taxes that were accumulated during a non-look-through period.

G. Pre-Acquisition E&P of a 10/50 Corporation

Section 904(d)(4)(C)(i)(II), as amended by the AJCA, provides that the Secretary may prescribe regulations regarding the treatment of distributions out of earnings and profits of a 10/50 corporation for periods before the taxpayer's acquisition of the stock to which the distributions relate (pre-acquisition E&P). Such distributions may be out of post-1986 undistributed earnings accumulated by a 10/50 corporation before the specific shareholder acquired its stock or out of pre-1987 accumulated profits accumulated before the 10/50 corporation had any qualifying shareholder. Prior to the AJCA amendments, such distributions, as well as distributions by a CFC out of earnings and profits for periods during which it was not a CFC, were subject to a separate foreign tax credit limitation for dividends from a 10/50 corporation. See section 904(d)(1)(E), section 904(d)(2)(E), and § 1.904–4(g)(3).

The temporary regulations do not limit look-through treatment for dividends out of earnings and profits accumulated in non-look-through periods during which a 10/50 corporation or CFC had no qualifying shareholder. The IRS and the Treasury Department believe that look-through treatment of pre-acquisition earnings is the more appropriate policy result than passive category treatment, if look-through characterization can be adequately substantiated under the rules of §§ 1.904–5T(c)(4)(iii) and 1.904–7T(f)(4). In addition, the temporary regulations do not limit look-through treatment for dividends out of pre-acquisition E&P accumulated in periods during which the distributing corporation was a 10/50 corporation, because any such restriction would create administrative complexities associated with maintaining multiple sets of look-through pools starting on different dates for different U.S. shareholders. Accordingly, distributions of earnings and profits from 10/50 corporations and CFCs in post-2002 taxable years are generally eligible for look-through treatment, regardless of whether the distributing corporation was a look-through entity when the earnings were accumulated, and regardless of when the taxpayer acquired its stock.

H. Post-1986 Undistributed Earnings of a CFC Attributable to Dividends From Lower-Tier 10/50 Corporations

Where a CFC has a separate category for dividends from each 10/50 corporation containing earnings attributable to pre-2003 distributions from the lower-tier 10/50 corporation, § 1.904–7T(f)(7) provides that the CFC's look-through pools of earnings and taxes will be adjusted to account for accumulated earnings and taxes attributable to dividends from the lower-tier 10/50 corporation as if the earnings and taxes were accumulated and deemed paid during a look-through period. Therefore, the earnings and taxes are recharacterized on the same basis used by the taxpayer to reconstruct the non-look-through pools of the lower-tier 10/50 corporation under § 1.904–7T(f)(4). Taxes in each separate category for dividends from a lower-tier 10/50 corporation are assigned to the upper-tier CFC's look-through pools based on where the associated earnings distributed by the lower-tier foreign corporation (prior to being reduced by, for example, expense apportionment or payment of foreign income taxes at the CFC level) would have been assigned had such earnings been eligible for look-through treatment when received by the CFC.

If a CFC has a deficit in a separate category for dividends from a lower-tier 10/50 corporation (due to, for example, expense apportionment or the payment of foreign income taxes by the CFC with respect to the lower-tier 10/50 corporation), the deficit and any associated taxes are treated as if they had been accumulated and deemed paid during a look-through period. Accordingly, the deficit is assigned to the upper-tier CFC's look-through pools based on where the upper-tier CFC's income and expenses or losses would have been assigned had dividends from the lower-tier 10/50 corporation been eligible for look-through treatment in the year such dividends were paid or such expenses and losses were incurred by the CFC.

Similar to § 1.904–7T(f)(4)(ii) (which provides a safe harbor in reconstructing the non-look-through pools to account for undistributed earnings (or a deficit) and taxes in the non-look-through pool

of a 10/50 corporation or CFC), § 1.904–7T(f)(7)(iii) provides a safe harbor in reconstructing the look-through pools at the CFC level to account for undistributed earnings (or a deficit) and taxes in a CFC-level separate category for dividends from a lower-tier 10/50 corporation. The taxpayer may allocate the earnings (or deficit) and taxes to the look-through pools at the CFC level by applying the safe harbor at the level of the CFC. Thus, if the taxpayer elects the safe harbor, the earnings (or deficit) and taxes are allocated based on how the CFC would properly characterize the stock of the lower-tier 10/50 corporation for purposes of apportioning the CFC's interest expense, which in turn is based on the apportionment ratios properly used by the 10/50 corporation to apportion its interest expense in its first post-2002 taxable year. In the case of a taxpayer that elects to use the safe harbor rule where the 10/50 corporation uses the modified gross income method to apportion interest expense for its first post-2002 taxable year, undistributed earnings (or a deficit) and taxes in a CFC-level separate category for dividends from a 10/50 corporation are allocated to the look-through pools based on the average of the 10/50 corporation's modified gross income ratios for its taxable years beginning in 2003 and 2004.

In the case of a CFC that has in its qualified group a chain of 10/50 corporations, the safe harbor applies first to the stock of the third-tier 10/50 corporation and then to the stock of the second-tier 10/50 corporation. In the case of a taxpayer that elects the safe harbor with respect to a lower-tier 10/50 corporation of which the taxpayer was no longer a qualifying shareholder as of the end of the upper-tier CFC's last pre-2003 taxable year (*e.g.*, because the 10/50 corporation was no longer a member of the CFC's qualified group), the earnings (or deficit) and taxes in the separate category for dividends from the lower-tier 10/50 corporation are assigned to the CFC's look-through pools in the same percentages as the stock of the 10/50 corporation would have been characterized had the look-through rules applied in the last year the taxpayer was a qualifying shareholder of the 10/50 corporation.

If the taxpayer does not elect the safe harbor and the Commissioner determines that the look-through characterization of the undistributed earnings (or deficit) and taxes in a CFC's separate category for dividends from a lower-tier 10/50 corporation cannot reasonably be determined based on the available information, the Commissioner will assign the earnings (or deficit) and taxes to the CFC's passive category.

I. Treatment of Distributions Received by a 10/50 Corporation From a Lower-Tier 10/50 Corporation When the Corporations Do Not Have The Same Taxable Years

Section 1.904–7T(f)(8) provides guidance concerning when a dividend paid by a lower-tier corporation to an upper-tier corporation that is a member of the same qualified group is eligible for look-through treatment when the corporations' first post-2002 taxable years begin on different dates. In the case of a dividend paid during the upper-tier corporation's post-2002 taxable year but during the lower-tier corporation's pre-2003 taxable year, the dividend will be included in a separate category in the year received. However, any earnings of the upper-tier corporation attributable to such dividends are treated, beginning on the first day of the upper-tier corporation's next taxable year, as if they were accumulated during a look-through period. Dividends paid during the upper-tier corporation's pre-2003 taxable year but during the lower-tier corporation's post-2002 taxable year are eligible for look-through treatment in the year received.

*VI. Separate Limitation Losses and Overall Foreign Losses*

Because the 1997 Act and the AJCA eliminated separate categories for dividends from 10/50 corporations for post-2002 taxable years, the temporary regulations provide transition rules for recapture in a post-2002 taxable year of (1) an overall foreign loss (OFL) or separate limitation loss (SLL) in a separate category for dividends from each 10/50 corporation that offset U.S. source income or income in other separate categories, respectively, in a pre-2003 taxable year; and (2) an SLL in another separate category (*e.g.*, the general limitation or passive category) that offset income in a separate category for dividends from each 10/50 corporation in a pre-2003 taxable year.

A. Recapture of an OFL or SLL Incurred in a Separate Category for Dividends From a 10/50 Corporation

Section 1.904(f)–12T(g)(1) provides that where a taxpayer had an OFL or SLL in a separate category for dividends from a 10/50 corporation (*i.e.*, an OFL, or SLL, in the separate category that offset U.S. source income, or income in other separate categories, in a pre-2003 taxable year, or a later year in which the taxpayer received a dividend in the separate category, and the OFL or SLL would have been recaptured out of income in the separate category for dividends from that 10/50 corporation), the OFL or SLL account is recaptured out of income in the taxpayer's other separate categories in the same percentages as the income generated by the assets of the 10/50 corporation. Specifically, the loss account will be recaptured in subsequent taxable years out of income in the same separate categories in which the stock of the 10/50 corporation is properly characterized for purposes of apportioning the taxpayer's interest expense in its first taxable year in which dividends from the 10/50 corporation are eligible for look-through treatment (*i.e.*, its first taxable year ending after the first day of the 10/50 corporation's first post-2002 taxable year). Any SLL account in a separate category for dividends from a 10/50 corporation with respect to another category that would be assigned to that other category under this rule will be eliminated, since ''recapture'' to and from the same category would be meaningless. See § 1.904(f)–12T(g)(4) Example 1.

The IRS and the Treasury Department determined that it is appropriate to reallocate OFL and SLL accounts based on how the taxpayer characterizes the stock of the 10/50 corporation for interest expense apportionment purposes in its first taxable year ending after the first day of the 10/50 corporation's first post-2002 taxable year. The IRS and the Treasury Department believe that recapturing losses from income earned in subsequent years is a forward-looking concept. Reallocating losses that were incurred in a separate category for dividends from each 10/50 corporation to the appropriate separate category based on the interest expense apportionment ratio (as opposed to, for example, reallocating losses based on reconstructed non-look-through pools) is consistent with that concept.

In the case of a taxpayer that has an OFL or SLL account in a separate category for dividends from a 10/50 corporation but no longer is a qualifying shareholder with respect to the foreign corporation, the IRS and the Treasury Department determined that reallocating OFLs and SLLs incurred in separate categories for dividends from 10/50 corporations to the other separate categories may be inappropriate. In pre-2003 taxable years, recapture of the OFL or SLL would not have occurred because the taxpayer would not have received any additional dividends from the corporation that would be treated as income in the separate 10/50 loss category (unless the former shareholder

reacquired a sufficient interest in the corporation to become a qualifying shareholder). Accordingly, § 1.904(f)–12T(g)(3) provides that where a taxpayer was not a qualifying shareholder with respect to a foreign corporation on December 20, 2002 (or was not a qualifying shareholder on the first day of the taxpayer's first post-2002 taxable year, pursuant to a transaction that was the subject of a binding contract which was in effect on December 20, 2002), any OFL or SLL accounts in the taxpayer's separate category for dividends from that corporation will not be reallocated. See Notice 2003–5 (announcing regulations would provide that OFL and SLL accounts in a separate category for dividends from each 10/50 corporation where the taxpayer was no longer a qualifying shareholder of as of December 20, 2002, will not be consolidated into the OFL and SLL accounts of the single category for dividends from 10/50 corporations).

Section 1.904(f)–12T(g)(3) also provides that where an OFL or SLL account in a separate category for dividends from each 10/50 corporation is not reallocated because the taxpayer is no longer a qualifying shareholder of that foreign corporation, the taxpayer may not carry over any excess foreign taxes in that separate category to another separate category on a look-through basis. However, the temporary regulations allow the taxpayer to elect to carry over all excess taxes in its separate categories for dividends from 10/50 corporations to the other separate categories, provided that the taxpayer also reallocates the OFL and SLL accounts of such separate categories for dividends from 10/50 corporations into the OFL and SLL accounts of the appropriate separate categories.

B. Recapture of an SLL Incurred in Other Categories

To the extent that an SLL in another separate category (*e.g.*, the general limitation or passive category) offset income in a separate category for dividends from each 10/50 corporation in a pre-2003 taxable year (or later year with or within which the 10/50 corporation's last pre-2003 taxable year ends), income subsequently earned in the loss category will be recaptured as income in the same separate categories in which the taxpayer properly characterizes the stock of the 10/50 corporation on a look-through basis for purposes of apportioning the taxpayer's interest expense. See §§ 1.904(f)–12T(g)(2). Section 1.904(f)–12T(g)(4), Example 2, illustrates how the apportionment rule applies to SLLs in the general limitation and passive categories that previously offset income in a separate category for dividends from a 10/50 corporation, where the taxpayer characterizes the stock of the 10/50 corporation as a multiple category asset.

*VII. Tax Elections, Adoptions of Method of Accounting or Taxable Year, and Changes in Method of Accounting or Taxable Year Made on Behalf of a CFC or 10/50 Corporation*

Section 1.964–1T(c)(2) and (3) add rules allowing the majority domestic corporate shareholders of a 10/50 corporation to make an election, adopt a method of accounting or taxable year, or change a method of accounting or taxable year on behalf of the 10/50 corporation. Under § 1.964–1T(c)(5), the term *majority domestic corporate shareholders* is defined as those domestic corporations that meet the ownership requirements of section 902(a) with respect to the 10/50 corporation (or to a first-tier foreign corporation that is a member of the same qualified group as the 10/50 corporation), that, in the aggregate, own directly or indirectly more than 50 percent of the combined voting power of all the voting stock of the 10/50 corporation that is owned directly or indirectly by all domestic corporations that meet the ownership requirements of section 902(a) with respect to the 10/50 corporation (or a relevant first-tier foreign corporation).

Section 1.964–1(c)(3) of the current final regulations permits controlling United States shareholders of a CFC to make an election, or to adopt or change a method of accounting, on behalf of the CFC. Subject to the rules of section 898, the temporary regulations at § 1.964–1T(c)(3) extend this rule to permit controlling United States shareholders of a CFC to adopt or change the taxable year of a CFC. Finally, the temporary regulations revise the requirement that the controlling shareholders file a written statement executed by each of the controlling shareholders with the IRS within 180 days of the close of the foreign corporation's taxable year for which the adoption or change in method of accounting is to be effective. In lieu of the written statement, § 1.964–1T(c)(3)(i)(B) requires that the jointly executed statement evidencing the controlling shareholders' consent to the adoption or change be retained by one or more of the shareholders, and that each shareholder file a separate statement with its tax return for the taxable year with or within which the foreign corporation's taxable year ends. This change will facilitate e-filing by eliminating the signature requirement and will facilitate compliance by conforming the dates on which the election statement and the shareholder's tax return must be filed.

*VIII. Election To Defer Effective Date of 10/50 Look-Through Rules*

A. Time, Form, and Manner of Election

As discussed in the Background section of this document, section 403(l) of the GOZA provides a rule under which a taxpayer may elect not to apply the extended look-through rules enacted in the AJCA for taxable years of 10/50 corporations beginning after December 31, 2002, and before January 1, 2005 (2003 and 2004 taxable years). In order to make the election, a taxpayer must attach a statement notifying the IRS of such election to its next tax return for which the due date (with extensions) is more than 90 days after April 25, 2006. The electing taxpayer's tax liability as shown on its original or amended tax returns for its affected taxable years generally must be consistent with the guidance set forth in Notice 2003–5, 2003–1 C.B. 294, and the rules of § 1.861–12T(c)(4) (characterizing the stock of a 10/50 corporation as an asset in the various separate categories). The electing taxpayer must also make appropriate adjustments to eliminate any double benefit arising from the election in years that are not open for assessment. § 1.904–7T(f)(9).

B. Transition Rules

Taxpayers that elect to apply the pre-AJCA look-through rules for the 2003 and 2004 taxable years must assign dividends paid by 10/50 corporations in their 2003 and 2004 taxable years out of pre-2003 earnings to a single separate category for dividends from all 10/50 corporations (see Notice 2003–5). The temporary regulations provide transition rules for applying the AJCA look-through rules in taxable years of 10/50 corporations beginning after December 31, 2004.

Under § 1.904–7T(f)(9)(iii), pre-2003 earnings (or a deficit) and taxes in the non-look-through pool that existed as of the end of the foreign corporation's last pre-2005 taxable year are treated as if they were accumulated and paid during a period in which a distribution from that corporation would have been eligible for look-through treatment. These earnings (or deficits) and taxes are added to the foreign corporation's post-1986 undistributed earnings and taxes pools in the appropriate separate categories on the first day of the foreign corporation's first post-2004 taxable year. In accordance with the principles of § 1.904–7T(f)(4), the taxpayer must

reconstruct the non-look-through pools or, if the taxpayer elects the safe harbor, allocate the earnings and taxes in the foreign corporation's non-look-through pools to the foreign corporation's look-through pools on the first day of the foreign corporation's first post-2004 taxable year. Under the safe harbor, this allocation is made in the same percentages as the taxpayer properly characterized the stock of the foreign corporation for purposes of interest expense apportionment in the taxpayer's first taxable year ending after the first day of the foreign corporation's first post-2002 taxable year. If the taxpayer does not elect the safe harbor and the Commissioner determines that the look-through characterization of the earnings (or deficit) and taxes cannot reasonably be determined, the Commissioner will allocate the earnings (or deficit) and taxes to the passive category.

To the extent that a taxpayer had excess foreign taxes in the single category for dividends from all 10/50 corporations (regardless of whether they were carried forward from separate categories for dividends from each 10/50 corporation in pre-2003 taxable years under Notice 2003–5 or resulted from dividends paid in 2003 and 2004 taxable years), they will be carried forward to the appropriate separate categories in the same manner as excess taxes in the separate categories for dividends from each 10/50 corporation are carried over in the case of a non-electing taxpayer. See § 1.904–2T(h)(1). The taxpayer must determine which 10/50 corporations paid the dividends to which the excess taxes are attributable and then assign the taxes to the appropriate separate categories as if such dividends had been eligible for look-through treatment when paid. Accordingly, § 1.904–7T(f)(9)(iv) provides that excess taxes in the single category for dividends from 10/50 corporations are assigned to the appropriate separate categories by reconstructing the non-look-through pools or, if the taxpayer elects the safe harbor, by allocating the taxes in the same percentages as the taxpayer properly characterized the stock of the foreign corporation for purposes of apportioning the taxpayer's interest expense for its first taxable year with or within which the 10/50 corporation's first post-2002 taxable year began. This transition rule applies only to excess taxes attributable to dividends out of pre-2003 earnings, because only these taxes are included in the single category for dividends from all 10/50 corporations.

To the extent that excess taxes carried forward to the single category for dividends from 10/50 corporations under the rules of Notice 2003–5 were absorbed by low-taxed dividends paid by 10/50 corporations in 2003 or 2004 taxable years out of pre-2003 earnings, or expired unused, the amount of excess taxes carried forward to a separate category on a look-through basis will be smaller than the aggregate amount of excess taxes initially carried forward to the single category for dividends from 10/50 corporations. To simplify the process of determining which 10/50 corporations paid the dividends to which the remaining excess taxes are attributable, § 1.904–7T(f)(9)(iv) treats the remaining excess taxes as attributable pro rata to the dividends paid by all 10/50 corporations out of non-look-through pools in a particular taxable year that resulted in excess taxes that were eligible to be carried forward. Such excess taxes are then carried forward to the separate categories based on how the non-look-through pools are recharacterized under the rules of § 1.904–7T(f)(4).

Excess taxes that would otherwise be assigned to the passive category and excess taxes with respect to which neither the IRS nor the taxpayer can substantiate look-through character are assigned to the general limitation category. This rule, previously discussed in section III above, applies regardless of whether a taxpayer elects to apply the pre-AJCA look-through rules to dividends paid in taxable years of its 10/50 corporations beginning in 2003 and 2004.

To the extent that a taxpayer has excess foreign taxes attributable to a look-through dividend paid by a 10/50 corporation in post-2002 taxable years and such taxes are eligible for carryback, the taxes will be carried back within the same separate category and not to the separate categories or single category for dividends from 10/50 corporations. See § 1.904–7T(f)(9)(v).

For taxpayers that maintained OFL and SLL recapture accounts in the single category for dividends from all 10/50 corporations (for example, as the result of consolidating OFL and SLL accounts of separate categories for dividends from each 10/50 corporation into one set of OFL and SLL accounts of the single category for dividends from all 10/50 corporations under Notice 2003–5), the temporary regulations provide a transition rule for recapture in a post-2004 taxable year of an OFL and SLL in the single category for dividends from all 10/50 corporations. Section 1.904–7T(f)(9)(vi) provides that the OFL and SLL accounts are assigned to the appropriate separate categories, on the first day of the taxpayer's first post-2004 taxable year following the last taxable year in which it received a dividend in this category. The assignment is based on how the stock of each 10/50 corporation giving rise to the OFL or SLL is properly characterized for purposes of apportioning the taxpayer's interest expense for its first taxable year with or within which the 10/50 corporation's first post-2002 taxable year began.

For taxpayers that maintained an SLL recapture account in another separate category (*e.g.*, the general or passive category) with respect to the single category for dividends from all 10/50 corporations, § 1.904–7T(f)(9)(vii) provides that the SLL will be recaptured as income in the appropriate separate categories in post-2004 taxable years. Income is recaptured in the separate categories in the same percentages as the taxpayer properly characterized the stock of the 10/50 corporations with respect to which the loss account was established for purposes of apportioning the taxpayer's interest expense for its first taxable year with or within which the 10/50 corporation's first post-2002 taxable year began.

