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- 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.
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- 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, March 18, 2008
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



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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 TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA-2007-0286; Directorate Identifier 2007-CE-086-AD; Amendment 39-15381; AD 2008-04-09]

RIN 2120-AA64

Airworthiness Directives; Taylorcraft A, B, and F Series Airplanes

AGENCY: Federal Aviation Administration (FAA), Department of Transportation (DOT).

ACTION: Final rule.

SUMMARY: We are adopting a new airworthiness directive (AD) to supersede AD 2007-16-14, which applies to all Taylorcraft (Taylorcraft) A, B, and F series airplanes. AD 2007-16-14 currently requires you to do an initial visual inspection of the left and right wing front and aft lift struts for cracks and corrosion and replace any cracked strut or strut with corrosion that exceeds certain limits. If the strut is replaced with an original design vented strut, AD 2007-16-14 requires you to repetitively inspect those struts thereafter. Since we issued AD 2007-16-14, we determined that the eddy current inspection method does not address the unsafe condition for the long term. We also determined that Models FA-III and TG-6 airplanes are not equipped with the affected struts. Consequently, this AD retains the actions required in AD 2007-16-14, except it removes the eddy current inspection method (provides 24-month credit if already done using this method), adds the radiograph method as an inspection method, changes the Applicability section, and changes the compliance time between the repetitive inspections. We are issuing this AD to detect and correct cracks and corrosion in the left and right wing front and aft lift struts. This condition, if not

corrected, could result in failure of the lift strut and lead to in-flight separation of the wing.

DATES: This AD becomes effective on March 28, 2008.

On March 28, 2008, the Director of the Federal Register approved the incorporation by reference of Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007, listed in this AD.

As of August 20, 2007 (72 FR 45153, August 13, 2007), the Director of the Federal Register approved the incorporation by reference of Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision A, dated August 1, 2007, listed in this AD.

ADDRESSES: For service information identified in this AD, contact Taylorcraft Aviation, LLC, 2124 North Central Avenue, Brownsville, Texas 78521; telephone: 956-986-0700.

To view the AD docket, go to U.S. Department of Transportation, Docket Operations, M-30, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC 20590, or on the Internet at <http://www.regulations.gov>. The docket number is FAA-2007-0286; Directorate Identifier 2007-CE-086-AD.

FOR FURTHER INFORMATION CONTACT: Andrew McAnaul, Aerospace Engineer, ASW-150 (c/o MDO-43), 10100 Reunion Place, Suite 650, San Antonio, Texas 78216; telephone: (210) 308-3365; fax: (210) 308-3370.

SUPPLEMENTARY INFORMATION:

Discussion

On December 3, 2007, we issued a proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply to certain Taylorcraft (Taylorcraft) A, B, and F series airplanes. This proposal was published in the **Federal Register** as a notice of proposed rulemaking (NPRM) on December 10, 2007 (72 FR 69630). The NPRM proposed to supersede AD 2007-16-14 with a new AD that would:

- Retain the actions required in AD 2007-16-14, except it removes the eddy current inspection method (provides 24-month credit if already done using this method);
- Adds the radiograph method as an inspection method;

- Changes the Applicability section to remove Models FA-III and TG-6 airplanes; and

- Changes the compliance time between the repetitive inspections.

Comments

We provided the public the opportunity to participate in developing this AD. The following presents the comments received on the proposal and FAA's response to each comment:

Comment Issue No. 1: Approve Installing Univair Part Numbers (P/N) UA-A815 and UA-854 as a Terminating Action for the Repetitive Inspection Requirement for All Affected Taylorcraft Airplanes

Univair Aircraft Corporation (Univair) requests that we expand the airplane model applicability for installation of P/Ns UA-A815 and UA-854 as a terminating action for the repetitive inspection requirement from Taylorcraft Models BC12-D/D1 and BCS12-D/D1 airplanes (as currently approved in an alternative method of compliance (AMOC) to AD 2007-16-14) to include all affected Taylorcraft airplanes.

On January 2, 2008, Univair received parts manufacturer approval (PMA) under PMA Supplement Numbers 198 and 199 expanding the eligibility to install P/Ns UA-A815 and UA-854 on all Taylorcraft airplane models affected by the proposed AD. Installation of these sealed struts provides an acceptable level of safety for terminating action to the AD for all affected Taylorcraft airplane models.

We agree with the commenter. We will change the final rule AD action to incorporate this change.