Where a CFC or 10/50 corporation had a single category for dividends from all 10/50 corporations containing earnings attributable to dividends paid in 2003 or 2004 taxable years of a lower-tier 10/50 corporation, the undistributed earnings, previously-taxed earnings, and associated taxes are treated in post-2004 taxable years in the same manner as pre-2003 undistributed earnings and taxes in a separate category for dividends from each 10/50 corporation maintained at the CFC or 10/50 corporation level. Accordingly, § 1.904–7T(f)(9)(viii) provides that the undistributed earnings and associated taxes in the single category for dividends from all 10/50 corporations are assigned to the appropriate separate categories based on the taxpayer's reconstruction of the non-look-through pools of the lower-tier foreign corporation, or, if the taxpayer elects the safe harbor, by allocating the earnings and taxes in the same percentages as the taxpayer properly characterized (or would have characterized) the stock of the lower-tier 10/50 corporation for purposes of apportioning the upper-tier corporation's interest expense for its first post-2002 taxable year.

Where a CFC or 10/50 corporation had an aggregate deficit in the single category for dividends from all 10/50 corporations as of the end of the foreign corporation's 2004 taxable year, the deficit and associated taxes are treated

in the same manner as a deficit in post-1986 undistributed earnings attributable to dividends from a lower-tier 10/50 corporation. Accordingly, § 1.904–7T(f)(9)(ix) provides that the deficit is assigned to the look-through pools based on where the upper-tier corporation's income and expenses or losses would have been assigned had they been incurred during a look-through period, or, if the taxpayer elects the safe harbor, the deficit is allocated based on how the taxpayer properly characterized the stock of the lower-tier corporation for purposes of apportioning the upper-tier corporation's interest expense in its first taxable year with or within which the lower-tier corporation's first post-2002 taxable year began. Where the taxpayer does not elect the safe harbor and the Commissioner determines that the look-through characterization of the deficit cannot reasonably be determined based on the available information, the Commissioner will assign the deficit and taxes to the upper-tier corporation's passive category.

*IX. Effective Date*

Section 403 of the AJCA provides that the amendments apply to taxable years beginning after December 31, 2002. The statutory language and legislative history of the AJCA do not specifically state whether the effective date refers to the taxable year of the foreign corporation or that of the U.S. shareholder. The temporary regulations clarify that the effective date of the amendments refers to the foreign corporation's taxable year, thereby eliminating the separate category for dividends from each 10/50 corporation as of the beginning of the foreign corporation's first post-2002 taxable year. Thus, dividends paid by the foreign corporation on and after that date (including dividends paid in a U.S. shareholder's pre-2003 taxable year) are eligible for look-through treatment. Basing the effective date on the foreign corporation's taxable year eliminates the need to create and maintain multiple sets of look-through pools of a single foreign corporation that begin on different dates for different shareholders. Accordingly, the temporary regulations are effective for dividends paid in taxable years of 10/50 corporations beginning after December 31, 2002.

As discussed in the Background section of this document, section 403(l) of the GOZA provides a rule allowing taxpayers to elect not to apply the expanded look-through rules enacted in the AJCA to taxable years beginning in 2003 and 2004. As discussed in section VIII above, the temporary regulations provide guidance on the time, form, and manner of the election as well as transition rules applicable to taxpayers that elect to apply the pre-AJCA rules governing 10/50 dividends to 2003 and 2004 taxable years.

**Special Analyses**

It has been determined that this Treasury decision is not a significant regulatory action as defined in Executive Order 12866. Therefore, a regulatory assessment is not required. It also has been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) does not apply to these regulations. For the applicability of the Regulatory Flexibility Act (5 U.S.C. chapter 6), refer to the Special Analyses section of the preamble of the cross-referenced notice of proposed rulemaking published in this issue of the **Federal Register**. Pursuant to section 7805(f) of the Internal Revenue Code, these temporary regulations will be submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on their impact on small businesses.

**Drafting Information**

The principal author of these regulations is Ginny Chung, Office of Associate Chief Counsel (International). However, other personnel from the IRS and the 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.

**Amendments to the Regulations**

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

## PART 1—INCOME TAXES

■ **Paragraph 1.** The authority for part 1 continues to read in part:

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

■ **Par. 2.** Section 1.861–9T is amended as follows:

■ 1. Revise the last sentence of paragraph (f)(3)(ii).

■ 2. Redesignate paragraph (f)(4) as paragraph (f)(5) and add a new paragraph (f)(4).

The revision and addition read as follows:

**§ 1.861–9T Allocation and apportionment of interest expense (temporary).**

* * * * *

(f) * * *

(3) * * *

(ii) * * * The election shall be made by filing a statement described in § 1.964–1T(c)(3)(ii) at the time and in the manner described therein and providing a written notice described in § 1.964–1T(c)(3)(iii), except that no such statement or notice is required to be filed or sent before July 24, 2006.

* * * * *

(4) *Noncontrolled section 902 corporations*—(i) *In general.* For purposes of computing earnings and profits of a noncontrolled section 902 corporation (as defined in section 904(d)(2)(E)) for federal tax purposes, the interest expense of a noncontrolled section 902 corporation may be apportioned using either the asset method described in paragraph (g) of this section or the modified gross income method described in paragraph (j) of this section. A noncontrolled section 902 corporation that is not a controlled foreign corporation may elect to use a different method of apportionment than that elected by one or more of its shareholders. A noncontrolled section 902 corporation must use the same method of apportionment with respect to all its domestic corporate shareholders.

(ii) *Manner of election.* The election to use the asset method described in paragraph (g) of this section or the modified gross income method described in paragraph (j) of this section may be made either by the noncontrolled section 902 corporation or by the majority domestic corporate shareholders (as defined in § 1.964–1T(c)(5)(ii)) on behalf of the noncontrolled section 902 corporation. The election shall be made by filing a statement described in § 1.964–1T(c)(3)(ii) at the time and in the manner described therein and providing a written notice described in § 1.964–1T(c)(3)(iii), except that no such statement or notice is required to be filed or sent before July 24, 2006.

(iii) *Stock characterization.* In general, the stock of a noncontrolled section 902 corporation shall be characterized in the hands of any domestic corporation that meets the ownership requirements of section 902(a) with respect to the noncontrolled section 902 corporation, or in the hands of any member of the same qualified group as defined in section 902(b)(2), using the same method that the noncontrolled section 902 corporation uses to apportion its interest expense. Stock in a

noncontrolled section 902 corporation shall be characterized as a passive category asset in the hands of any such shareholder that fails to meet the substantiation requirements of § 1.904–5T(c)(4)(iii), or in the hands of any shareholder that is not eligible to compute an amount of foreign taxes deemed paid with respect to a dividend from the noncontrolled section 902 corporation for the taxable year. See § 1.861–12T(c)(4).

(iv) *Effective date.* This paragraph (f)(4) applies for taxable years of shareholders ending after the first day of the first taxable year of the noncontrolled section 902 corporation beginning after December 31, 2002.

* * * * *

■ **Par. 3.** Section 1.861–12T is amended as follows:

■ 1. Remove the language ''directly by the taxpayer'' from paragraph (c)(2)(i) introductory text and add the language ''by the taxpayer either directly or, for taxable years beginning after April 25, 2006, indirectly through a partnership or other pass-through entity'' in its place.

■ 2. Revise paragraph (c)(4).

The revision reads as follows:

**§ 1.861–12T Characterization rules and adjustment for certain assets (temporary regulations.)**

* * * * *

(c) * * *

(4) *Characterization of stock of noncontrolled section 902 corporations*—(i) *General rule.* The principles of paragraph (c)(3) of this section shall apply to stock in a noncontrolled section 902 corporation (as defined in section 904(d)(2)(E)). Accordingly, stock in a noncontrolled section 902 corporation shall be characterized as an asset in the various separate limitation categories on the basis of either the asset method described in (c)(3)(ii) of this section or the modified gross income method described in (c)(3)(iii) of this section. Stock in a noncontrolled section 902 corporation the interest expense of which is apportioned on the basis of assets shall be characterized in the hands of its domestic shareholders (as defined in § 1.902–1(a)(1)) under the asset method described in paragraph (c)(3)(ii). Stock in a noncontrolled section 902 corporation the interest expense of which is apportioned on the basis of gross income shall be characterized in the hands of its domestic shareholders under the gross income method described in paragraph (c)(3)(iii).

(ii) *Nonqualifying shareholders.* Stock in a noncontrolled section 902 corporation shall be characterized as a passive category asset in the hands of a shareholder that is not eligible to compute an amount of foreign taxes deemed paid with respect to a dividend from the noncontrolled section 902 corporation for the taxable year, and in the hands of any shareholder with respect to whom look-through treatment is not substantiated. See § 1.904–5T(c)(4)(iii).

(iii) *Effective date.* This paragraph (c)(4) applies for taxable years of shareholders ending after the first day of the first taxable year of the noncontrolled section 902 corporation beginning after December 31, 2002.

* * * * *

■ **Par. 4.** Section 1.902–0 is amended as follows:

■ 1. Revise the entry for § 1.902–1(a)(4) and add entries for § 1.902–1(a)(4)(i) and (a)(4)(ii) .

■ 2. Revise the entry for § 1.902–1(b).

■ 3. Revise the entry for § 1.902–1(c)(8), and add entries for §§ 1.902–1(c)(8)(i) and (ii).

■ 4. Remove the entry for § 1.902–1(c)(9).

■ 5. Revise the entry for § 1.902–1(d).

■ 6. Remove the entries for § 1.902–1(d)(3), (d)(3)(i), and (d)(3)(ii).

■ 7. Revise the entries for §§ 1.902–2, 1.902–2(a), and 1.902–2(b).

The revisions and additions read as follows:

**1.902–0 Outline of regulations provisions for section 902.**

* * * * *

**1.902–1 Credit for domestic corporate shareholder of a foreign corporation for foreign income taxes paid by the foreign corporation.**

(a) * * *

(4) Third- or lower-tier corporation.

(i) Third-tier corporation.

(ii) Fourth-, fifth-, or sixth-tier corporation.

* * * * *

(b) Computation of foreign income taxes deemed paid by a domestic shareholder, first-tier corporation, or lower-tier corporation.

* * * * *

(c) * * *

(8) Effect of certain liquidations, reorganizations, or similar transactions on certain foreign taxes paid or accrued in taxable years beginning on or before August 5, 1997.

(i) General rule.

(ii) Example.

(d) Dividends from controlled foreign corporations and noncontrolled section 902 corporations.

* * * * *

**§ 1.902–2 Treatment of deficits in post-1986 undistributed earnings and pre-1987 accumulated profits of a first- or lower-tier corporation for purposes of computing an amount of foreign taxes deemed paid under § 1.902–1.**

(a) Carryback of deficits in post-1986 undistributed earnings of a first- or lower-tier corporation to pre-effective date taxable years.

* * * * *

(b) Carryforward of deficit in pre-1987 accumulated profits of a first- or lower-tier corporation to post-1986 undistributed earnings for purposes of section 902.

* * * * *

■ **Par. 5.** Section 1.902–1 is amended as follows:

■ 1. Revise paragraph (a)(4).

■ 2. Revise paragraph (a)(6).

■ 3. Revise paragraph (a)(7).

■ 4. Revise paragraph (a)(8)(i).

■ 5. In paragraph (a)(8)(iii), add the language ''in a taxable year beginning on or before December 31, 2002'' after the language ''(as defined in section 904(d)(2)(E)(i))'' and add the language ''(26 CFR revised as of April 1, 2006)'' after the language ''§ 1.904–4(g)(2)(iii)''.

■ 6. Revise the heading of paragraph (b).

■ 7. Revise paragraph (c)(8).

■ 8. Remove paragraph (c)(9).

■ 9. Revise paragraphs (d)(1) and (d)(2)(i).

■ 10. Remove paragraph (d)(3).

■ 11. Revise paragraph (g).

The revisions and additions read as follows:

**§ 1.902–1 Credit for domestic corporate shareholder of a foreign corporation for foreign income taxes paid by the foreign corporation.**

(a) * * *

(4) *Third- or lower-tier corporation.* (i) In the case of dividends paid to a second-tier corporation by a foreign corporation in a taxable year beginning after December 31, 1986, a foreign corporation is a third-tier corporation if, at the time a second-tier corporation receives a dividend from that foreign corporation, the second-tier corporation owns at least 10 percent of the foreign corporation's voting stock and the product of the following equals at least 5 percent—

(A) The percentage of voting stock owned by the domestic shareholder in the first-tier corporation; multiplied by

(B) The percentage of voting stock owned by the first-tier corporation in the second-tier corporation; multiplied by

(C) The percentage of voting stock owned by the second-tier corporation in the third-tier corporation.

(ii) *Fourth-, fifth-, or sixth-tier corporation.* [Reserved]. For further guidance, see § 1.902–1T(a)(4)(ii).

* * * * *

(6) *Upper- and lower-tier corporations.* [Reserved]. For further guidance, see § 1.902–1T(a)(6).

(7) *Foreign income taxes.* [Reserved]. For further guidance, see § 1.902–1T(a)(7).

(8) * * * (i) *In general.* [Reserved]. For further guidance, see § 1.902–1T(a)(8)(i).

* * * * *

(b) *Computation of foreign income taxes deemed paid by a domestic shareholder, first-tier corporation, or lower-tier corporation.*

* * * * *

(c) * * *

(8) *Effect of certain liquidations, reorganizations, etc. on certain foreign taxes paid or accrued in taxable years beginning on or before August 5, 1997.* [Reserved]. For further guidance, see § 1.902–1T(c)(8).

(d) *Dividends from controlled foreign corporations and noncontrolled section 902 corporations*—(1) *General rule.* [Reserved]. For further guidance, see § 1.902–1T(d)(1).

(2) *Look-through*—(i) *Dividends.* [Reserved]. For further guidance, see § 1.902–1T(d)(2)(i).

* * * * *

(g) *Effective date.* [Reserved]. For further guidance, see § 1.902–1T(g).

■ Par. 6. Section 1.902–1T is added to read as follows:

**§ 1.902–1T Credit for domestic corporate shareholder of a foreign corporation for foreign income taxes paid by the foreign corporation (temporary).**

(a)(1) through (a)(3) [Reserved]. For further guidance, see § 1.902–1(a)(1) through (a)(3).

(a)(4)(i) [Reserved]. For further guidance, see § 1.902–1(a)(4)(i).

(ii) *Fourth-, fifth-, or sixth-tier corporation.* In the case of dividends paid to a third-, fourth-, or fifth-tier corporation by a foreign corporation in a taxable year beginning after August 5, 1997, the foreign corporation is a fourth-, fifth-, or sixth-tier corporation, respectively, if at the time the dividend is paid, the corporation receiving the dividend owns at least 10 percent of the foreign corporation's voting stock, the chain of foreign corporations that includes the foreign corporation is connected through stock ownership of at least 10 percent of their voting stock, the domestic shareholder in the first-tier corporation in such chain indirectly owns at least 5 percent of the voting stock of the foreign corporation through such chain, such corporation is a controlled foreign corporation (as defined in section 957) and the domestic shareholder is a United States shareholder (as defined in section 951(b)) in the foreign corporation. Taxes paid by a fourth-, fifth-, or sixth-tier corporation shall be taken into account in determining post-1986 foreign income taxes only if such taxes are paid with respect to taxable years beginning after August 5, 1997, in which the corporation was a controlled foreign corporation.

(a)(5) [Reserved]. For further guidance, see § 1.902–1(a)(5).

(6) *Upper- and lower-tier corporations.* In the case of a sixth-tier corporation, the term upper-tier corporation means a first-, second-, third-, fourth-, or fifth-tier corporation. In the case of a fifth-tier corporation, the term upper-tier corporation means a first-, second-, third-, or fourth-tier corporation. In the case of a fourth-tier corporation, the term upper-tier corporation means a first-, second-, or third-tier corporation. In the case of a third-tier corporation, the term upper-tier corporation means a first- or second-tier corporation. In the case of a second-tier corporation, the term upper-tier corporation means a first-tier corporation. In the case of a first-tier corporation, the term lower-tier corporation means a second-, third-, fourth-, fifth-, or sixth-tier corporation. In the case of a second-tier corporation, the term lower-tier corporation means a third-, fourth-, fifth-, or sixth-tier corporation. In the case of a third-tier corporation, the term lower-tier corporation means a fourth-, fifth-, or sixth-tier corporation. In the case of a fourth-tier corporation, the term lower-tier corporation means a fifth- or sixth-tier corporation. In the case of a fifth-tier corporation, the term lower-tier corporation means a sixth-tier corporation.

(7) *Foreign income taxes.* The term *foreign income taxes* means income, war profits, and excess profits taxes as defined in § 1.902–1(a), and taxes included in the term income, war profits, and excess profits taxes by reason of section 903, that are imposed by a foreign country or a possession of the Untied States, including any such taxes deemed paid by a foreign corporation under this section. Foreign income, war profits, and excess profits taxes shall not include amounts excluded from the definition of those taxes pursuant to section 901 and the regulations under that section. See sections 901(f) and (i) and paragraph (c)(5) of this section. Foreign income, war profits, and excess profits taxes also shall not include taxes for which a credit is disallowed under section 901 and the regulations thereunder. See sections 901(e), (h), (j), (k), and (l), and paragraphs (c)(4) and (c)(8) of this section.

(8) *Post-1986 foreign income taxes*—(i) *In general.* Except as provided in paragraphs (a)(10) and (a)(13) of this section, the term post-1986 foreign income taxes of a foreign corporation means the sum of the foreign income taxes paid, accrued, or deemed paid in the taxable year of the foreign corporation in which it distributes a dividend plus the foreign income taxes paid, accrued, or deemed paid in the foreign corporation's prior taxable years beginning after December 31, 1986, to the extent the foreign taxes were not attributable to dividends distributed to, or earnings otherwise included (*e.g.*, under section 304, 367(b), 551, 951(a), 1248, or 1293) in the income of, a foreign or domestic shareholder in prior taxable years. Except as provided in paragraph (b)(4) of this section, foreign taxes paid or deemed paid by the foreign corporation on or with respect to earnings that were distributed or otherwise removed from post-1986 undistributed earnings in prior post-1986 taxable years shall be removed from post-1986 foreign income taxes regardless of whether the shareholder is eligible to compute an amount of foreign taxes deemed paid under section 902, and regardless of whether the shareholder in fact chose to credit foreign income taxes under section 901 for the year of the distribution or inclusion. Thus, if an amount is distributed or deemed distributed by a foreign corporation to a United States person that is not a domestic shareholder within the meaning of paragraph (a)(1) of this section (*e.g.*, an individual or a corporation that owns less than 10% of the foreign corporation's voting stock), or to a foreign person that does not meet the definition of an upper-tier corporation under paragraph (a)(6) of this section, then although no foreign income taxes shall be deemed paid under section 902, foreign income taxes attributable to the distribution or deemed distribution that would have been deemed paid had the shareholder met the ownership requirements of paragraphs (a)(1) through (4) of this section shall be removed from post-1986 foreign income taxes. Further, if a domestic shareholder chooses to deduct foreign taxes paid or accrued for the taxable year of the distribution or inclusion, it shall nonetheless be deemed to have paid a proportionate share of the foreign

corporation's post-1986 foreign income taxes under section 902(a), and the foreign income taxes deemed paid must be removed from post-1986 foreign income taxes. In the case of a foreign corporation the foreign income taxes of which are determined based on an accounting period of less than one year, the term year means that accounting period. See sections 441(b)(3) and 443.

(a)(8)(ii) through (c)(7) [Reserved]. For guidance, see § 1.902–1(a)(8)(ii) through (c)(7).

(8) *Effect of certain liquidations, reorganizations, or similar transactions on certain foreign taxes paid or accrued in taxable years beginning on or before August 5, 1997*—(i) *General rule.* Notwithstanding the effect of any liquidation, reorganization, or similar transaction, foreign taxes paid or accrued by a member of a qualified group (as defined in section 902(b)(2)) shall not be eligible to be deemed paid if they were paid or accrued in a taxable year beginning on or before August 5, 1997, by a corporation that was a fourth-, fifth- or sixth-tier corporation with respect to the taxpayer on the first day of the corporation's first taxable year beginning after August 5, 1997.

(ii) *Example.* P, a domestic corporation, has owned 100 percent of the voting stock of foreign corporation S at all times since January 1, 1987. Until June 30, 2002, S owned 100 percent of the voting stock of foreign corporation T, T owned 100 percent of the voting stock of foreign corporation U, and U owned 100 percent of the voting stock of foreign corporation V. P, S, T, U, and V each use the calendar year as their U.S. taxable year. Thus, beginning in 1998 V was a fourth-tier controlled foreign corporation, and its foreign taxes paid or accrued in 1998 and later taxable years were eligible to be deemed paid. On June 30, 2002, T was liquidated, causing S to acquire 100 percent of the stock of U. As a result, V became a third-tier controlled foreign corporation. In 2003, V paid a dividend to U. Under paragraph (c)(8) of this section, foreign taxes paid by V in taxable years beginning before 1998 are not taken into account in computing the foreign taxes deemed paid with respect to the dividend paid by V to U.

(d) *Dividends from controlled foreign corporations and noncontrolled section 902 corporations*—(1) *General rule.* If a dividend is described in paragraphs (d)(1) (A) through (D) of this section, the following rules apply. If a dividend is paid out of post-1986 undistributed earnings or pre-1987 accumulated profits of a foreign corporation attributable to more than one separate category, the amount of foreign income taxes deemed paid by the domestic shareholder or the upper-tier corporation under section 902 and paragraph (b) of this section shall be computed separately with respect to the post-1986 undistributed earnings or pre-1987 accumulated profits in each separate category out of which the dividend is paid. See §§ 1.904–5T(c)(4), 1.904–5(i), and paragraph (d)(2) of this section. The separately computed deemed-paid taxes shall be added to other taxes paid by the domestic shareholder or upper-tier corporation with respect to income in the appropriate separate category. The rules of this paragraph (d)(1) apply to dividends received by—

(A) A domestic shareholder that is a United States shareholder (as defined in section 951(b) or section 953(c)) from a first-tier corporation that is a controlled foreign corporation;

(B) A domestic shareholder from a first-tier corporation that is a noncontrolled section 902 corporation;

(C) An upper-tier controlled foreign corporation from a lower-tier controlled foreign corporation if the corporations are related look-through entities within the meaning of § 1.904–5(i) (see § 1.904–5T(i)(3)); or

(D) A foreign corporation that is eligible to compute an amount of foreign taxes deemed paid under section 902(b)(1), from a controlled foreign corporation or a noncontrolled section 902 corporation (*i.e.*, both the payor and payee corporations are members of the same qualified group as defined in section 902(b)(2) (see § 1.904–5T(i)(4)).

(2) *Look-through*—(i) *Dividends.* Any dividend distribution by a controlled foreign corporation or noncontrolled section 902 corporation to a domestic shareholder or a foreign corporation that is eligible to compute an amount of foreign taxes deemed paid under section 902(b)(1) shall be deemed paid pro rata out of each separate category of income. Any dividend distribution by a controlled foreign corporation to a controlled foreign corporation that is a related look-through entity within the meaning of § 1.904–5T(i)(3) shall also be deemed to be paid pro rata out of each separate category of income. See §§ 1.904–5T(c)(4), 1.904–5(i), and 1.904–7. The portion of the foreign income taxes attributable to a particular separate category that shall be deemed paid by the domestic shareholder or upper-tier corporation must be computed under the following formula:

Foreign taxes deemed paid by domestic shareholder or upper-tier corporation with respect to a separate category

=

Post-1986 foreign income taxes of first-tier or lower-tier corporation allocated and apportioned to the separate category under § 1.904–6

×

Dividend amount attributable to the separate category/Post-1986 undistributed earnings of first-tier or lower-tier corporation in the separate category.

(e) through (f). [Reserved] For further guidance, see § 1.902–1(e) through (f).

(g) *Effective dates.* This section and § 1.902–1 apply to any distribution made in and after a foreign corporation's first taxable year beginning on or after January 1, 1987, except that the provisions of paragraphs (a)(4)(ii), (a)(6), (a)(7), (a)(8)(i), and (c)(8) of this section apply to distributions made in taxable years of foreign corporations beginning after April 25, 2006, and, except as provided in § 1.904–7T(f)(9), the provisions of paragraph (d) of this section apply to distributions in taxable years of foreign corporations beginning after December 31, 2002.

■ **Par. 7.** Section 1.902–2 is amended as follows:

■ 1. Revise the section heading and the headings for paragraphs (a) and (b).

■ 2. In paragraph (a)(1), remove two instances of the language ''a first-, second- or third-tier corporation'' and add the language ''a first- or lower-tier corporation'' in its place.

■ 3. In paragraph (b)(1), remove the language ''a first-, second- or third-tier corporation'' and add the language ''a first- or lower-tier corporation'' in its place.

The revisions read as follows:

**§ 1.902–2 Treatment of deficits in post-1986 undistributed earnings and pre-1987 accumulated profits of a first- or lower-tier corporation for purposes of computing an amount of foreign taxes deemed paid under § 1.902–1.**

(a) *Carryback of deficits in post-1986 undistributed earnings of a first- or lower-tier corporation to pre-effective date taxable years.*

* * * * *

(b) *Carryforward of deficit in pre-1987 accumulated profits of a first- or lower-tier corporation to post-1986 undistributed earnings for purposes of section 902.*

■ **Par. 8.** Section 1.904–0 is amended as follows:

■ 1. Add the entries for § 1.904–2(h), (h)(1), and (h)(2).

■ 2. Revise the entry for § 1.904–4(c)(4).

■ 3. Remove the entry for § 1.904–4(c)(5)(iv), and redesignate the entry for § 1.904–4(c)(5)(v) as § 1.904–4(c)(5)(iv).
■ 4. Remove the entries for § 1.904–4(g)(1) through (g)(3).
■ 5. Redesignate the entries for § 1.904–5(c)(2)(iii) and (iv) as § 1.904–5(c)(2)(iv) and (v), respectively, and add the entry for § 1.904–5(c)(2)(iii).
■ 6. Revise the entry for § 1.904–5(c)(4)(i), redesignate the entry for § 1.904–5(c)(4)(iii) as § 1.904–5(c)(4)(iv), and add the entry for § 1.904–5(c)(4)(iii).
■ 7. Remove the entry for § 1.904–5(f)(2), and redesignate the entries for § 1.904–5(f)(3) and (4) as § 1.904–5(f)(2) and (3), respectively.
■ 8. Revise the entry for § 1.904–5(i)(3), redesignate the entry for § 1.904–5(i)(4) as § 1.904–5(i)(5), and add the entry for § 1.904–5(i)(4).
■ 9. Add the entries for § 1.904–5(m)(2)(i) and (ii).
■ 10. Add the entries for § 1.904–5(o)(1) and (2).
■ 11. Revise the entry for § 1.904–6(a)(2).
■ 12. Add the entry for § 1.904–7(f).
■ 13. Add the entry for § 1.904(f)–12(g).

The revisions and additions read as follows:

**§ 1.904–0 Outline of regulations provisions for section 904.**

* * * * *

**§ 1.904–2 Carryback and carryover of unused foreign tax.**

* * * * *

(h) Transition rules for carryovers and carrybacks of pre-2003 and post-2002 unused foreign tax paid or accrued with respect to dividends from noncontrolled section 902 corporations.

(1) Carryover of unused foreign tax.

(2) Carryback of unused foreign tax.

* * * * *

**§ 1.904–4 Separate application of section 904 with respect to certain categories of income.**

* * * * *

(c) * * *

(4) Dividends and inclusions from controlled foreign corporations, dividends from noncontrolled section 902 corporations, and income of foreign QBUs.

* * * * *

**§ 1.904–5 Look-through rules as applied to controlled foreign corporations and other entities.**

* * * * *

(c) * * *

(2) * * *

(iii) Allocating and apportioning expenses of a noncontrolled section 902 corporation.

* * * * *

(4) * * *

(i) Look-through rule for controlled foreign corporations. * * *

(iii) Look-through rule for noncontrolled section 902 corporations.

* * *

(i) * * *

(3) Special rule for dividends between controlled foreign corporations.

(4) Payor and recipient of dividend are members of the same qualified group. * * *

(m) * * *

(2) * * *

(i) Interest payments from controlled foreign corporations.

(ii) Interest payments from noncontrolled section 902 corporations.

* * *

(o) * * *

(i) Rules for controlled foreign corporations and other look-through entities.

(ii) Rules for noncontrolled section 902 corporations.

**§ 1.904–6 Allocation and apportionment of taxes.**

(a) * * *

(2) Reserved.

* * * * *

**§ 1.904–7 Transition rules.**

* * * * *

(f) Treatment of non-look-through pools of a noncontrolled section 902 corporation or a controlled foreign corporation in post-2002 taxable years.

* * * * *

**§ 1.904(f)–12 Transition rules.**

* * * * *

(g) Recapture in years beginning after December 31, 2002, of separate limitation losses and overall foreign losses incurred in years beginning before January 1, 2003, with respect to the separate category for dividends from a noncontrolled section 902 corporation.

* * * * *

■ **Par. 9.** Section 1.904–2 is amended as follows:
■ 1. Revise paragraph (a).
■ 2. Add new paragraph (h).

The revisions and addition reads as follows:

**§ 1.904–2 Carryback and carryover of unused foreign tax.**

(a) *Credit for foreign tax carryback or carryover.* [Reserved]. For further guidance, see § 1.904–2T(a).

* * * * *

(h) *Transition rules for carryovers and carrybacks of pre-2003 and post-2002 unused foreign tax paid or accrued with respect to dividends from noncontrolled section 902 corporations.* [Reserved]. For further guidance, see § 1.904–2T(h).

* * * * *

■ **Par. 10.** Section 1.904–2T is added to read as follows:

**§ 1.904–2T Carryback and carryover of unused foreign tax (temporary).**

(a) *Credit for foreign tax carryback or carryover (temporary).* A taxpayer who chooses to claim a credit under section 901 for a taxable year is allowed a credit under that section not only for taxes otherwise allowable as a credit but also for taxes deemed paid or accrued in that year as a result of a carryback or carryover of an unused foreign tax under section 904(c). However, the taxes so deemed paid or accrued shall not be allowed as a deduction under section 164(a). Paragraphs (b) through (g) of § 1.904–2 and § 1.904–3, providing rules for the computation of carryovers and carrybacks, do not reflect a number of intervening statutory amendments, including the redesignation of section 904(d) as section 904(c) for taxable years beginning after 1975, amendments to sections 904(d) and (f) regarding the application of separate limitations in taxable years beginning after 1986, the limitation of the carryback period to one year for unused foreign taxes arising in taxable years beginning after October 22, 2004, and the extension of the carryover period to ten years for unused foreign taxes that may be carried to any taxable year ending after October 22, 2004. However, the principles of paragraphs (b) through (g) of § 1.904–2 and § 1.904–3 shall apply in determining carrybacks and carryovers of unused foreign taxes, modified so as to take into account the effect of statutory amendments. For transition rules relating to the carryover and carryback of unused foreign tax paid with respect to dividends from noncontrolled section 902 corporations, see paragraph (h) of this section. For special rules regarding these computations in case of taxes paid, accrued, or deemed paid with respect to foreign oil and gas extraction income or foreign oil related income, see section 907(f) and the regulations under that section.

(b) through (g) [Reserved]. For further guidance, see § 1.904–2(b) through (g).

(h) *Transition rules for carryovers and carrybacks of pre-2003 and post-2002 unused foreign tax paid or accrued with respect to dividends from noncontrolled section 902 corporations (temporary).*

(1) *Carryover of unused foreign tax.* Except as provided in §§ 1.904–7T(f)(9)(iv) and 1.904(f)–12T(g)(3), the rules of this paragraph (h)(1) apply to reallocate to the taxpayer's other separate categories any unused foreign

taxes (as defined in § 1.904–2(b)(2)) that were paid or accrued or deemed paid under section 902 with respect to a dividend from a noncontrolled section 902 corporation paid in a taxable year of the noncontrolled section 902 corporation beginning before January 1, 2003, which taxes were subject to a separate limitation for dividends from that noncontrolled section 902 corporation. To the extent any such unused foreign taxes are carried forward to a taxable year of a domestic shareholder beginning on or after the first day of the noncontrolled section 902 corporation's first taxable year beginning after December 31, 2002, such taxes shall be allocated among the taxpayer's separate categories in the same proportions as the related dividend would have been assigned had such dividend been eligible for look-through treatment when paid. Accordingly, the taxes shall be allocated in the same percentages as the reconstructed earnings in the noncontrolled section 902 corporation's non-look-through pool and pre-1987 accumulated profits that were accumulated in taxable years beginning before January 1, 2003, out of which the dividend was paid, in accordance with the rules of § 1.904–7T(f), or, if the taxpayer elects the safe harbor of § 1.904–7T(f)(4)(ii), in the same percentages as the taxpayer properly characterizes the stock of the noncontrolled section 902 corporation for purposes of apportioning its interest expense in its first taxable year ending after the first day of the noncontrolled section 902 corporation's first taxable year beginning after December 31, 2002. See § 1.904–7T(f)(2) and (f)(4). In the case of unused foreign taxes allocable to dividends from a noncontrolled section 902 corporation with respect to which the taxpayer was no longer a domestic shareholder (as defined in § 1.902–1(a)) as of the first day of such taxable year, such taxes shall be allocated among the taxpayer's separate categories in the same percentages as the earnings in the noncontrolled section 902 corporation's non-look-through pool or pre-1987 accumulated profits would have been assigned had they been distributed in the last taxable year in which the taxpayer was a domestic shareholder in such corporation. The unused foreign taxes that are carried forward shall be treated as allocable to general limitation income to the extent that such taxes would otherwise have been allocable to passive income, either on a look-through basis or as a result of inadequate substantiation under the rules of § 1.904–7T(f)(4).

(2) *Carryback of unused foreign tax.* The rules of this paragraph (h)(2) apply to any unused foreign taxes that were paid or accrued or deemed paid under section 902 with respect to a dividend from a noncontrolled section 902 corporation paid in a taxable year of a noncontrolled section 902 corporation beginning after December 31, 2002, which dividends were eligible for look-through treatment. To the extent any such unused foreign taxes are carried back to a prior taxable year of a domestic shareholder, a credit for such taxes shall be allowed only to the extent of the excess limitation in the same separate category or categories to which the related look-through dividend was assigned and not in any separate category for dividends from noncontrolled section 902 corporations.

■ **Par. 11.** Section 1.904–4 is amended as follows:

■ 1. Revise paragraphs (c)(2)(i), (c)(3), (c)(4), and (c)(6)(iv)(B).

■ 2. Remove paragraph (c)(5)(iv), and redesignate paragraph (c)(5)(v) as paragraph (c)(5)(iv).

■ 3. In paragraph (e)(5)(iii), remove the language ''and paragraph (9) of this section'' and add the language ''paid in taxable years beginning before January 1, 2003'' in its place.

■ 4. In paragraph (f), remove the language ''received or accrued from a noncontrolled section 902 corporation,'' and add the language ''paid by a noncontrolled section 902 corporation in a taxable year beginning before January 1, 2003'' in its place.

■ 5. Revise the text of paragraph (g).

The revisions and additions read as follows:

**§ 1.904–4 Separate application of section 904 with respect to certain categories of income.**

* * * * *

(c) * * * (2) * * *

(i) *Effective dates.* [Reserved]. For further guidance, see § 1.904–4T(c)(2)(i).

* * *

(3) and (4) [Reserved]. For further guidance, see § 1.904–4T(c)(3) and (4).

* * * * *

(c)(6) * * * (iv) * * * (A) * * *

(B) *Exception.* For a special rule applicable to distributions prior to August 6, 1997, to U.S. shareholders not entitled to look-through treatment, see 26 CFR 1.904–4(c)(6)(iv)(B) (revised as of April 1, 2006).

* * * * *

(g) *Noncontrolled section 902 corporation.* See § 1.904–5 for the treatment of dividends paid by a noncontrolled section 902 corporation in taxable years beginning after December 31, 2002. For rules applicable to dividends paid by noncontrolled section 902 corporations in taxable years beginning before January 1, 2003, see 26 CFR 1.904–4 (revised as of April 1, 2006).

* * * * *

■ **Par. 12.** Section 1.904–4T is added to read as follows:

**§ 1.904–4T Separate application of section 904 with respect to certain categories of income (temporary).**

(a) through (b) [Reserved]. For further guidance, see § 1.904–4(a) through (b).

(c)(1) [Reserved]. For further guidance, see § 1.904–4(c)(1).

(2) *Grouping of items of income in order to determine whether passive income is high-taxed income*—(i) *Effective dates.* For purposes of determining whether passive income is high-taxed income, the grouping rules of paragraphs (c)(3) and (c)(4) of this section apply to taxable years beginning after December 31, 2002. For corresponding rules applicable to taxable years beginning before January 1, 2003, see 26 CFR § 1.904–4(c)(2)(i) (revised as of April 1, 2006).

(c)(2)(ii) [Reserved]. For further guidance, see § 1.904–4(c)(2)(ii).

(3) *Amounts received or accrued by United States persons.* Except as otherwise provided in § 1.904–4(c)(5), all passive income received by a United States person shall be subject to the rules of this paragraph (c)(3). However, subpart F inclusions that are passive income, dividends from a controlled foreign corporation or noncontrolled section 902 corporation that are passive income, and income that is earned by a United States person through a foreign qualified business unit (foreign QBU) that is passive income shall be subject to the rules of this paragraph only to the extent provided in paragraph (c)(4) of this section. For purposes of this section, a foreign QBU is a QBU (as defined in section 989(a)), other than a controlled foreign corporation or noncontrolled section 902 corporation, that has its principal place of business outside the United States. These rules shall apply whether the income is received from a controlled foreign corporation of which the United States person is a United States shareholder, from a noncontrolled section 902 corporation of which the United States person is a domestic corporation meeting the stock ownership requirements of section 902(a), or from any other person. For purposes of determining whether passive income is high-taxed income, the following rules apply:

(i) All passive income received during the taxable year that is subject to a withholding tax of fifteen percent or greater shall be treated as one item of income.

(ii) All passive income received during the taxable year that is subject to a withholding tax of less than fifteen percent (but greater than zero) shall be treated as one item of income.

(iii) All passive income received during the taxable year that is subject to no withholding tax or other foreign tax shall be treated as one item of income.

(iv) All passive income received during the taxable year that is subject to no withholding tax but is subject to a foreign tax other than a withholding tax shall be treated as one item of income.

(4) *Dividends and inclusions from controlled foreign corporations, dividends from noncontrolled section 902 corporations, and income of foreign QBUs.* Except as provided in paragraph (c)(5) of this section, all dividends and all amounts included in gross income of a United States shareholder under section 951(a)(1) with respect to the foreign corporation that (after application of the look-through rules of section 904(d)(3) and § 1.904–5) are attributable to passive income received or accrued by a controlled foreign corporation, all dividends from a noncontrolled section 902 corporation that are received or accrued by a domestic corporate shareholder meeting the stock ownership requirements of section 902(a) that (after application of the look-through rules of section 904(d)(4) and § 1.904–5) are treated as passive income, and all amounts of passive income received or accrued by a United States person through a foreign QBU shall be subject to the rules of this paragraph (c)(4). This paragraph (c)(4) shall be applied separately to dividends and inclusions with respect to each controlled foreign corporation of which the taxpayer is a United States shareholder and to dividends with respect to each noncontrolled section 902 corporation of which the taxpayer is a domestic corporate shareholder meeting the stock ownership requirements of section 902(a). This paragraph (c)(4) also shall be applied separately to income attributable to each QBU of a controlled foreign corporation, noncontrolled section 902 corporation, or any other look-through entity as defined in § 1.904–5(i), except that if the entity subject to the look-through rules is a United States person, then this paragraph (c)(4) shall be applied separately only to each foreign QBU of that United States person.

(c)(4)(i) through (m) [Reserved]. For further guidance, see § 1.904–4(c)(4)(i) through (m).

■ **Par. 13.** Section 1.904–5 is amended as follows:

■ 1. Revise paragraph (a)(1).
■ 2. Add paragraph (a)(4).
■ 3. Revise paragraph (b).
■ 4. Revise the heading of paragraph (c)(2)(ii), redesignate paragraphs (c)(2)(iii) and (2)(iv) as paragraphs (c)(2)(iv) and (2)(v) and add a new paragraph (c)(2)(iii).
■ 5. Revise the heading of paragraph (c)(4)(i), redesignate paragraph (c)(4)(iii) as paragraph (c)(4)(iv), and add a new paragraph (c)(4)(iii).
■ 6. Remove paragraph (f)(2).
■ 7. Redesignate paragraphs (f)(3) and (f)(4) as paragraphs (f)(2) and (f)(3), respectively.
■ 8. Revise paragraphs (i)(1) and (i)(3), redesignate paragraph (i)(4) as paragraph (i)(5), add a new paragraph (i)(4), and add two examples at the end of newly designated paragraph (i)(5).
■ 9. Revise paragraph (m)(1), redesignate paragraph (m)(2) as paragraph (m)(2)(i) and add a heading for newly designated paragraph (m)(2)(i), add new paragraph (m)(2)(ii), and revise paragraph (m)(4)(i).
■ 10. Revise paragraph (n).
■ 11. Revise the heading for paragraph (o), redesignate paragraph (o) as paragraph (o)(1), add a heading for newly redesignated paragraph (o)(1), and add new paragraph (o)(2).

The revisions read as follows:

**§ 1.904–5 Look-through rules as applied to controlled foreign corporations and other entities.**

(a) and (a)(1) [Reserved]. For further guidance, see § 1.904–5T(a) and (a)(1).

* * * * *

(4) [Reserved]. For further guidance, see § 1.904–5T(a)(4).

(b) [Reserved]. For further guidance, see § 1.904–5T(b).

(c) * * *

(2) * * *

(ii) *Allocating and apportioning expenses of a controlled foreign corporation including interest paid to a related person.* * * *

(iii) [Reserved]. For further guidance, see § 1.904–5T(c)(2)(iii).

* * * * *

(4) * * * (i) *Look-through rule for controlled foreign corporations.* * * *

* * * * *

(iii) [Reserved]. For further guidance, see § 1.904–5T(c)(4)(iii).

* * * * *

(i) * * *

(1) [Reserved]. For further guidance, see § 1.904–5T(i)(1).

* * * * *

(3) and (4) [Reserved]. For further guidance, see § 1.904–5T(i)(3) and (4).

* * * * *

(m) * * *

(1) [Reserved]. For further guidance, see § 1.904–5T(m)(1).

(2) * * *

(i) *Interest payments from controlled foreign corporations.* * * *

(ii) [Reserved]. For further guidance, see § 1.904–5T(m)(2)(ii).

* * * * *

(4) * * *

(i) [Reserved]. For further guidance, see § 1.904–5T(m)(4)(i).

* * * * *

(n) [Reserved]. For further guidance, see § 1.904–5T(n)

(o) *Effective dates*—(1) *Rules for controlled foreign corporations and other look-through entities.* * * *

(2) [Reserved]. For further guidance, see § 1.904–5T(o)(2).

■ **Par. 14.** Section 1.904–5T is added as follows:

**§ 1.904–5T Look-through rules as applied to controlled foreign corporations and other entities (temporary).**

(a) *Definitions.* For purposes of sections 904(d)(3) and 904(d)(4) and the regulations under section 904, the following definitions apply:

(1) The term *separate category* means, as the context requires, any category of income described in section 904(d)(1)(A), (B), (C), (D), (F), (G), (H), or (I) and in § 1.904–4(b), (d), (e), and (f), any category of income described in § 1.904–4(m), or any category of earnings and profits to which income described in such provisions is attributable.

(2) and (3) [Reserved]. For further guidance, see § 1.904–5(a)(2) and (3).

(4) The term *noncontrolled section 902 corporation* means any foreign corporation with respect to which the taxpayer meets the stock ownership requirements of section 902(a), or, with respect to a lower-tier foreign corporation, the taxpayer meets the requirements of section 902(b). Except as provided in section 902 and the regulations under that section and paragraphs (i)(3) and (i)(4) of this section, a controlled foreign corporation shall not be treated as a noncontrolled section 902 corporation with respect to any distributions out of its earnings and profits for periods during which it was a controlled foreign corporation. In the case of a partnership owning a foreign corporation, the determination of whether a taxpayer meets the ownership requirements of section 902(a) or (b) will be made with respect to the taxpayer's indirect ownership, and not

the partnership's direct ownership, in the foreign corporation. See section 902(b)(7).

(b) *In general.* Except as otherwise provided in section 904(d)(3) and (4) and this section, dividends, interest, rents, and royalties received or accrued by a taxpayer from a controlled foreign corporation in which the taxpayer is a United States shareholder shall be treated as general limitation income. See § 1.904–5T(c)(4)(iii) for the treatment of dividends received by a domestic corporation from a noncontrolled section 902 corporation in which the domestic corporation meets the stock ownership requirements of section 902(a).

(c)(1) through (c)(2)(ii) [Reserved]. For further guidance, see § 1.904–5(c)(1) through (c)(2)(ii).

(iii) *Allocating and apportioning expenses of a noncontrolled section 902 corporation.* Expenses of a noncontrolled section 902 corporation shall be allocated and apportioned in the same manner as expenses of a controlled foreign corporation under § 1.904–5(c)(2)(ii), except that the related person interest rule of § 1.904–5(c)(2)(ii)(C) and (D) shall not apply.

(c)(2)(iv) through (c)(4)(ii) [Reserved]. For further guidance, see § 1.904–5(c)(2)(iv) through (c)(4)(ii).

(iii) *Look-through rule for dividends from noncontrolled section 902 corporations.* Except as otherwise provided in this subparagraph (iii), any dividend that is distributed by a noncontrolled section 902 corporation and received or accrued by a domestic corporation that meets the stock ownership requirements of section 902(a) shall be treated as income in a separate category in proportion to the ratio of the portion of earnings and profits attributable to income in such category to the total amount of earnings and profits of the noncontrolled section 902 corporation. A dividend distributed by a noncontrolled section 902 corporation shall be treated as passive income if the look-through characterization of such dividend is not substantiated to the satisfaction of the Commissioner, or if such dividend is received or accrued by a shareholder that is neither a domestic corporation meeting the stock ownership requirements of section 902(a) nor a foreign corporation meeting the requirements of section 902(b). See § 1.904–5T(i)(4). See § 1.904–7T for transition rules concerning the treatment of undistributed earnings (or a deficit) of a noncontrolled section 902 corporation that were accumulated in taxable years beginning before January 1, 2003.

(c)(4)(iv) through (h) [Reserved]. For further guidance, see § 1.904–5(c)(4)(iv) through (h).

(i) *Application of look-through rules to related entities*—(1) *In general.* Except as provided in paragraphs (i)(2), (3), and (4) of this section, the principles of this section shall apply to distributions and payments that are subject to the look-through rules of section 904(d)(3) and this section from a controlled foreign corporation or other entity otherwise entitled to look-through treatment (a ''look-through entity'') under this section to a related look-through entity. A noncontrolled section 902 corporation shall be considered a look-through entity only to the extent provided in paragraph (i)(4) of this section. Two look-through entities shall be considered to be related to each other if one owns, directly or indirectly, stock possessing more than 50 percent of the total voting power of all classes of voting stock of the other entity or more than 50 percent of the total value of such entity. In addition, two look-through entities are related if the same United States shareholders own, directly or indirectly, stock possessing more than 50 percent of the total voting power of all voting classes of stock (in the case of a corporation) or more than 50 percent of the total value of each look-through entity. In the case of a corporation, value shall be determined by taking into account all classes of stock. In the case of a partnership, value shall be determined under the rules in paragraph (h)(4) of this section. For purposes of this section, indirect ownership shall be determined under section 318 and the regulations thereunder.

(2) [Reserved]. For further guidance, see § 1.904–5(i)(2).

(3) *Special rule for dividends between controlled foreign corporations.* Solely for purposes of dividend payments between controlled foreign corporations, two controlled foreign corporations shall be considered related look-through entities if the same United States shareholder owns, directly or indirectly, at least 10 percent of the total voting power of all classes of stock of each foreign corporation. If two controlled foreign corporations are not considered related look-through entities for purposes of this section because a United States shareholder does not satisfy the ownership requirement set forth in this paragraph (i)(3), the dividend payment will be characterized under the look-through rules of section 904(d)(4) and this section if the requirements set forth in paragraph (i)(4) of this section are satisfied.

(4) *Payor and recipient of dividend are members of same qualified group.* Solely for purposes of dividend payments in taxable years beginning after December 31, 2002, between controlled foreign corporations, noncontrolled section 902 corporations, or a controlled foreign corporation and a noncontrolled section 902 corporation, the payor and recipient corporations shall be considered related look-through entities if the corporations are members of the same qualified group as defined in section 902(b)(2) and the recipient corporation is eligible to compute foreign taxes deemed paid with respect to the dividend under section 902(b)(1).

(5) *Examples.* The following examples illustrate the provisions of this paragraph (i):

*Examples 1 through 3* [Reserved]. For further guidance, see § 1.904–5(i)(5) *Examples 1 through 3.*

*Example 4.* P, a domestic corporation, owns all of the voting stock of S, a controlled foreign corporation. S owns 5 percent of the voting stock of T, a controlled foreign corporation. The remaining 95 percent of the stock of T is owned by P. In 2006, T pays a $50 dividend to S and a $950 dividend to P. The dividend to S is not eligible for look-through treatment under paragraph (i)(4) of this section, and S is not eligible to compute an amount of foreign taxes deemed paid with respect to the dividend from T, because S and T are not members of the same qualified group (S owns less than 10 percent of the voting stock of T). See section 902(b) and § 1.902–1(a)(3). However, the dividend is eligible for look-through treatment under paragraph (i)(3) of this section because P owns at least 10 percent of the voting power of all classes of stock of both S and T. The dividend is subpart F income of S that is taxable to P.

*Example 5.* P, a domestic corporation, owns 50 percent of the voting stock of S, a controlled foreign corporation. S owns 10 percent of the voting stock of T, a controlled foreign corporation. The remaining 50 percent of the stock of S and the remaining 90 percent of the stock of T are owned, respectively, by X and Y. X and Y are each United States shareholders of T but are not related to P, S, or each other. In 2006, T pays a $100 dividend to S. The dividend is not eligible for look-through treatment under paragraph (i)(3) of this section because no United States shareholder owns at least 10 percent of the voting power of all classes of stock of both S and T (P and X each own only 5 percent of T). However, the dividend is eligible for look-through treatment under paragraph (i)(4) of this section, and S is eligible to compute an amount of foreign taxes deemed paid with respect to the dividend from T, because S and T are members of the same qualified group. See section 902(b) and § 1.902–1(a)(3). The dividend is subpart F income of S that is taxable to P and X.

(j) through (l) [Reserved]. For further guidance, see § 1.904–5(j) through (l).

(m) *Application of section 904(g)*—(1) *In general.* This paragraph (m) applies to certain amounts derived from controlled foreign corporations and noncontrolled section 902 corporations that are treated as United States-owned foreign corporations as defined in section 904(g)(6). For purposes of determining the portion of an interest payment that is allocable to income earned or accrued by a controlled foreign corporation or noncontrolled section 902 corporation from sources within the United States under section 904(g)(3), the rules in paragraph (m)(2) of this section apply. For purposes of determining the portion of a dividend (or amount treated as a dividend, including amounts described in section 951(a)(1)(B)) paid or accrued by a controlled foreign corporation or noncontrolled section 902 corporation that is treated as from sources within the United States under section 904(g)(4), the rules in paragraph (m)(4) of this section apply. For purposes of determining the portion of an amount included in gross income under section 951(a)(1)(A) that is attributable to income of the controlled foreign corporation from sources within the United States under section 904(g)(2), the rules in paragraph (m)(5) of this section apply. In order to determine whether section 904(g) applies, section 904(g)(5) (exception if a United States-owned foreign corporation has a *de minimis* amount of United States source income) shall be applied to the total amount of earnings and profits of a controlled foreign corporation or noncontrolled section 902 corporation for a taxable year without regard to the characterization of those earnings under section 904(d).

(2)(i) [Reserved]. For further guidance, see § 1.904–5(m)(2)(i).

(ii) *Interest payments from noncontrolled section 902 corporations.* If interest is received or accrued by a shareholder from a noncontrolled section 902 corporation (where the shareholder is a domestic corporation that meets the stock ownership requirements of section 902(a)), the rules of subparagraph (m)(2)(i) apply in determining the portion of the interest payment that is from sources within the United States, except that the related party interest rules of subparagraph (c)(2)(ii)(C) shall not apply.

(3) [Reserved]. For further guidance, see § 1.904–5(m)(3).

(4) *Treatment of dividend payments*—(i) *Rule.* Any dividend or distribution treated as a dividend under this section (including an amount included in gross income under section 951(a)(1)(B)) that is received or accrued by a United States shareholder from a controlled foreign corporation, or any dividend that is received or accrued by a domestic corporate shareholder meeting the stock ownership requirements of section 902(a) from a noncontrolled section 902 corporation, shall be treated as income in a separate category derived from sources within the United States in proportion to the ratio of the portion of the earnings and profits of the controlled foreign corporation or noncontrolled section 902 corporation in the corresponding separate category from United States sources to the total amount of earnings and profits of the controlled foreign corporation or noncontrolled section 902 corporation in that separate category.

(m)(4)(ii) through (7). [Reserved] For further guidance, see § 1.904–5(m)(4)(ii) through (7).

(n) *Order of application of sections 904(d) and (g).* In order to apply the rules of this section, section 904(d)(1) shall first be applied to the controlled foreign corporation or noncontrolled section 902 corporation to determine the amount of income and earnings and profits derived by the controlled foreign corporation or noncontrolled section 902 corporation in each separate category. The income and earnings and profits in each separate category that are from United States sources shall then be determined. Sections 904(d)(3), 904(d)(4), and 904(g), and this section shall then be applied for purposes of characterizing and sourcing income received, accrued, or included by a United States shareholder in the controlled foreign corporation or a domestic corporate shareholder that meets the stock ownership requirements of section 902(a) with respect to a noncontrolled section 902 corporation that is attributable or allocable to income or earnings and profits of the foreign corporation.

(o)(1) [Reserved]. For further guidance, see § 1.904–5(o)(1).

(2) *Rules for noncontrolled section 902 corporations.* Except as provided in § 1.904–7T(f)(9), section 904(d)(4) and this section apply to distributions from a noncontrolled section 902 corporation that are paid during the first taxable year of the noncontrolled section 902 corporation beginning after December 31, 2002, and thereafter, without regard to whether the corresponding taxable year of the recipient of the distribution begins after December 31, 2002, except that the provisions of paragraphs (m)(1), (m)(2)(ii), (m)(4)(i), and (n) apply to distributions from a noncontrolled section 902 corporation paid in taxable years of such corporation beginning after April 25, 2006. For corresponding rules applicable to taxable years beginning before January 1, 2003, see 26 CFR § 1.904–5 (revised as of April 1, 2006).

■ **Par. 15.** Section 1.904–6 is amended as follows:

■ 1. Revise paragraph (a)(2).

■ 2. Revise paragraph (c) *Example 6.*

■ 3. Remove paragraph (c) *Example 7.*

■ 4. Redesignate paragraph (c) *Example 8* as paragraph (c) *Example 7.*

The revisions read as follows:

**§ 1.904–6 Allocation and apportionment of taxes.**

(a) * * *

(2) [Reserved].

* * * * *

(c) *Examples.* * * *

*Example 6.* P, a domestic corporation, owns all of the stock of S, a controlled foreign corporation that is incorporated in country X. In 2004, S has $100 of passive income, $200 of shipping income and $200 of general limitation income. S also has $100 of related person interest expense and $100 of other expenses that under foreign law are directly allocable to the general limitation income of S. S has no other expenses. Country X imposes a tax of 25 percent on all of the net income of S and S, therefore, pays $75 in foreign tax. Under paragraph (a)(1)(ii) of this section, the passive income of S is first reduced by the amount of related person interest for purposes of determining the net amount for purposes of allocating the $75 of tax. Under paragraph (a)(1)(ii) of this section, the general limitation income of S is reduced by the $100 of other expenses. Therefore, $50 of the foreign tax is allocated to the shipping income of S ($50 = $75 × $200/$300), $25 is allocated to the general limitation income of S ($25 = $75 × $100/$300), and no taxes are allocated to S's passive income.

* * * * *

■ **Par. 16.** Section 1.904–7 is amended by adding paragraph (f) to read as follows:

**§ 1.904–7 Transition rules.**

* * * * *

(f) [Reserved]. For further guidance, see § 1.904–7T(f).

■ **Par. 17.** Section 1.904–7T is added as follows:

**§ 1.904–7T Transition rules (temporary).**

(a) through (e) [Reserved]. For further guidance, see § 1.904–7(a) through (e).

(f) *Treatment of non-look-through pools of a noncontrolled section 902 corporation or a controlled foreign corporation in post-2002 taxable years*—(1) *Definition of non-look-through pools.* The term *non-look-through pools* means the pools of post-1986 undistributed earnings (as defined in § 1.902–1(a)(9)) that were accumulated, and post-1986 foreign income taxes (as defined in § 1.902–1(a)(8)) paid, accrued, or deemed paid, in and after the first

taxable year in which the foreign corporation had a domestic shareholder (as defined in § 1.902–1(a)(1)) but before any such shareholder was eligible for look-through treatment with respect to dividends from the foreign corporation.

(2) *Treatment of non-look-through pools of a noncontrolled section 902 corporation.* Any undistributed earnings in the non-look-through pool that were accumulated in taxable years beginning before January 1, 2003, by a noncontrolled section 902 corporation as of the last day of the corporation's last taxable year beginning before January 1, 2003, shall be treated in taxable years beginning after December 31, 2002, as if they were accumulated during a period when a dividend paid by the noncontrolled section 902 corporation to a domestic shareholder would have been eligible for look-through treatment under section 904(d)(4) and § 1.904–5. Post-1986 foreign income taxes paid, accrued or deemed paid with respect to such earnings shall be treated as if they were paid, accrued or deemed paid during a period when the related earnings were eligible for look-through treatment. Any such earnings and taxes in the non-look-through pools shall constitute the opening balance of the noncontrolled section 902 corporation's pools of post-1986 undistributed earnings and post-1986 foreign income taxes on the first day of the foreign corporation's first taxable year beginning after December 31, 2002, in accordance with the rules of paragraph (f)(4) of this section.

(3) *Treatment of non-look-through pools of a controlled foreign corporation.* A controlled foreign corporation may have non-look-through pools of post-1986 undistributed earnings and post-1986 foreign income taxes that were accumulated and paid in a taxable year beginning before January 1, 2003, in which it was a noncontrolled section 902 corporation. Any such undistributed earnings in the non-look-through pool as of the last day of the controlled foreign corporation's last taxable year beginning before January 1, 2003, shall be treated in taxable years beginning on or after January 1, 2003, as if they were accumulated during a period when a dividend paid by the controlled foreign corporation out of such earnings, or an amount included in the gross income of a United States shareholder under section 951 that is attributable to such earnings, would have been eligible for look-through treatment. Any post-1986 foreign income taxes paid, accrued, or deemed paid with respect to such earnings shall be treated in taxable years beginning on or after January 1, 2003, as if they were paid, accrued, or deemed paid during a period when a dividend or inclusion out of such earnings would have been eligible for look-through treatment. Any such undistributed earnings and taxes in the non-look-through pools shall be added to the pools of post-1986 undistributed earnings and post-1986 foreign income taxes of the controlled foreign corporation in the appropriate separate categories on the first day of the controlled foreign corporation's first taxable year beginning after December 31, 2002, in accordance with the rules of paragraph (f)(4) of this section. Similar rules shall apply to characterize any previously-taxed earnings and profits described in section 959(c)(1)(A) that are attributable to earnings in the non-look-through pool.

(4) *Substantiation of look-through character of undistributed earnings and taxes in a non-look-through pool*—(i) *Reconstruction of earnings and taxes pools.* In order to substantiate the look-through characterization of undistributed earnings and taxes in a non-look-through pool under section 904(d)(4) and § 1.904–5, the taxpayer shall make a reasonable, good-faith effort to reconstruct the non-look-through pools of post-1986 undistributed earnings and post-1986 foreign income taxes (and previously-taxed earnings and profits, if any) on a look-through basis for each year in the non-look-through period, beginning with the first taxable year in which post-1986 undistributed earnings were accumulated in the non-look-through pool. Reconstruction shall be based on reasonably available books and records and other relevant information, and it must account for earnings distributed and taxes deemed paid in these years as if they were distributed and deemed paid pro rata from the amounts that were added to the non-look-through pools during the non-look-through period.

(ii) *Safe harbor method.* A taxpayer may allocate the undistributed earnings and taxes in the non-look-through pools to the foreign corporation's look-through pools of post-1986 undistributed earnings and post-1986 foreign income taxes in other separate categories on the first day of the foreign corporation's first taxable year beginning after December 31, 2002, in the same percentages as the taxpayer properly characterizes the stock of the foreign corporation in the separate categories for purposes of apportioning the taxpayer's interest expense in its first taxable year ending after the first day of the foreign corporation's first taxable year beginning after December 31, 2002, under § 1.861–12T(c)(3) or (c)(4), as the case may be. If the modified gross income method described in § 1.861–9T(j) is used to apportion interest expense of the foreign corporation in its first taxable year beginning after December 31, 2002, the taxpayer must allocate the undistributed earnings and taxes in the non-look-through pools to the foreign corporation's look-through pools of post-1986 undistributed earnings and post-1986 foreign income taxes based on an average of the foreign corporation's modified gross income ratios for the foreign corporation's taxable years beginning in 2003 and 2004. A taxpayer may also use the safe harbor method described in this paragraph (f)(4)(ii) to allocate to separate categories any previously-taxed earnings and profits described in section 959(c)(1)(A) that are attributable to the non-look-through pool.

(iii) *Inadequate substantiation.* If a taxpayer does not elect the safe harbor method described in paragraph (f)(4)(ii) of this section and the Commissioner determines that the look-through characterization of earnings and taxes in the non-look-through pools cannot reasonably be determined based on the available information, the Commissioner shall allocate the undistributed earnings and taxes in the non-look-through pools to the foreign corporation's passive category.

(iv) *Examples.* The following examples illustrate the application of this paragraph (f)(4):

*Example 1. P, a domestic corporation, has owned 50 percent of the voting stock of S, a foreign corporation, at all times since January 1, 1987, and S has been a noncontrolled section 902 corporation with respect to P since that date. P and S each use the calendar year as their U.S. taxable year. 1987 was the first year in which post-1986 undistributed earnings were accumulated in the non-look-through pool of S. As of December 31, 2002, S had 200u of post-1986 undistributed earnings and $100 of post-1986 foreign income taxes in its non-look-through pools. P does not elect the safe harbor method under paragraph(f)(4)(ii) of this section to allocate the earnings and taxes in the non-look-through pools to S's other separate categories and does not attempt to substantiate the look-through characterization of S's non-look-through pools. The Commissioner, however, reasonably determines, based on information used to characterize S's stock for purposes of apportioning P's interest expense in P's 2003 and 2004 taxable years, that 100u of the earnings and all $100 of the taxes in the non-look-through pools are properly assigned on a look-through basis to the general limitation category, and 100u of earnings and no taxes are properly assigned on a look-through basis to the passive category. Therefore, in accordance with the Commissioner's look-through characterization of the earnings and taxes in S's non-look-through pools, on*

*January 1, 2003, S has 100u of post-1986 undistributed earnings and $100 of post-1986 foreign income taxes in the general limitation category and 100u of post-1986 undistributed earnings and no post-1986 foreign income taxes in the passive category.*

*Example 2. The facts are the same as in Example 1, except that the Commissioner cannot reasonably determine, based on the available information, the proper look-through characterization of the 200u of undistributed earnings and $100 of taxes in S's non-look-through pools. Accordingly, the Commissioner will assign such earnings and taxes to the passive category, so that as of January 1, 2003, S has 200u of post-1986 undistributed earnings and $100 of post-1986 foreign income taxes in the passive category, and the Commissioner will treat S as a passive category asset for purposes of apportioning P's interest expense.*

(5) *Treatment of a deficit accumulated in a non-look-through pool.* Any deficit in the non-look-through pool of a noncontrolled section 902 corporation or a controlled foreign corporation as of the end of its last taxable year beginning before January 1, 2003, shall be treated in taxable years beginning after December 31, 2002, as if the deficit had been accumulated during a period in which a dividend paid by the foreign corporation would have been eligible for look-through treatment. In the case of a noncontrolled section 902 corporation, the deficit and taxes, if any, in the non-look-through pools shall constitute the opening balance of the look-through pools of post-1986 undistributed earnings and post-1986 foreign income taxes of the noncontrolled section 902 corporation in the appropriate separate categories on the first day of its first taxable year beginning after December 31, 2002. In the case of a controlled foreign corporation, the deficit and taxes, if any, in the non-look-through pools shall be added to the balance of the look-through pools of post-1986 undistributed earnings and post-1986 foreign income taxes of the controlled foreign corporation in the appropriate separate categories on the first day of its first taxable year beginning after December 31, 2002. The taxpayer must substantiate the look-through characterization of the deficit and taxes in accordance with the rules of paragraph (f)(4) of this section. If a taxpayer does not elect the safe harbor described in paragraph (f)(4)(ii) of this section and the Commissioner determines that the look-through characterization of the deficit and taxes cannot reasonably be determined based on the available information, the Commissioner shall allocate the deficit and taxes, if any, in the non-look-through pools to the foreign corporation's passive category. If, as of the end of a taxable year beginning after December 31, 2002, in which it pays a dividend, the foreign corporation has zero or a deficit in post-1986 undistributed earnings (taking into account any earnings or a deficit accumulated in taxable years beginning before January 1, 2003), the deficit in post-1986 undistributed earnings shall be carried back to reduce pre-1987 accumulated profits, if any, on a last-in first-out basis. See § 1.902–2(a)(1). If, as of the end of a taxable year beginning after December 31, 2002, in which the foreign corporation pays a dividend out of current earnings and profits, it has zero or a deficit in post-1986 undistributed earnings (taking into account any earnings or a deficit accumulated in taxable years beginning before January 1, 2003), and the sum of current plus accumulated earnings and profits is zero or less than zero, no foreign taxes shall be deemed paid with respect to the dividend. See § 1.902–1(b)(4).

(6) *Treatment of pre-1987 accumulated profits.* Any pre-1987 accumulated profits (as defined in § 1.902–1(a)(10)) of a controlled foreign corporation or noncontrolled section 902 corporation shall be treated in taxable years beginning after December 31, 2002, as if they were accumulated during a period in which a dividend paid by the foreign corporation would have been eligible for look-through treatment. Any pre-1987 foreign income taxes (as defined in § 1.902–1(a)(10)(iii)) shall be treated as if they were paid, accrued or deemed paid during a year when a dividend out of the related pre-1987 accumulated profits would have been eligible for look-through treatment. The taxpayer must substantiate the look-through characterization of the pre-1987 accumulated profits and pre-1987 foreign income taxes in accordance with the rules of paragraph (f)(4) of this section. If a taxpayer does not elect the safe harbor described in paragraph (f)(4)(ii) of this section and the Commissioner determines that the look-through characterization of the pre-1987 accumulated profits and pre-1987 foreign income taxes cannot reasonably be determined based on the available information, the pre-1987 accumulated profits and pre-1987 foreign income taxes shall be allocated to the foreign corporation's passive category.

(7) *Treatment of post-1986 undistributed earnings or a deficit of a controlled foreign corporation attributable to dividends from a noncontrolled section 902 corporation paid in taxable years beginning before January 1, 2003*—(i) *Look-through treatment of post-1986 undistributed earnings at controlled foreign corporation level.* Dividends paid by a noncontrolled section 902 corporation to a controlled foreign corporation in post-1986 taxable years of the noncontrolled section 902 corporation beginning before January 1, 2003, were assigned to a separate category for dividends from that noncontrolled section 902 corporation. Beginning on the first day of the controlled foreign corporation's first taxable year beginning on or after the first day of the lower-tier corporation's first taxable year beginning after December 31, 2002, any post-1986 undistributed earnings, or previously-taxed earnings and profits described in section 959(c)(1) or (2), of the controlled foreign corporation in such a separate category shall be treated as if they were accumulated during a period when a dividend paid by the noncontrolled section 902 corporation would have been eligible for look-through treatment. Any post-1986 foreign income taxes in such a separate category shall also be treated as if they were paid, accrued or deemed paid during a period when such a dividend would have been eligible for look-through treatment. Any such post-1986 undistributed earnings and post-1986 foreign income taxes in a separate category for dividends from a noncontrolled section 902 corporation shall be added to the opening balance of the controlled foreign corporation's look-through pools of post-1986 undistributed earnings and post-1986 foreign income taxes in the appropriate separate categories on the first day of the controlled foreign corporation's first taxable year beginning on or after the first day of the lower-tier corporation's first taxable year beginning after December 31, 2002. The taxpayer must substantiate the look-through characterization of such earnings and taxes in accordance with the rules of paragraph (f)(7)(iii) of this section.

(ii) *Look-through treatment of deficit in post-1986 undistributed earnings at controlled foreign corporation level.* If a controlled foreign corporation has a deficit in a separate category for dividends from a lower-tier noncontrolled section 902 corporation that is a member of the controlled foreign corporation's qualified group as defined in section 902(b)(2), such deficit shall be treated in taxable years of the upper-tier corporation beginning on or after the first day of the lower-tier corporation's first taxable year beginning after December 31, 2002, as if the deficit had been accumulated during a period in which a dividend from the

lower-tier corporation would have been eligible for look-through treatment. Any post-1986 foreign income taxes in the separate category for dividends from the noncontrolled section 902 corporation shall also be treated as if they were paid, accrued or deemed paid during a period when the dividends were eligible for look-through treatment. The deficit and related post-1986 foreign income taxes, if any, shall be added to the opening balance of the controlled foreign corporation's look-through pools of post-1986 undistributed earnings and post-1986 foreign income taxes in the appropriate separate categories on the first day of the controlled foreign corporation's first taxable year beginning on or after the first day of the lower-tier corporation's first taxable year beginning after December 31, 2002. The taxpayer must substantiate the look-through characterization of the deficit and taxes in accordance with the rules of paragraph (f)(7)(iii) of this section.

(iii) *Substantiation required for look-through treatment.* The taxpayer must substantiate the look-through characterization of post-1986 undistributed earnings, previously-taxed earnings and profits, or a deficit in post-1986 undistributed earnings in a separate category for dividends paid by a noncontrolled section 902 corporation in taxable years beginning before January 1, 2003, by making a reasonable, good-faith effort to reconstruct the earnings (or deficit) and taxes in the separate category at the level of the controlled foreign corporation on a look-through basis, in accordance with the principles of paragraph (f)(4)(i) of this section. Alternatively, the taxpayer may allocate the earnings (or deficit) and taxes to the controlled foreign corporation's look-through pools by electing to apply the safe harbor described in paragraph (f)(4)(ii) at the level of the controlled foreign corporation. If the taxpayer so elects, the earnings (or deficit) and taxes shall be allocated to the controlled foreign corporation's look-through pools in the appropriate separate categories on the first day of the controlled foreign corporation's first taxable year beginning on or after the first day of the lower-tier corporation's first taxable year beginning after December 31, 2002. The allocation shall be made in the same percentages as the controlled foreign corporation would properly characterize the stock of the lower-tier noncontrolled section 902 corporation in the separate categories for purposes of apportioning the controlled foreign corporation's interest expense in its first taxable year ending after the first day of the noncontrolled section 902 corporation's first taxable year beginning after December 31, 2002. Under § 1.861–12T(c)(3), the apportionment ratios properly used by the controlled foreign corporation are in turn based on the apportionment ratios properly used by the noncontrolled section 902 corporation to apportion its interest expense in its first taxable year beginning after December 31, 2002. In the case of a taxpayer that elects to use the safe harbor rule where the lower-tier noncontrolled section 902 corporation uses the modified gross income method described in § 1.861–9T(j) to apportion interest expense for its first taxable year beginning after December 31, 2002, earnings (or a deficit) and taxes in the separate category for dividends from the noncontrolled section 902 corporation shall be allocated to the look-through pools based on the average of the noncontrolled section 902 corporation's modified gross income ratios for its taxable years beginning in 2003 and 2004. In the case of a controlled foreign corporation that has in its qualified group a chain of lower-tier noncontrolled section 902 corporations, the safe harbor applies first to characterize the stock of the third-tier corporation and then to characterize the stock of the second-tier corporation. Where a taxpayer elects the safe harbor with respect to a lower-tier noncontrolled section 902 corporation with respect to which the taxpayer did not meet the requirements of section 902(a) as of the end of the upper-tier controlled foreign corporation's last taxable year beginning before January 1, 2003, the earnings (or deficit) and taxes in the separate category for dividends from the lower-tier corporation shall be allocated to the upper-tier corporation's look-through pools in the separate categories in the same percentages as the stock of the lower-tier corporation would have been characterized for purposes of apportioning the upper-tier corporation's interest expense in the last year the taxpayer met the ownership requirements of section 902(a) with respect to the lower-tier corporation if the look-through rules had applied in that year. If a taxpayer does not elect the safe harbor method described in this subparagraph (f)(7)(iii), and the Commissioner determines that the look-through characterization of the earnings (or deficit) and taxes cannot reasonably be determined based on the available information, the Commissioner shall allocate the earnings (or deficit) and associated foreign income taxes to the controlled foreign corporation's passive category.

(8) *Treatment of distributions received by an upper-tier corporation from a lower-tier noncontrolled section 902 corporation when the corporations do not have the same taxable years*—(i) *Rule.* In the case of dividends paid by a lower-tier noncontrolled section 902 corporation to an upper-tier corporation where both are members of the same qualified group as defined in section 902(b)(2), the following rules apply. Dividends paid by the lower-tier corporation in taxable years beginning before January 1, 2003, are assigned to a separate category for dividends from that corporation, regardless of whether the corresponding taxable year of the recipient corporation began after December 31, 2002. Post-1986 undistributed earnings, previously-taxed earnings and profits, and post-1986 foreign income taxes in such a separate category shall be treated, beginning on the first day of the upper-tier corporation's first taxable year beginning on or after the first day of the lower-tier corporation's first taxable year beginning after December 31, 2002, as if they were accumulated during a period when a dividend paid by the lower-tier corporation would have been eligible for look-through treatment under section 904(d)(4) and § 1.904–5. Dividends paid by a lower-tier corporation in taxable years beginning after December 31, 2002, are eligible for look-through treatment when paid, without regard to whether the corresponding taxable year of the recipient upper-tier corporation began after December 31, 2002.

(ii) *Example.* The following example illustrates the application of paragraph (f) of this section:

*Example.* M, a domestic corporation, has directly owned 50 percent of the stock of X, and X has directly owned 50 percent of the stock of Y, at all times since X and Y were organized on January 1, 1990. Accordingly, X and Y are noncontrolled section 902 corporations with respect to M, and X and Y are members of the same qualified group. M and Y use the calendar year as their U.S. taxable year, and X uses a taxable year beginning on July 1. Under § 1.904–4(g) and paragraph (f)(10) of this section, a dividend paid to M by X on January 15, 2003 (during X's last pre-2003 taxable year) is not eligible for look-through treatment in 2003. However, under § 1.861–12T(c)(4), M will characterize the stock of X on a look-through basis for purposes of interest expense apportionment in its 2003 taxable year. Under § 1.904–4T(h)(1), any unused foreign taxes in M's separate category for dividends from X will be carried over to M's other separate categories on a look-through basis for M's taxable years beginning on and after January 1, 2004. Under paragraph (f)(2) of this section, any undistributed earnings and taxes in X's non-look-through pools will be

allocated to X's other separate categories on July 1, 2003. Under § 1.904–5(i)(4) and paragraphs (f)(8)(i) and (f)(10) of this section, a dividend paid to X by Y on January 15, 2003 (during Y's first post-2002 taxable year) is eligible for look-through treatment when paid, notwithstanding that it is received in a pre-2003 taxable year of X.

(9) *Election to apply pre-AJCA rules to 2003 and 2004 taxable years*—(i) *Definition.* The term *single category for dividends from all noncontrolled section 902 corporations* means the separate category described in section 904(d)(1)(E) as in effect for taxable years beginning after December 31, 2002, and prior to its repeal by the American Jobs Creation Act (AJCA), Public Law 108–357, 118 Stat. 1418 (October 22, 2004).

(ii) *Time, manner, and form of election.* A taxpayer may elect not to apply the provisions of section 403 of the AJCA and to apply the rules of this paragraph (f)(9) to taxable years of noncontrolled section 902 corporations beginning after December 31, 2002, and before January 1, 2005, without regard to whether the corresponding taxable years of the taxpayer or any upper-tier corporation begin before or after such dates. A taxpayer shall be eligible to make such an election provided that—

(A) The taxpayer's tax liability as shown on an original or amended tax return for each of its affected taxable years is consistent with the rules of this paragraph (f)(9), the guidance set forth in Notice 2003–5 (2003–1 C.B. 294) (see § 601.601(d)(2) of this chapter), and the principles of § 1.861–12T(c)(4) for each such year for which the statute of limitations does not preclude the filing of an amended return;

(B) The taxpayer makes appropriate adjustments to eliminate any double benefit arising from the application of this paragraph (f)(9) to years that are not open for assessment; and

(C) The taxpayer attaches a statement to its next tax return for which the due date (with extensions) is more than 90 days after April 25, 2006, indicating that the taxpayer elects not to apply the provisions of section 403 of the AJCA to taxable years of its noncontrolled section 902 corporations beginning in 2003 and 2004, and that the taxpayer has filed original returns or will file amended returns reflecting tax liabilities for each affected year that satisfy the requirements described in this paragraph (f)(9)(ii).

(iii) *Treatment of non-look-through pools in taxable years beginning after December 31, 2004.* Undistributed earnings (or a deficit) and taxes in the non-look-through pools of a controlled foreign corporation or a noncontrolled section 902 corporation as of the end of its last taxable year beginning before January 1, 2005, shall be treated in taxable years beginning after December 31, 2004, as if they were accumulated and paid during a period in which a distribution out of earnings in the non-look-through pool would have been eligible for look-through treatment. Such earnings (or deficit) and taxes shall be added to the foreign corporation's pools of post-1986 undistributed earnings and post-1986 foreign income taxes in the appropriate separate categories on the first day of the foreign corporation's first taxable year beginning after December 31, 2004. In accordance with the principles of paragraph (f)(4) of this section, the taxpayer must reconstruct the non-look-through pools or, if the taxpayer elects the safe harbor, allocate the earnings and taxes in the non-look-through pools to the foreign corporation's look-through pools in the appropriate separate categories on the first day of the foreign corporation's first taxable year beginning after December 31, 2004. Under the safe harbor, this allocation is made in the same percentages as the taxpayer properly characterized the stock of the foreign corporation for purposes of apportioning the taxpayer's interest expense in the taxpayer's first taxable year ending after the first day of the foreign corporation's first taxable year beginning after December 31, 2002. See § 1.861–12T(c)(3) and (4). If a taxpayer does not elect the safe harbor described in paragraph (f)(4)(ii) and the Commissioner determines that the look-through characterization of the earnings (or deficit) and taxes cannot reasonably be determined based on the available information, the earnings (or deficit) and taxes shall be allocated to the foreign corporation's passive category.

(iv) *Carryover of unused foreign tax.* To the extent that a taxpayer has unused foreign taxes in the single category for dividends from all noncontrolled section 902 corporations, such taxes shall be carried forward to the appropriate separate categories in the taxpayer's taxable years beginning on or after the first day of the relevant noncontrolled section 902 corporation's first taxable year beginning after December 31, 2004. Such unused taxes shall be carried forward in the same manner as § 1.904–2T(h)(1) provides that unused foreign taxes in the separate categories for dividends from each noncontrolled section 902 corporation are carried over to taxable years beginning on or after the first day of the noncontrolled section 902 corporation's first taxable year beginning after December 31, 2002, in the case of a taxpayer that does not make the election under paragraph (f)(9) of this section. The electing taxpayer shall determine which noncontrolled section 902 corporations paid the dividends to which the unused foreign taxes are attributable and assign the taxes to the appropriate separate categories as if such dividends had been eligible for look-through treatment when paid. Accordingly, the taxpayer must substantiate the look-through characterization of the unused foreign taxes in accordance with paragraph (f)(4) of this section by reconstructing the non-look-through pools or, if the taxpayer elects the safe harbor, by allocating the unused foreign taxes to other separate categories in the same percentages as the taxpayer properly characterized the stock of the noncontrolled section 902 corporation for purposes of apportioning the taxpayer's interest expense for its first taxable year ending after the first day of the noncontrolled section 902 corporation's first taxable year beginning after December 31, 2002. The rule described in this paragraph (f)(9)(iv) shall apply only to unused foreign taxes attributable to dividends out of earnings that were accumulated by noncontrolled section 902 corporations in taxable years of such corporations beginning before January 1, 2003, because only unused foreign taxes attributable to distributions out of pre-2003 earnings are included in the single category for dividends from all noncontrolled section 902 corporations. To the extent that unused foreign taxes carried forward to the single category for dividends from all noncontrolled section 902 corporations under the rules of Notice 2003–5 (see § 601.601(d)(2) of this chapter) were either absorbed by low-taxed dividends paid by noncontrolled section 902 corporations out of the non-look-through pool in taxable years of such corporations beginning in 2003 or 2004, or expired unused, the amount of taxes carried forward to the separate categories on a look-through basis will be smaller than the aggregate amount of taxes initially carried forward to the single category for dividends from all noncontrolled section 902 corporations. In this case, the unused foreign taxes arising in each taxable year shall be deemed attributable to each noncontrolled section 902 corporation in the same ratio as the dividends included in the separate category that were paid by such corporation in such year bears to all such dividends paid by all noncontrolled section 902 corporations in such year. Unused foreign taxes

carried forward from the separate categories for dividends from each noncontrolled section 902 corporation to the single category for dividends from all noncontrolled section 902 corporations will similarly be deemed to have been utilized on a pro rata basis. The remaining unused foreign taxes are then assigned to the appropriate separate categories under the rules of paragraph (f)(4) of this section. Unused foreign taxes shall be treated as allocable to general limitation income to the extent that such taxes would otherwise have been allocable to passive income (based on reconstructed pools or the safe harbor method), or to the extent that, under paragraph (f)(4)(iii) of this section, the Commissioner determines that the look-through characterization cannot reasonably be determined based on the available information.

(v) *Carryback of unused foreign tax.* To the extent that a taxpayer has unused foreign taxes attributable to a dividend paid by a noncontrolled section 902 corporation that was eligible for look-through treatment under section 904(d)(4) and § 1.904–5, any such unused foreign taxes shall be carried back to prior taxable years within the same separate category and not to the single category for dividends from all noncontrolled section 902 corporations or any separate category for dividends from a noncontrolled section 902 corporation. See Notice 2003–5 (see § 601.601(d)(2) of this chapter) for rules relating to the carryback of unused foreign taxes in the single category for dividends from all noncontrolled section 902 corporations.

(vi) *Recapture of overall foreign loss or separate limitation loss in the single category for dividends from all noncontrolled section 902 corporations.* To the extent that a taxpayer has a balance in a separate limitation loss or overall foreign loss account in the single category for dividends from all noncontrolled section 902 corporations under section 904(d)(1)(E) (prior to its repeal by the AJCA), at the end of the taxpayer's last taxable year beginning before January 1, 2005 (or a later taxable year in which the taxpayer received a dividend subject to the separate limitation for dividends from all noncontrolled section 902 corporations), the amount of such balance shall be allocated on the first day of the taxpayer's next taxable year to the taxpayer's other separate categories. The amount of such balance that is attributable to each noncontrolled section 902 corporation shall be allocated in the same percentages as the taxpayer properly characterized the stock of such corporation for purposes of apportioning the taxpayer's interest expense for its first taxable year ending after the first day of such corporation's first taxable year beginning after December 31, 2002, under § 1.861–12T(c)(3) or (c)(4), as the case may be. To the extent that a taxpayer has a balance in a separate limitation loss account for the single category for dividends from all noncontrolled section 902 corporations with respect to another separate category, and the separate limitation loss account would otherwise be assigned to that other category under this paragraph (f)(9)(vi), such balance shall be eliminated.

(vii) *Recapture of separate limitation losses in other separate categories.* To the extent that a taxpayer has a balance in any separate limitation loss account in a separate category with respect to the single category for dividends from all noncontrolled section 902 corporations at the end of the taxpayer's last taxable year with or within which ends the last taxable year of the relevant noncontrolled section 902 corporation beginning before January 1, 2005, such loss shall be recaptured in subsequent taxable years as income in the appropriate separate category. The separate limitation loss account shall be deemed attributable on a pro rata basis to those noncontrolled section 902 corporations that paid dividends out of earnings accumulated in taxable years beginning before January 1, 2003, in the years in which the separate limitation loss in the other separate category arose. The ratable portions of the separate limitation loss account shall be recaptured as income in the taxpayer's separate categories in the same percentages as the taxpayer properly characterized the stock of the relevant noncontrolled section 902 corporation for purposes of apportioning the taxpayer's interest expense in its first taxable year ending after the first day of such corporation's first taxable year beginning after December 31, 2002, under § 1.861–12T(c)(3) or (c)(4), as the case may be. To the extent that a taxpayer has a balance in any separate limitation loss account in any separate category that would have been recaptured as income in that same category under this paragraph (f)(9)(vii), such balance shall be eliminated.

(viii) *Treatment of undistributed earnings in an upper-tier corporation-level single category for dividends from lower-tier noncontrolled section 902 corporations.* Where a controlled foreign corporation or noncontrolled section 902 corporation has a single category for dividends from all noncontrolled section 902 corporations containing earnings attributable to dividends paid by one or more lower-tier corporations, the following rules apply. The post-1986 undistributed earnings, previously-taxed earnings and profits described in section 959(c)(1) or (2), if any, and associated post-1986 foreign income taxes shall be allocated to the upper-tier corporation's other separate categories in the same manner as earnings and taxes in a separate category for dividends from each noncontrolled section 902 corporation maintained by the upper-tier corporation are allocated under paragraph (f)(7) of this section. Accordingly, post-1986 undistributed earnings, previously-taxed earnings and profits, if any, and post-1986 foreign income taxes in the single category for dividends from all noncontrolled section 902 corporations shall be treated as if they were accumulated and paid, accrued or deemed paid during a period when a dividend paid by each lower-tier corporation that paid dividends included in the single category would have been eligible for look-through treatment. If the taxpayer elects the safe harbor rule described in paragraph (f)(7)(iii) of this section, the earnings and taxes shall be allocated based on the apportionment ratios properly used by the lower-tier corporation to apportion its interest expense for its first taxable year beginning after December 31, 2002. The taxpayer must substantiate the look-through characterization of the earnings and taxes in accordance with the rules of paragraph (f)(7)(iii) of this section. If the taxpayer does not elect the safe harbor and the Commissioner determines that the look-through characterization of the earnings cannot reasonably be determined based on the available information, the earnings and taxes shall be assigned to the upper-tier corporation's passive category.

(ix) *Treatment of a deficit in the single category for dividends from lower-tier noncontrolled section 902 corporations.* Where a controlled foreign corporation or noncontrolled section 902 corporation had an aggregate deficit in the single category for dividends from all noncontrolled section 902 corporations as of the end of the upper-tier corporation's last taxable year beginning before January 1, 2005, such deficit and the associated post-1986 foreign income taxes, if any, shall be allocated to the upper-tier corporation's other separate categories in the same percentages in which the non-look-through pools of each lower-tier corporation to which the deficit is attributable were assigned to such corporation's other separate categories in its first taxable year beginning after December 31, 2002. If the taxpayer

elects the safe harbor rule described in paragraph (f)(7)(iii) of this section, the deficit and taxes shall be allocated based on how the taxpayer properly characterized the stock of the lower-tier noncontrolled section 902 corporation for purposes of apportioning the upper-tier corporation's interest expense for the upper-tier corporation's first taxable year ending after the first day of the lower-tier corporation's first taxable year beginning after December 31, 2002. The taxpayer must substantiate the look-through characterization of the deficit and taxes in accordance with the rules of paragraph (f)(7)(iii) of this section. If the taxpayer does not elect the safe harbor and the Commissioner determines that the look-through characterization of the deficit cannot reasonably be determined based on the available information, the deficit and taxes shall be assigned to the upper-tier corporation's passive category.

(10) *Effective date.* Except in the case of a taxpayer that makes the election under paragraph (f)(9) of this section, section 904(d)(4) and this paragraph (f) shall apply to dividends from a noncontrolled section 902 corporation that are paid during the first taxable year of the noncontrolled section 902 corporation beginning after December 31, 2002, and thereafter, without regard to whether the corresponding taxable year of the recipient of the dividend begins after December 31, 2002. In the case of a taxpayer that makes the election under paragraph (f)(9) of this section, the provisions of section 403 of the AJCA, including section 904(d)(4), and this paragraph (f) shall apply to dividends from a noncontrolled section 902 corporation that are paid in taxable years of the noncontrolled section 902 corporation beginning after December 31, 2004, without regard to whether the corresponding taxable year of the recipient of the dividend begins after December 31, 2004.

■ **Par. 18.** Section 1.904(f)–12 is amended by adding paragraph (g) to read as follows:

**§ 1.904(f)–12 Transition rules.**

* * * * *

(g) *Recapture in years beginning after December 31, 2002, of separate limitation losses and overall foreign losses incurred in years beginning before January 1, 2003, with respect to the separate category for dividends from a noncontrolled section 902 corporation.* [Reserved] For further guidance, see § 1.904(f)–12T(g).

■ **Par. 19.** Section 1.904(f)–12T is added as follows:

**§ 1.904(f)–12T Transition rules (temporary).**

(a) through (f) [Reserved]. For further guidance, see § 1.904(f)–12(a) through (f).

(g) *Recapture in years beginning after December 31, 2002, of separate limitation losses and overall foreign losses incurred in years beginning before January 1, 2003, with respect to the separate category for dividends from a noncontrolled section 902 corporation*—(1) *Recapture of separate limitation loss or overall foreign loss incurred in a separate category for dividends from a noncontrolled section 902 corporation.* To the extent that a taxpayer has a balance in any separate limitation loss or overall foreign loss account in a separate category for dividends from a noncontrolled section 902 corporation under section 904(d)(1)(E) (prior to its repeal by Public Law 108–357, 118 Stat. 1418 (October 22, 2004)) at the end of the taxpayer's last taxable year beginning before January 1, 2003 (or a later taxable year in which the taxpayer received a dividend subject to a separate limitation for dividends from that noncontrolled section 902 corporation), the amount of such balance shall be allocated on the first day of the taxpayer's next taxable year to the taxpayer's other separate categories. The amount of such balance shall be allocated in the same percentages as the taxpayer properly characterized the stock of the noncontrolled section 902 corporation for purposes of apportioning the taxpayer's interest expense for its first taxable year ending after the first day of such corporation's first taxable year beginning after December 31, 2002, under § 1.861–12T(c)(3) or (c)(4), as the case may be. To the extent a taxpayer has a balance in any separate limitation loss account in a separate category for dividends from a noncontrolled section 902 corporation with respect to another separate category, and the separate limitation loss would otherwise be assigned to that other category under this paragraph (g)(1), such balance shall be eliminated.

(2) *Recapture of separate limitation loss in another separate category.* To the extent that a taxpayer has a balance in any separate limitation loss account in a separate category with respect to a separate category for dividends from a noncontrolled section 902 corporation under section 904(d)(1)(E) (prior to its repeal by Public Law 108–357, 118 Stat. 1418 (October 22, 2004)) at the end of the taxpayer's last taxable year with or within which ends the last taxable year of the noncontrolled section 902 corporation beginning before January 1, 2003, such loss shall be recaptured in subsequent taxable years as income in the appropriate separate categories. The separate limitation loss shall be recaptured as income in other separate categories in the same percentages as the taxpayer properly characterizes the stock of the noncontrolled section 902 corporation for purposes of apportioning the taxpayer's interest expense in its first taxable year ending after the first day of the foreign corporation's first taxable year beginning after December 31, 2002, under § 1.861–12T(c)(3) or (c)(4), as the case may be. To the extent a taxpayer has a balance in a separate limitation loss account in a separate category that would have been recaptured as income in that same category under this paragraph (g)(2), such balance shall be eliminated.

(3) *Exception.* Where a taxpayer formerly met the stock ownership requirements of section 902(a) with respect to a foreign corporation, but did not meet the requirements of section 902(a) on December 20, 2002 (or on the first day of the taxpayer's first taxable year beginning after December 31, 2002, in the case of a transaction that was the subject of a binding contract in effect on December 20, 2002), if the taxpayer has a balance in any separate limitation loss or overall foreign loss account for a separate category for dividends from that foreign corporation under section 904(d)(1)(E) (prior to its repeal by Public Law 108–357, 118 Stat. 1418 (October 22, 2004)) at the end of the taxpayer's last taxable year beginning before January 1, 2003, then the amount of such balance shall not be subject to recapture under section 904(f) and this section. If a separate limitation loss or overall foreign loss account for such category is not subject to recapture under this paragraph (g)(3), the taxpayer cannot carry over any unused foreign taxes in such separate category to any other limitation category. However, a taxpayer may elect to recapture the balances of all separate limitation loss and overall foreign loss accounts for all separate categories for dividends from such formerly-owned noncontrolled section 902 corporations under the rules of paragraphs (g)(1) and (2) of this section. If a taxpayer so elects, it may carry over any unused foreign taxes in these separate categories to the appropriate separate categories as provided in § 1.904–2T(h).

(4) *Examples.* The following examples illustrate the application of this paragraph (g):

*Example 1.* X is a domestic corporation that meets the ownership requirements of

section 902(a) with respect to Y, a foreign corporation the stock of which X owns 50 percent. Therefore, Y is a noncontrolled section 902 corporation with respect to X. Both X and Y use the calendar year as their taxable year. As of December 31, 2002, X had a $100 balance in its separate limitation loss account for the separate category for dividends from Y, of which $60 offset general limitation income and $40 offset passive income. For purposes of apportioning X's interest expense for its 2003 taxable year, X properly characterized the stock of Y as a multiple category asset (80% general and 20% passive). Under paragraph (g)(1) of this section, on January 1, 2003, $80 ($100 × 80/100) of the $100 balance in the separate limitation loss account is assigned to the general limitation category. Of this $80 balance, $32 ($80 × 40/100) is with respect to the passive category, and $48 ($80 × 60/100) is with respect to the general limitation category and therefore is eliminated. The remaining $20 balance ($100 × 20/100) of the $100 balance is assigned to the passive category. Of this $20 balance, $12 ($20 × 60/100) is with respect to the general limitation category, and $8 ($20 × 40/100) is with respect to the passive category and therefore is eliminated.

*Example 2.* The facts are the same as in *Example 1,* except that as of December 31, 2002, X had a $30 balance in its separate limitation loss account in the general limitation category, and a $20 balance in its separate limitation loss account in the passive category, both of which offset income in the separate category for dividends from Y. Under paragraph (g)(2) of this section, the separate limitation loss accounts in the general limitation and passive categories with respect to the separate category for dividends from Y will be recaptured on and after January 1, 2003, from income in other separate categories, as follows. Of the $30 balance in X's separate limitation loss account in the general category with respect to the separate category for dividends from Y, $6 ($30 × 20/100) is with respect to the passive category, and $24 ($30 × 80/100) is with respect to the general limitation category and therefore is eliminated. Of the $20 balance in X's separate limitation loss account in the passive category with respect to the separate category for dividends from Y, $16 ($20 × 80/100) will be recaptured out of general limitation income, and $4 ($20 × 20/100) would otherwise be recaptured out of passive income and therefore is eliminated.

(5) *Effective date.* This paragraph (g) shall apply for taxable years beginning after December 31, 2002.

■ **Par. 20.** sSection 1.964–1 is amended as follows:

■ 1. In the first sentence of paragraph (a) introductory text, remove the language ''For purposes of section 951 through 964'' and add ''For taxable years beginning after December 31, 1986,'' in its place, and remove the language '', except as provided in paragraph (f) of this section,''.

■ 2. Remove paragraphs (a)(4) and (a)(5), add the word ''and'' at the end of paragraph (a)(2), replace the semicolon with a period at the end of paragraph (a)(3), and remove the language ''may be made by following the procedures described in paragraphs (a)(1) through (5)'' in the first sentence of the undesignated paragraph following paragraph (a)(3) and add the language ''shall be made in the foreign corporation's functional currency (determined under section 985 and the regulations under that section) and may be made by following the procedures described in paragraphs (a)(1) through (a)(3)'' in its place.

■ 3. Add a new sentence at the end of paragraph (a)(1).

■ 4. Add a new paragraph (c)(1)(v).

■ 5. Revise paragraphs (c)(2), (c)(3), (c)(4), (c)(5), and (c)(6).

■ 6. Remove paragraphs (d), (e), and (f).

The revisions read as follows:

**§ 1.964–1 Determination of the earnings and profits of a foreign corporation.**

(a) * * *

(1) * * * For rules for determining the earnings and profits (or deficit in earnings and profits) of a foreign corporation for taxable years beginning before January 1, 1987, for purposes of sections 951 through 964, see 26 CFR 1.964–1(a) (revised as of April 1, 2006).

* * * * *

(c) * * *

(1) * * *

(v) [Reserved]. For further guidance, see § 1.964–1T(c)(1)(v).

(c)(2) through (c)(6) [Reserved]. For further guidance, see § 1.964–1T(c)(2) through (c)(6).

■ **Par. 21.** Section 1.964–1T is amended as follows:

■ 1. Revise the section heading.

■ 2. Add new paragraph (c)(1)(v).

■ 3. Add new paragraphs (c)(2) through (8).

■ 4. Add new paragraphs (d), (e), and (f).

The revisions and additions read as follows:

**§ 1.964–1T Determination of the earnings and profits of a foreign corporation (temporary).**

(a) Through (c)(1)(iv) [Reserved]. For further guidance, see § 1.964–1(a) through (c)(1)(iv).

(v) *Taxable years.* The period for computation of taxable income and earnings and profits known as the taxable year shall reflect the provisions of section 441 and the regulations thereunder.

(2) *Adoption or change of method or taxable year.* For the first taxable year of a foreign corporation beginning after April 25, 2006, in which a foreign corporation is a controlled foreign corporation (as defined in section 957 or 953) or a noncontrolled section 902 corporation (as defined in section 904(d)(2)(E)), any method of accounting or taxable year allowable under this section may be adopted, and any election allowable under this section may be made, by such foreign corporation or on its behalf notwithstanding that, in previous years, its books or financial statements were prepared on a different basis, and notwithstanding that such election is required by the Code or regulations to be made in a prior taxable year. Any allowable methods adopted or elections made shall be reflected in the computation of the foreign corporation's earnings and profits for such taxable year, prior taxable years, and (unless the Commissioner consents to a change) subsequent taxable years. However, see section 898 for the rules regarding the taxable year of a specified foreign corporation as defined in section 898(b). Any allowable method of accounting or election that relates to events that first arise in a subsequent taxable year may be adopted or made by or on behalf of the foreign corporation for such year. See paragraph (a)(3) of this section for the manner in which a method of accounting or a taxable year may be adopted or changed on behalf of the foreign corporation. See paragraph (c)(4) and (g)(3) of this section for applicable rules if the amount of the foreign corporation's earnings and profits became significant for United States tax purposes before a method of accounting or taxable year was adopted by the foreign corporation or on its behalf in accordance with the rules of paragraph (c)(3) of this section. See paragraphs (c)(6) and (g)(2) of this section for special rules postponing the time for taking action by or on behalf of a foreign corporation until the amount of its earnings and profits becomes significant for U.S. tax purposes.

(3) *Action on behalf of corporation*—(i) *In general.* An election shall be deemed made, or an adoption or change in method of accounting or taxable year deemed effectuated, on behalf of the foreign corporation only if its controlling domestic shareholders (as defined in paragraph (c)(5) of this section)—

(A) Satisfy for such corporation any requirements imposed by the Internal Revenue Code or applicable regulations with respect to such election or such adoption or change in method or taxable year (including the provisions of sections 442 and 446 and the regulations thereunder, as well as any operative provisions), such as the filing of forms, the execution of consents, securing the permission of the

Commissioner, or maintaining books and records in a particular manner. For purposes of this paragraph (c)(3)(i)(A), the books of the foreign corporation shall be considered to be maintained in a particular manner if the controlling domestic shareholders or the foreign corporation regularly keep the records and accounts required by section 964(c) and the regulations thereunder in that manner;

(B) File the statement described in paragraph (c)(3)(ii) of this section, at the time and in the manner prescribed therein; and

(C) Provide the written notice required by paragraph (c)(3)(iii) of this section at the time and in the manner prescribed therein.

(ii) *Statement required to be filed with a tax return.* The statement required by this paragraph (c)(3)(ii) shall set forth the name, country of organization, and U.S. employer identification number (if applicable) of the foreign corporation, the name, address, stock interests, and U.S. employer identification number of each controlling domestic shareholder (or, if applicable, the shareholder's common parent) approving the action, and the names, addresses, U.S. employer identification numbers, and stock interests of all other domestic shareholders notified of the action taken. Such statement shall describe the nature of the action taken on behalf of the foreign corporation and the taxable year for which made, and identify a designated shareholder who retains a jointly executed consent confirming that such action has been approved by all of the controlling domestic shareholders and containing the signature of a principal officer of each such shareholder (or its common parent). Each controlling domestic shareholder shall file the statement with its own tax return (or information return, if applicable) for its taxable year with or within which ends the taxable year of the foreign corporation for which the election is made or for which the method of accounting or taxable year is adopted or changed.

(iii) *Notice.* On or before the filing date described in paragraph (c)(3)(ii) of this section, the controlling domestic shareholders shall provide written notice of the election made or the adoption or change of method or taxable year effected to all other persons known by them to be domestic shareholders who own (within the meaning of section 958(a)) stock of the foreign corporation. Such notice shall set forth the name, country of organization and U.S. employer identification number (if applicable) of the foreign corporation, and the names, addresses, and stock interests of the controlling domestic shareholders. Such notice shall describe the nature of the action taken on behalf of the foreign corporation and the taxable year for which made, and identify a designated shareholder who retains a jointly executed consent confirming that such action has been approved by all of the controlling domestic shareholders and containing the signature of a principal officer of each such shareholder (or its common parent). However, the failure of the controlling domestic shareholders to provide such notice to a person required to be notified shall not invalidate the election made or the adoption or change of method or taxable year effected.

(4) *Effect of action or inaction by controlling domestic shareholders.* Any action taken by the controlling domestic shareholders on behalf of the foreign corporation pursuant to paragraph (c)(3) of this section shall be reflected in the computation of the earnings and profits of such corporation under this section to the extent that it bears upon the tax liability of all domestic shareholders of the foreign corporation. See § 1.964–1T(g)(5). In the event that action by or on behalf of the foreign corporation is not undertaken by the time specified in paragraph (c)(6) of this section and such failure is shown to the satisfaction of the Commissioner to be due to reasonable cause, such action may be undertaken during any period of at least 30 days occurring after such showing is made which the Commissioner may specify as appropriate for this purpose. The principles of § 1.964–1T(g)(3) and (g)(4) shall apply in determining the effect of a failure of the controlling domestic shareholders to take action on behalf of the foreign corporation pursuant to paragraph (c)(3) of this section. Accordingly, if the earnings and profits of a noncontrolled section 902 corporation became significant for United States income tax purposes in a taxable year beginning on or before April 25, 2006, the corporation's earnings and profits shall be computed as if no elections had been made and any permissible accounting methods not requiring an election and reflected in the books of account regularly maintained by the foreign corporation for purposes of accounting to its shareholders had been adopted. Any change in accounting method may be made by or on behalf of the foreign corporation only with the Commissioner's consent.

(5) *Controlling domestic shareholders*—(i) *Controlled foreign corporations.* For purposes of this paragraph, the controlling domestic shareholders of a controlled foreign corporation shall be its controlling United States shareholders. The controlling United States shareholders of a controlled foreign corporation shall be those United States shareholders (as defined in section 951(b) or 953(c)) who, in the aggregate, own (within the meaning of section 958(a)) more than 50 percent of the total combined voting power of all classes of the stock of such foreign corporation entitled to vote and who undertake to act on its behalf. In the event that the United States shareholders of the controlled foreign corporation do not, in the aggregate, own (within the meaning of section 958(a)) more than 50 percent of the total combined voting power of all classes of the stock of such foreign corporation entitled to vote, the controlling Untied States shareholders of the controlled foreign corporation shall be all those United States shareholders who own (within the meaning of section 958(a)) stock of such corporation.

(ii) *Noncontrolled section 902 corporations.* For purposes of this paragraph, the controlling domestic shareholders of a noncontrolled section 902 corporation that is not a controlled foreign corporation shall be its majority domestic corporate shareholders. The majority domestic corporate shareholders of a noncontrolled section 902 corporation shall be those domestic corporations that meet the ownership requirements of section 902(a) with respect to the noncontrolled section 902 corporation (or to a first-tier foreign corporation that is a member of the same qualified group as defined in section 902(b)(2) as the noncontrolled section 902 corporation) that, in the aggregate, own directly or indirectly more than 50 percent of the combined voting power of all of the voting stock of the noncontrolled section 902 corporation that is owned directly or indirectly by all domestic corporations that meet the ownership requirements of section 902(a) with respect to the noncontrolled section 902 corporation (or a relevant first-tier foreign corporation).

(6) *Action not required until significant.* Notwithstanding any other provision of this paragraph, action by or on behalf of a foreign corporation (other than a foreign corporation subject to tax under section 882) to make an election or to adopt a taxable year or method of accounting shall not be required until the due date (including extensions) of the return for a controlling domestic shareholder's first taxable year with or within which ends the foreign corporation's first taxable year in which the computation of its earnings and profits is significant for United States

tax purposes with respect to its controlling domestic shareholders (as defined in § 1.964–1T(c)(5)). The filing of the information return required by section 6038 shall not itself constitute a significant event. For taxable years beginning on or after April 25, 2006, events that cause a foreign corporation's earnings and profits to have United States tax significance include, without limitation,

(i) A distribution from the foreign corporation to its shareholders with respect to their stock;

(ii) An amount is includible in gross income with respect to such corporation under section 951(a);

(iii) An amount is excluded from subpart F income of the foreign corporation or another foreign corporation by reason of section 952(c);

(iv) Any event making the foreign corporation subject to tax under section 882;

(v) The use by the foreign corporation's controlling domestic shareholders of the tax book value (or alternative tax book value) method of allocating interest expense under section 864(e)(4); or

(vi) A sale or exchange of the foreign corporation's stock of the controlling domestic shareholders that results in the recharacterization of gain under section 1248.

(c)(7) and (8) [Reserved]. For further guidance, see § 1.964–1(c)(7) and (c)(8) and § 1.964–1T(g)(6).

(d) Through (f) [Reserved].

* * * * *

## PART 602—OMB CONTROL NUMBERS UNDER THE PAPERWORK REDUCTION ACT

■ **Par. 22.** The authority citation for part 602 continues to read as follows:

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

■ **Par. 23.** In § 602.101, paragraph (b) is amended by adding the following entries in numerical order to the table to read, in part, as follows:

**§ 602.101 OMB Control numbers**

* * * * *

| CFR part or section where identified and described | Current OMB Control No. |
|---|---|
| * * * | * * |
| 1.904–7T | 1545–2104 |
| * * * | * * |
| 1.964–1T | 1545–2104 |
| * * * | * * |

**Mark E. Matthews,**

*Deputy Commissioner for Services and Enforcement.*

Approved: April 14, 2006.

**Eric Solomon,**

*Acting Deputy Assistant Secretary of the Treasury.*

[FR Doc. 06–3882 Filed 4–20–06; 3:51 pm]

BILLING CODE 4830–01–P

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### 26 CFR Part 1

**[REG–144784–02]**

**RIN 1545–BB28**

## Notice of Proposed Rulemaking by Cross-Reference to Temporary Regulations; Application of Separate Limitations to Dividends From Noncontrolled Section 902 Corporations

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice of proposed rulemaking by cross-reference to temporary regulations.

**SUMMARY:** In this issue of the **Federal Register**, the IRS is issuing temporary regulations that provide guidance needed to comply with amendments enacted by the American Jobs Creation Act of 2004, Public Law 108–357, 118 Stat. 1418 (October 22, 2004) (AJCA) and the Gulf Opportunity Zone Act of 2005, Public Law 109–135, 119 Stat. 2577 (December 22, 2005) (GOZA), concerning the treatment of dividends from noncontrolled section 902 corporations. The AJCA modified the treatment under section 904(d)(4) of dividends from noncontrolled section 902 corporations effective for taxable years beginning after December 31, 2002. GOZA permits taxpayers to elect to defer the effective date of the AJCA amendments until taxable years beginning after December 31, 2004. The temporary regulations affect domestic corporations that own stock in foreign corporations and that claim foreign tax credits. The text of those temporary regulations published in this issue of the **Federal Register** also serves as the text of these proposed regulations.

**DATES:** Written and electronic comments and requests for a public hearing must be received by July 24, 2006.

**ADDRESSES:** Send submissions to CC:PA:LPD:PR (REG–144784–02), Room 5203, Internal Revenue Service, P.O. Box 7604, Ben Franklin Station, Washington, DC 20044. Submissions may be hand-delivered between the hours of 8 a.m. and 4 p.m. to CC:PA:LPD:PR (REG–144784–02), Courier's Desk, Internal Revenue Service, 1111 Constitution Avenue, NW., Washington, DC, or sent electronically via the IRS Internet site at *http://www.irs.gov/regs* or via the Federal Rulemaking Portal at *http://www.regulations.gov* (IRS and REG–144784–02).

**FOR FURTHER INFORMATION CONTACT:** Concerning submission of comments, Kelly Banks (202) 622–7180; concerning the regulations, Ginny Y. Chung (202) 622–3850 (not toll-free numbers).

**SUPPLEMENTARY INFORMATION:**

### Paperwork Reduction Act

The collections of information contained in this notice of proposed rulemaking have been submitted to the Office of Management and Budget for review in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3507(d)). Comments on the collections of information should be sent 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, with copies to the Internal Revenue Service, Attn: IRS Reports Clearance Officer, SE:W:CAR:MP:T:T:SP, Washington, DC 20224. Comments on the collections of information should be received by July 24, 2006. Comments are specifically requested concerning:

Whether the proposed collections of information are necessary for the proper performance of the functions of the IRS, including whether the information will have practical utility;

The accuracy of the estimated burdens associated with the proposed collections of information (see below);

How the quality, utility, and clarity of the information to be collected may be enhanced;

How the burdens of complying with the proposed collections of information may be minimized, including through the application of automated collection techniques or other forms of information technology; and

Estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

The collections of information in these proposed regulations are in §§ 1.904–7(f)(9) and 1.964–1(c)(3)(ii). This information is required to enable the IRS to verify that taxpayers that make certain elections (described in the Background section of this document) applied the appropriate separate foreign tax credit limitation rules to dividends from noncontrolled section 902 corporations, and, in the case of shareholders making certain tax elections on behalf of a controlled foreign corporation or noncontrolled section 902 corporation, the shareholders complied with the applicable regulations concerning such elections. The collections of information are mandatory. The respondents are domestic shareholders of noncontrolled section 902 corporations and controlled foreign corporations.

*Estimated total annual reporting burden:* 25 hours.

The estimated annual burden per respondent is a half hour.

*Estimated number of respondents:* 50.

*The estimated annual frequency of responses:* on occasion.

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.

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

Temporary regulations in this issue of the **Federal Register** provide rules concerning the application of separate foreign tax credit limitations to dividends received from noncontrolled section 902 corporations (10/50 corporations) under section 904(d)(4). Section 403 of the American Jobs Creation Act of 2004, Public Law 108–357, 118 Stat. 1418 (October 22, 2004) (AJCA), modified the treatment of such dividends effective for taxable years beginning after December 31, 2002 (post-2002 taxable years). Section 403(l) of the Gulf Opportunity Zone Act of 2005, Public Law 109–135, 119 Stat. 2577 (December 22, 2005) (GOZA), permits taxpayers to elect to defer the effective date of the AJCA amendments until taxable years beginning after December 31, 2004 (post-2004 taxable years). The temporary regulations provide guidance needed to comply with these changes. The text of the temporary regulations also serves as the text of these proposed regulations. The preamble to the temporary regulations explains the temporary regulations and these proposed regulations.

The collections of information in these proposed regulations are in §§ 1.904–7(f)(9) and 1.964–1(c)(3). Section 1.904–7(f)(9)(ii) provides that a taxpayer electing to defer the effective date of the AJCA amendments until post-2004 taxable years must attach a statement to its next tax return for which the due date (with extensions) is more than 90 days after April 20, 2006. This statement must indicate that the taxpayer elects not to apply the provisions of section 403 of the AJCA to taxable years of its noncontrolled section 902 corporations beginning in

2003 and 2004 and that the taxpayer has filed original returns or will file amended returns reflecting tax liabilities for all affected years that satisfy the requirements described in § 1.904–7(f)(9)(ii).

Section 1.964–1(c)(2) and (3) provides that the controlling United States shareholders of a controlled foreign corporation, and the majority domestic corporate shareholders of a noncontrolled section 902 corporation, may make an election, or adopt or change a method of accounting or taxable year, on behalf of the foreign corporation. Section 1.964–1(c)(3)(ii) requires that a jointly executed statement evidencing the controlling shareholders' consent to the election, or change in method of accounting or taxable year of the foreign corporation, be retained by one or more of the shareholders, and that each controlling shareholder file a separate statement with its tax return for the taxable year with or within which the foreign corporation's taxable year ends.

**Special Analyses**

It has been determined that this notice of proposed rulemaking is not a significant regulatory action as defined in Executive Order 12866. Therefore, a regulatory assessment is not required. It also has been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) does not apply to these regulations, and because the regulations do not impose a collection of information on small entities, the Regulatory Flexibility Act (5 U.S.C. chapter 6), does not apply. Pursuant to section 7805(f) of the Internal Revenue Code, these proposed regulations will be submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on their impact on small businesses.

**Comments and Request for a Public Hearing**

Before these proposed regulations are adopted as final regulations, consideration will be given to any written (a signed original and eight (8) copies) or electronic comments that are submitted timely to the IRS. The IRS and Treasury Department request comments on the clarity of the proposed regulations and how they can be made easier to understand. All comments will be available for public inspection and copying. A public hearing may be scheduled if requested in writing by a person who timely submits comments. If a public hearing is scheduled, notice of the date, time, and place for the hearing will be published in the **Federal Register**.

**Drafting Information**

The principal author of these regulations is Ginny Chung, Office of Associate Chief Counsel (International). However, other personnel from the IRS and the Treasury Department participated in their development.

**Proposed Amendments to the Regulations**

Accordingly, 26 CFR part 1 is proposed to be amended as follows:

## PART 1—INCOME TAXES

**Paragraph 1.** The authority for part 1 continues to read in part as follows:

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

**Par. 2.** In § 1.861–9, paragraph (f) is revised to read as follows:

**§ 1.861–9 Allocation and apportionment of interest expense.**

* * * * *

(f) [The text of proposed § 1.861–9(f) is the same as the text of § 1.861–9T(f) published elsewhere in this issue of the **Federal Register**.]

* * * * *

**Par. 3.** In § 1.861–12, paragraph (c) is revised to read as follows:

**§ 1.861–12 Characterization rules and adjustments for certain assets.**

* * * * *

(c) [The text of proposed § 1.861–12(c) is the same as the text of § 1.861–12T(c) published elsewhere in this issue of the **Federal Register**.]

* * * * *

**Par. 4.** In § 1.902–1, paragraphs (a), (c), (d) and (g) are revised to read as follows:

**§ 1.902–1 Credit for domestic corporate shareholder of a foreign corporation for foreign income taxes paid by the foreign corporation.**

[The text of the proposed amendments to § 1.902–1(a), (c), (d), and (g) are the same as the text of § 1.902–1T(a), (c), (d), and (g) published elsewhere in this issue of the **Federal Register**.]

* * * * *

**Par. 5.** In § 1.904–2, paragraph (a) is revised and paragraph (h) is added to read as follows:

**§ 1.904–2 Carryback and carryover of unused foreign tax.**

[The text of the proposed amendment to § 1.904–2(a) and the text of proposed § 1.904–2(h) are the same as the text of § 1.904–2T(a) and (h) published elsewhere in this issue of the **Federal Register**.]

**Par. 6.** In § 1.904–4, paragraph (c) is revised to read as follows:

**§ 1.904–4 Separate application of section 904 with respect to certain categories of income.**

* * * * *

(c) [The text of the proposed amendments to § 1.904–4(c) is the same as the text of § 1.904–4T(c) published elsewhere in this issue of the **Federal Register**.]

**Par. 7.** In § 1.904–5, paragraphs (a), (b), (c), (i), (m), (n), and (o) are revised to read as follows:

**§ 1.904–5 Look-through rules as applied to controlled foreign corporations and other entities.**

* * * * *

[The text of the proposed amendments to § 1.904–5(a), (b), (c), (i), (m), (n), and (o) are the same as the text of § 1.904–5T(a), (b), (c), (i), (m), (n), and (o) published elsewhere in this issue of the **Federal Register**.]

**Par. 8.** In § 1.904–7, paragraph (f) is added as follows:

**§ 1.904–7 Transition rules.**

* * * * *

(f) [The text of proposed § 1.904–7(f) is the same as the text of § 1.904–7T(f) published elsewhere in this issue of the **Federal Register**.]

**Par. 9.** In § 1.904(f)–12, paragraph (g) is added as follows:

**§ 1.904(f)–12 Transition rules.**

* * * * *

(g) [The text of proposed § 1.904(f)–12(g) is the same as the text of § 1.904(f)–12T(g) published elsewhere in this issue of the **Federal Register**.]

**Par. 10.** In § 1.964–1, paragraph (c) is revised to read as follows:

**§ 1.964–1 Determination of the earnings and profits of a foreign corporation.**

* * * * *

(c) [The text of proposed amendments to § 1.964–1(c) is the same as the text of § 1.964–1T(c) published elsewhere in this issue of the **Federal Register**.]

**Mark E. Matthews,**

*Deputy Commissioner for Services and Enforcement.*

[FR Doc. 06–3885 Filed 4–20–06; 3:51 pm]

BILLING CODE 4830–01–P

Federal Register

Tuesday,
April 25, 2006

## Part VI

# The President

**Proclamation 8005—Jewish American Heritage Month, 2006**

**Proclamation 8006—National Crime Victims' Rights Week, 2006**

Federal Register
Vol. 71, No. 79
Tuesday, April 25, 2006

# Presidential Documents

**Title 3—**

## The President

**Proclamation 8005 of April 20, 2006**

## Jewish American Heritage Month, 2006

**By the President of the United States of America**

**A Proclamation**

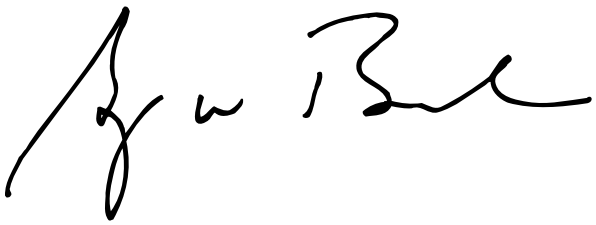
When the first Jewish settlers came to this land, they sought a place of promise where they could practice their faith in freedom and live in liberty. During Jewish American Heritage Month, we celebrate the rich history of the Jewish people in America and honor the great contributions they have made to our country.

As a nation of immigrants, the United States is better and stronger because Jewish people from all over the world have chosen to become American citizens. Since arriving in 1654, Jewish Americans have achieved great success, strengthened our country, and helped shape our way of life. Through their deep commitment to faith, family, and community, Jewish Americans remind us of a basic belief that guided the founding of this Nation: that there is an Almighty who watches over the affairs of men and values every life. The Jewish people have enriched our culture and contributed to a more compassionate and hopeful America.

Jewish American Heritage Month is also an opportunity to remember and thank the many Jewish Americans who defend our ideals as members of the United States Armed Forces. These courageous men and women risk their lives to protect their fellow citizens and to advance the cause of freedom. By helping to bring the promise of liberty to millions around the world, they lay the foundation of peace for generations to come.

NOW, THEREFORE, I GEORGE W. BUSH, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim May 2006 as Jewish American Heritage Month. I call upon all Americans to observe this month with appropriate programs and activities that honor the significant contributions Jewish Americans have made to our Nation.

IN WITNESS WHEREOF, I have hereunto set my hand this twentieth day of April, in the year of our Lord two thousand six, and of the Independence of the United States of America the two hundred and thirtieth.



[FR Doc. 06–3974
Filed 4–24–06; 9:07 am]
Billing code 3195–01–P

# Presidential Documents

**Proclamation 8006 of April 20, 2006**

## National Crime Victims' Rights Week, 2006

**By the President of the United States of America**

**A Proclamation**

During National Crime Victims' Rights Week, we underscore our commitment to safeguarding the rights of the victims of crime and their families, and we honor those who bring them hope and comfort.

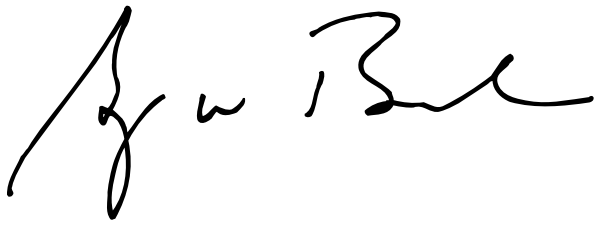
Behind each crime victim there is a story of trauma, a story of suffering, and a story of lost security. This year's theme, ''Victims' Rights: Strength in Unity,'' emphasizes the importance of joining together to support these individuals and to promote victims' rights and services. With the help of victim service providers, faith-based and community groups, justice professionals, and volunteers, we can work to improve the lives of crime victims across our country.

Violent crime rates have fallen to their lowest levels since the 1970s, and we must continue our progress in the fight against crime and remain dedicated to protecting the rights of crime victims. The Office for Victims of Crime at the Department of Justice (DOJ) provides funding to States for victim assistance programs and supports training on victims' rights for criminal justice professionals. To increase access to comprehensive support and services for victims of domestic violence, the DOJ awarded more than $20 million to support the creation of 15 Family Justice Centers across the country. Several of these centers have opened and are making a difference in victims' lives. To further ensure basic rights for all victims, we must also ratify a Crime Victims' Rights Amendment to the Constitution.

To learn more about victims' rights and how to make a difference, visit crimevictims.gov. All Americans share a responsibility to help victims of crime, and our Nation will continue to work together to achieve justice for victims and build a more hopeful society for all.

NOW, THEREFORE, I, GEORGE W. BUSH, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim April 23 through April 29, 2006, as National Crime Victims' Rights Week. I encourage all Americans to promote awareness of victims' rights and advance this important cause.

IN WITNESS WHEREOF, I have hereunto set my hand this twentieth day of April, in the year of our Lord two thousand six, and of the Independence of the United States of America the two hundred and thirtieth.



[FR Doc. 06–3975
Filed 4–24–06; 9:07 am]
Billing code 3195–01–P

# Reader Aids

**Federal Register**

Vol. 71, No. 79

Tuesday, April 25, 2006

## CUSTOMER SERVICE AND INFORMATION

**Federal Register/Code of Federal Regulations**

General Information, indexes and other finding aids **202–741–6000**

**Laws** **741–6000**

**Presidential Documents**

Executive orders and proclamations **741–6000**

**The United States Government Manual** **741–6000**

**Other Services**

Electronic and on-line services (voice) **741–6020**

Privacy Act Compilation **741–6064**

Public Laws Update Service (numbers, dates, etc.) **741–6043**

TTY for the deaf-and-hard-of-hearing **741–6086**

## ELECTRONIC RESEARCH

### World Wide Web

Full text of the daily Federal Register, CFR and other publications is located at: **http://www.gpoaccess.gov/nara/index.html**

Federal Register information and research tools, including Public Inspection List, indexes, and links to GPO Access are located at: **http://www.archives. gov/federal__register/**

### E-mail

**FEDREGTOC-L** (Federal Register Table of Contents LISTSERV) is an open e-mail service that provides subscribers with a digital form of the Federal Register Table of Contents. The digital form of the Federal Register Table of Contents includes HTML and PDF links to the full text of each document.

To join or leave, go to **http://listserv.access.gpo.gov** and select *Online mailing list archives, FEDREGTOC-L, Join or leave the list (or change settings);* then follow the instructions.

**PENS** (Public Law Electronic Notification Service) is an e-mail service that notifies subscribers of recently enacted laws.

To subscribe, go to **http://listserv.gsa.gov/archives/publaws-l.html** and select *Join or leave the list (or change settings);* then follow the instructions.

**FEDREGTOC-L** and **PENS** are mailing lists only. We cannot respond to specific inquiries.

**Reference questions.** Send questions and comments about the Federal Register system to: **fedreg.info@nara.gov**

The Federal Register staff cannot interpret specific documents or regulations.

## FEDERAL REGISTER PAGES AND DATE, APRIL

16477–16690 ..... 3
16691–16972 ..... 4
16973–17334 ..... 5
17335–17690 ..... 6
17691–17966 ..... 7
17967–18160 ..... 10
18161–18588 ..... 11
18589–19096 ..... 12
19097–19426 ..... 13
19427–19620 ..... 14
19621–19804 ..... 17
19805–19982 ..... 18
19983–20334 ..... 19
20335–20516 ..... 20
20517–20862 ..... 21
20863–23854 ..... 24
23855–24550 ..... 25

## CFR PARTS AFFECTED DURING APRIL

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:**
7992 ..... 16685
7993 ..... 16687
7994 ..... 16689
7995 ..... 16969
7996 ..... 16971
7997 ..... 18157
7998 ..... 18159
7999 ..... 18585
8000 ..... 18587
8001 ..... 19983
8002 ..... 20517
8003 ..... 20863
8004 ..... 20865
8005 ..... 24547
8006 ..... 24549

**Executive Orders:**
13398 ..... 20519

**Administrative Orders;**
Memorandums:
Memorandum of May 9, 2002 (Superseded by Memorandum of April 17, 2006) ..... 20333
Memorandum of April 6, 2006 ..... 19427
Memorandum of April 17, 2006 ..... 20333

**5 CFR**

213 ..... 18161
1216 ..... 17967

**Proposed Rules:**
875 ..... 19459

**6 CFR**

5 ..... 20523

**Proposed Rules:**
5 ..... 16519

**7 CFR**

56 ..... 20288
319 ..... 19097
330 ..... 16973
905 ..... 16976
916 ..... 17970
917 ..... 17970
922 ..... 16979
923 ..... 17979
930 ..... 16982
982 ..... 18164
985 ..... 16986
1033 ..... 20335
1412 ..... 17982
1437 ..... 19805
1430 ..... 19621

**Proposed Rules:**
28 ..... 20350
58 ..... 20351
205 ..... 19131
301 ..... 16711
330 ..... 20030
868 ..... 18231
984 ..... 20902
1290 ..... 20353
1496 ..... 17767

**8 CFR**

204 ..... 19805

**Proposed Rules:**
103 ..... 20357
299 ..... 20357

**9 CFR**

381 ..... 20867

**Proposed Rules:**
93 ..... 19134
94 ..... 20030
317 ..... 20041
381 ..... 20041
390 ..... 17384
442 ..... 20041

**10 CFR**

72 ..... 19806
110 ..... 19102, 20336
300 ..... 20784

**Proposed Rules:**
72 ..... 19831
110 ..... 19135
431 ..... 23876
626 ..... 20909

**11 CFR**

100 ..... 18589
110 ..... 18589
114 ..... 18589

**12 CFR**

201 ..... 16991
303 ..... 20524
308 ..... 20524
312 ..... 20524
336 ..... 20524
347 ..... 20524
348 ..... 20524
357 ..... 20524
362 ..... 20524
363 ..... 20524
364 ..... 20524
366 ..... 20524
367 ..... 20524
528 ..... 19810
546 ..... 19810
552 ..... 19810
561 ..... 19810
563 ..... 19810
563b ..... 19810
563e ..... 18614
570 ..... 19810
574 ..... 19810
575 ..... 19810
583 ..... 19810

611.....18168
612.....18168
614.....18168
615.....18168
618.....18168
619.....18168
620.....18168
630.....18168
Ch. XVII .....19985

**Proposed Rules:**
915.....19832

**13 CFR**

121.....19812

**14 CFR**

23.....17335
25 .....18169, 18183, 18192
39 .....16477, 16691, 16992, 16994, 17691, 17694, 17696, 17698, 17700, 17983, 18194, 18197, 18199, 18201, 18205, 18207, 18210, 18618, 19104, 19107, 19108, 19110, 19114, 19624, 19627, 19628, 19788, 19986, 19994, 19998, 20001, 20528, 20530, 20531
71 .....16994, 16995, 16997, 16998, 18213, 19117, 19633, 19634, 19813, 19814, 20871, 20872, 20873, 20874, 20875, 20876
97 .....16999, 17342, 19635, 19636
121.....17000

**Proposed Rules:**
23.....20368
25 .....18236, 19928, 20574
39 .....16716, 16721, 16725, 17033, 17035, 17037, 18237, 18239, 18242, 18244, 18247, 18249, 18251, 18253, 18686, 19136, 19138, 19140, 19142, 19144, 19661, 19662, 19663, 19835, 20042, 20593, 20595, 20597, 20599, 20915, 20919
71 .....17039, 17385, 17386, 17387, 17388, 17389, 18254, 19148, 20374
121 .....16678, 18255, 19928, 20574
129.....19928, 20574
382.....19838

**15 CFR**

730.....20876
732.....20876
734.....20876
738.....20876
740.....20876
742.....20876
743.....20876
746.....20876
748.....20876
750.....20876
752.....20876
762.....20876
770.....20876
772.....20876
774.....20876
902.....17985
960.....24474

**Proposed Rules:**
700.....19666

**16 CFR**

**Proposed Rules:**
305.....18023
437.....19054
1214.....18030

**17 CFR**

202.....20340
279.....17344

**Proposed Rules:**
41.....18030
240.....18030

**18 CFR**

39.....19814
342.....18411

**Proposed Rules:**
1310.....19460

**19 CFR**

101.....20005
122.....20005

**Proposed Rules:**
24.....20922
111.....20922

**20 CFR**

405.....17990

**21 CFR**

510.....17701
520.....17701, 19429
524.....16481
558.....17702, 20533
610.....20533

**Proposed Rules:**
201.....18039
211.....18039
878.....17390

**22 CFR**

34.....16481
62.....16696
120.....20534
121.....20534
122.....20534
123.....20534
124.....20534
125.....20534
126.....20534
127.....20534
128.....20534
129.....20534
130.....20534

**Proposed Rules:**
62.....17768

**23 CFR**

1313.....20555
1327.....19823

**Proposed Rules:**
634.....20925
635.....19667
655.....23877
773.....17040

**24 CFR**

207.....18152
3280.....19638

**25 CFR**

517.....20006

**26 CFR**

1 .....17990, 18623, 19117, 23855, 23856, 24516
602.....17990, 24516

**Proposed Rules:**
1 .....18053, 19669, 20044, 20376, 23882, 24543

**27 CFR**

1.....16918
4.....16918
5.....16918
6.....16918
7.....16918
8.....16918
9.....16918
10.....16918
11.....16918
12.....16918
13.....16918
16.....16918
17.....16918
18.....16918
19.....16918
20.....16918
21.....16918
22.....16918
24.....16918
25.....16918
26.....16918
27.....16918
28.....16918
29.....16918
30.....16918
31.....16918
40.....16918
44.....16918
45.....16918
46.....16918
53.....16918
70.....16918
71.....16918

**28 CFR**

0.....19826

**Proposed Rules:**
540.....16520

**29 CFR**

11.....16664
500.....16664
501.....16664
516.....16664
519.....16664
531.....16664
536.....16664
547.....16664
548.....16664
549.....16664
550.....16664
552.....16664
570.....16664
1910.....16669
1913.....16669
1915.....16669
1926.....16669
2520.....20820
2550.....20820
2578.....20820
4022.....19429
4044.....19429

**30 CFR**

28.....16664
48.....16664
50.....16664
56.....16664
57.....16664
70.....16664
71.....16664
72.....16664
75.....16664
77.....16664
90.....16664
250 .....16859, 19640, 23858

**Proposed Rules:**
205.....17774
942.....17682
943.....20602
950.....20604

**31 CFR**

500.....17345

**32 CFR**

64.....19827
578.....17276
706.....17346, 17347
2004.....18007

**Proposed Rules:**
505.....24494

**33 CFR**

100 .....16488, 17703, 18213, 19431, 19646, 20011
117 .....16489, 16491, 16492, 17348, 17350, 18623, 19119, 20573, 23864
147.....19431
165 .....19119, 19121, 19431, 19648, 19650, 20011, 20013

**Proposed Rules:**
100 .....16525, 18055, 19670, 19672, 23883
117 .....16527, 16529, 17394, 17397, 19150, 20376
165 .....16531, 18256, 19152, 19460, 19462, 19465

**36 CFR**

251.....16614, 16622

**Proposed Rules:**
Ch. I.....16534
7.....17777
1193.....19839
1194.....19839

**37 CFR**

**Proposed Rules:**
1.....17399

**38 CFR**

20.....18008

**39 CFR**

**Proposed Rules:**
111.....19840
3001.....20930

**40 CFR**

18.....16699
51.....17003, 17705
52 .....18216, 18219, 18624, 18626, 19124, 19432
63 .....17352, 17712, 17720, 17729, 17738, 19126, 19435, 19652, 20446, 20895
65.....20446
80.....16492
81.....17750
82.....18219
93.....17003
180 .....17009, 17014, 18628,

18635, 18642, 19436, 19441
194.....18010
260.....16862
261.....16862
264.....16862
265.....16862
266.....16862
268.....16862
270.....16862
271 .....16862, 19442, 23864
272.....20341
300.....20016
761.....16703
799.....18650

**Proposed Rules:**
18.....16728
50.....16534
51.....16534, 17047
52 .....17050, 18258, 18689, 19155, 19467
60.....17401
63 .....19155, 19674, 20931
80.....16535
82.....18259, 18262
93.....17047
180 .....18689, 20045, 20048
260.....19842
261.....19842
262.....19842
263.....19842
264.....19842
265.....19842
271 .....19470, 19471, 19842, 23885
278.....16729
300.....20052
721.....18055
745.....17409

**41 CFR**

102–37.....23867
102–39.....20900

**42 CFR**

410.....17021
412.....18654
413.....18654
420.....20754
424.....20754
489.....20754
498.....20754

**Proposed Rules:**
405.....17052
409.....23996
410.....23996
412.....17052, 23996
413.....23996
422.....17052
424.....23996
485.....23996
489.....17052, 23996

**43 CFR**

5.....19127
10.....16500
423.....19790
429.....19790

**44 CFR**

64 .....16704, 16708, 19658

**Proposed Rules:**
67.....16749

**46 CFR**

401.....16501

**47 CFR**

63.....18667
64.....18667
73 .....17030, 17031, 17032

**Proposed Rules:**
1.....17410
73 .....18693, 18694, 20059, 20060
90.....17786

**48 CFR**

Ch. 1.....20294, 20309
2 .....20295, 20298, 20299
5.....20295, 20299
7.....20295, 20299
12.....20301
14.....20299
19 .....20303, 20304, 20309
22.....20301
25.....20305, 20306
37.....20299
52 .....20299, 20301, 20303, 20304, 20305, 20306, 20308
212.....18667
222.....18669
225.....18671
229.....18671
232.....18671
252.....18671
950.....19829

**Proposed Rules:**
225.....18694, 18695
252.....18695, 20061

**49 CFR**

171.....23869
172.....23869
173.....23869
234.....19129
523.....17566, 19449
533.....17566, 19449
537.....17566, 19449
541.....20022
571 .....17752, 18673, 20026

**Proposed Rules:**
544.....16541
571.....20932
594.....20061
604.....18056

**50 CFR**

17 .....19244, 19452, 19954
223.....17757, 19241
229.....17358, 17360
648 .....19348, 20900, 23871
660.....17985, 18227
665.....17985
679 .....17362, 18021, 18230, 18684, 19129, 19829, 20346, 23874

**Proposed Rules:**
10.....20168
13.....20168
17 .....18456, 19157, 19158, 20168, 20607, 20625, 20636, 20637, 23886
20.....18562
23.....20168
91.....18697
216.....17790
222.....19675
223.....19675, 20941
229.....20941
622.....17062
680.....20378, 20966

## 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 APRIL 25, 2006

**ENVIRONMENTAL PROTECTION AGENCY**

Air pollution; standards of performance for new stationary sources:
- Stationary gas turbines; performance standards; published 2-24-06

**HEALTH AND HUMAN SERVICES DEPARTMENT**

**Centers for Medicare & Medicaid Services**

Medicare:
- Medicare secondary payer provisions; amendments; published 2-24-06

**TRANSPORTATION DEPARTMENT**

**Federal Aviation Administration**

Airworthiness directives:
- General Electric Co.; published 3-21-06

**TREASURY DEPARTMENT**

**Internal Revenue Service**

Income taxes:
- Life-nonlife consolidated returns; tacking rule requirements; published 4-25-06
- Separate limitations application to dividends from noncontrolled section 902 corporations; published 4-25-06

## COMMENTS DUE NEXT WEEK

**AGRICULTURE DEPARTMENT**

**Agricultural Marketing Service**

Cotton classing, testing, and standards:
- Classification services to growers; 2006 user fees; comments due by 5-5-06; published 4-20-06 [FR E6-05940]

National Dairy Promotion and Research Program:
- Regulatory Flexibility Act; Section 610 review; comments due by 5-1-06; published 2-28-06 [FR 06-01854]

**AGRICULTURE DEPARTMENT**

**Commodity Credit Corporation**

Export programs:
- Commodities procurement for foreign donation; Open for comments until further notice; published 12-16-05 [FR E5-07460]

**AGRICULTURE DEPARTMENT**

**Food and Nutrition Service**

Child nutrition programs:
- School Breakfast Program—
  - Severe need assistance; comments due by 5-1-06; published 11-2-05 [FR 05-21785]

**AGRICULTURE DEPARTMENT**

**Rural Housing Service**

Direct single family housing loans and grants; comments due by 5-5-06; published 3-6-06 [FR 06-02072]

**COMMERCE DEPARTMENT**

**Economic Analysis Bureau**

International services surveys:
- BE-577; direct investment abroad; transactions of U.S. reporter with foreign affiliate; quarterly survey; comments due by 5-1-06; published 3-1-06 [FR 06-01877]

**COMMERCE DEPARTMENT**

**National Oceanic and Atmospheric Administration**

Endangered and threatened species:
- Sea turtle conservation—
  - Fishing activities modification; comments due by 5-2-06; published 4-17-06 [FR E6-05686]

Fishery conservation and management:
- Alaska; fisheries of Exclusive Economic Zone—
  - Bering Sea and Aleutian Islands king and tanner crabs; comments due by 5-5-06; published 3-21-06 [FR 06-02705]
- Caribbean, Gulf, and South Atlantic fisheries—
  - Gulf red grouper; comments due by 5-1-06; published 3-31-06 [FR E6-04748]
- Northeastern United States fisheries—
  - Northeast multispecies; comments due by 5-1-06; published 3-30-06 [FR E6-04665]

**COMMERCE DEPARTMENT**

**Patent and Trademark Office**

Patent cases:
- Continuing applications, continued examination practice requests, and applications containing patentably indistinct claims; comments due by 5-3-06; published 1-3-06 [FR 05-24528]
- Patent applications; claims examination; comments due by 5-3-06; published 1-3-06 [FR 05-24529]

Practice and procedure:
- Trademark Trial and Appeal Board rules; miscellaneous changes; comments due by 5-4-06; published 3-27-06 [FR 06-02875]

**ENVIRONMENTAL PROTECTION AGENCY**

Air pollution control; new motor vehicles and engines:
- Tier 2 motor vehicles; light-duty diesel emissions; comments due by 5-1-06; published 3-30-06 [FR 06-02979]

Air programs:
- Ambient air quality standards, national—
  - General conformity; PM2.5 de minimis emission levels; comments due by 5-5-06; published 4-5-06 [FR 06-03310]
  - General conformity; PM2.5 de minimis emission levels; comments due by 5-5-06; published 4-5-06 [FR 06-03311]
- Fuel and fuel additives—-
  - Gasoline and diesel fuel test methods; comments due by 5-3-06; published 4-3-06 [FR 06-03133]
- Fuels and fuel additives—
  - Gasoline and diesel fuel test methods; comments due by 5-3-06; published 4-3-06 [FR 06-03132]

Air quality implementation plans:
- Preparation, adoption, submittal—
  - Air emissions reporting requirements; comments due by 5-3-06; published 1-3-06 [FR 05-24614]

Air quality implementation plans; approval and promulgation; various States:
- Iowa; comments due by 5-1-06; published 3-30-06 [FR 06-03032]
- Maryland; comments due by 5-1-06; published 3-31-06 [FR 06-03107]
- Virginia; comments due by 5-5-06; published 4-5-06 [FR E6-04940]

Research and development:
- Environmental protection research fellowships and special research consultants for environmental protection; establishment; comments due by 5-4-06; published 4-4-06 [FR 06-03204]

Solid waste:
- Granular mine tailings in asphalt concrete and Portland cement concrete in transportation construction projects; management criteria; comments due by 5-4-06; published 4-4-06 [FR 06-03104]

**HEALTH AND HUMAN SERVICES DEPARTMENT**

**Food and Drug Administration**

Color additives:
- Cochineal extract and carmine; declaration requirements; comments due by 5-1-06; published 1-30-06 [FR E6-01104]

Human drugs:
- Prescription drug marketing; blood derivatives distribution by registered blood establishments qualifying as health care entities; comments due by 5-2-06; published 2-1-06 [FR E6-01225]

**HOMELAND SECURITY DEPARTMENT**

**Coast Guard**

Regattas and marine parades:
- 2006 Rappahannock River Boaters Association Spring and Fall Radar Shootout; comments due by 5-3-06; published 4-3-06 [FR E6-04788]
- Correction; comments due by 5-3-06; published 4-10-06 [FR E6-05208]

**INTERIOR DEPARTMENT**

**Fish and Wildlife Service**

Endangered and threatened species:
- Critical habitat designations—
  - Canada lynx; contiguous United States distinct population segment; comments due by 4-30-06; published 2-16-06 [FR 06-01443]

**INTERIOR DEPARTMENT**

**National Park Service**

National Park System:
- Glacier Bay National Park, AK; vessel management; comments due by 5-2-06; published 3-3-06 [FR 06-02000]

**PERSONNEL MANAGEMENT OFFICE**

Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; Title II implementation:

Reporting and best practices; comments due by 5-1-06; published 1-25-06 [FR E6-00933]

Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; implementation:

Title II reporting and best practices requirements; comments due by 5-1-06; published 3-31-06 [FR 06-03166]

**POSTAL RATE COMMISSION**

Practice and procedure:

Express Mail Second Day Service; classification change; comments due by 5-3-06; published 4-24-06 [FR E6-06104]

**SOCIAL SECURITY ADMINISTRATION**

Medicare subsidies:

Medicare Part B income-related monthly adjustment amount; comments due by 5-2-06; published 3-3-06 [FR 06-02075]

Social security benefits and supplemental security income:

Federal old age, survivors, and disability insurance, and aged, blind, and disabled—

Optometrists acceptability as medical sources for establishing medically determinable impairments; comments due by 5-1-06; published 3-1-06 [FR E6-02852]

**TRANSPORTATION DEPARTMENT**

**Federal Aviation Administration**

Airworthiness directives:

Airbus; comments due by 5-4-06; published 4-4-06 [FR E6-04825]

BAE Systems (Operations) Ltd.; comments due by 5-1-06; published 4-5-06 [FR E6-04927]

Boeing; comments due by 5-1-06; published 4-4-06 [FR E6-04827]

Eurocopter France; comments due by 5-1-06; published 2-28-06 [FR E6-02759]

Mitsubishi Heavy Industries; comments due by 5-2-06; published 3-22-06 [FR E6-04123]

Rolls-Royce plc; comments due by 5-1-06; published 3-1-06 [FR 06-01827]

Sicma Areo Seat; comments due by 5-1-06; published 3-1-06 [FR E6-02849]

Airworthiness standards:

Aircraft electrical and electronic systems; high-intensity radiated fields protection; comments due by 5-2-06; published 2-1-06 [FR 06-00895]

Aircraft engine standards for engine life-limited parts; comments due by 5-3-06; published 2-2-06 [FR 06-00950]

VOR Federal airways; comments due by 5-1-06; published 3-17-06 [FR E6-03852]

## 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 202–741–6043. This list is also available online at *http://www.archives.gov/federal-register/laws.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.gpoaccess.gov/plaws/index.html*. Some laws may not yet be available.

**H.R. 4979/P.L. 109–218**

Local Community Recovery Act of 2006 (Apr. 20, 2006; 120 Stat. 333)

**Last List April 17, 2006**

## Public Laws Electronic Notification Service (PENS)

**PENS** is a free electronic mail notification service of newly enacted public laws. To subscribe, go to *http://listserv.gsa.gov/archives/publaws-l.html*

**Note:** This service is strictly for E-mail notification of new laws. The text of laws is not available through this service. **PENS** cannot respond to specific inquiries sent to this address.