Comment Issue No. 2: Extend or Eliminate Repetitive Inspection Intervals

Richard W. Gross and seven other commenters request that the repetitive inspection interval be either extended from 4 years to 10 years or terminated altogether if no corrosion is found during the initial inspection.

Some of the commenters base their request on service history of some struts having been in service for 60 years without any signs of corrosion.

We do not agree with the commenters. We have not received any data to support extending the repetitive inspection interval. We have received reports of several corroded vented wing

lift struts from different Taylorcraft series airplanes. Repetitive inspections are necessary to detect and correct corrosion that can develop after the initial inspection. Based on the inspection methods used and the application of corrosion inhibitor at each inspection, 48 months is the appropriate repetitive inspection interval.

We are not changing the final rule AD action based on these comments.

Comment Issue No. 3: Remove F-Model Airplanes From the Applicability Section

Shawn Coleman and three other commenters request that the newer F-Model Taylorcraft airplanes be removed from the Applicability section. This

request is based on these models being the most recent airplanes produced and the expectation that they should not have a corrosion problem.

We do not agree with the commenters. We do not have any data to support excluding these airplane models from the AD. These models use the same strut design and material as the earlier produced Taylorcraft model airplanes. We have received reports of one Model F-21 airplane and three Model F-22 airplanes having one or more struts that failed inspection due to corrosion.

We are not changing the final rule AD action based on these comments.

Conclusion

We have carefully reviewed the available data and determined that air

safety and the public interest require adopting the AD as proposed except for the changes previously discussed and minor editorial corrections. We have determined that these minor corrections:

- Are consistent with the intent that was proposed in the NPRM for correcting the unsafe condition; and
- Do not add any additional burden upon the public than was already proposed in the NPRM.

Costs of Compliance

We estimate that this AD will affect 3,119 airplanes in the U.S. registry.

We estimate the following costs to do the visual inspection:

Labor cost	Parts cost	Total cost per airplane	Total cost on U.S. operators
1 work-hour × \$80 per hour = \$80	Not applicable	\$80	\$249,520

We estimate the following costs to do the repetitive ultrasound or radiograph inspection:

Labor cost	Parts cost	Total cost per airplane
4 work-hours × \$80 per hour = \$320	Not applicable	\$320

We estimate the following costs to do any necessary replacements that will be required based on the results of the inspections. We have no way of determining the number of airplanes that may need this replacement:

Labor cost	Parts cost	Total cost per airplane to replace all 4 wing lift struts
4 work-hours to replace all 4 struts × \$80 per hour = \$320.	Sealed front lift strut: \$835 per strut. Two per airplane = \$1,670 Sealed aft lift strut: \$638 per strut. Two per airplane = \$1,276.	\$1,670 + \$1,276 + \$320 = \$3,266.

Original design vented lift struts are no longer manufactured. We have no way of determining the cost associated with obtaining a useable vented strut.

The estimated total cost on U.S. operators includes the cumulative costs associated with AD 2007-16-14 and any actions being added in this AD.

Authority for This Rulemaking

Title 49 of the United States Code specifies the FAA’s authority to issue rules on aviation safety. Subtitle I, Section 106 describes the authority of the FAA Administrator. Subtitle VII, Aviation Programs, describes in more detail the scope of the agency’s authority.

We are issuing this rulemaking under the authority described in Subtitle VII, Part A, Subpart III, Section 44701, “General requirements.” Under that

section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition that is likely to exist or develop on products identified in this AD.

Regulatory Findings

We have determined that this AD will not have federalism implications under Executive Order 13132. This AD will not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify that this AD:

1. Is not a “significant regulatory action” under Executive Order 12866;
2. Is not a “significant rule” under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and
3. Will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

We prepared a summary of the costs to comply with this AD (and other information as included in the Regulatory Evaluation) and placed it in the AD Docket. You may get a copy of this summary by sending a request to us at the address listed under **ADDRESSES**. Include “Docket No. FAA-2007-0286; Directorate Identifier 2007-CE-086-AD” in your request.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

■ 2. The FAA amends § 39.13 by removing Airworthiness Directive (AD) 2007–16–14, Amendment 39–15153 (72 FR 45153, August 13, 2007), and adding the following new AD:

2008–04–09 Taylorcraft: Amendment 39–15381; Docket No. FAA–2007–0286; Directorate Identifier 2007–CE–086–AD.

Effective Date

(a) This AD becomes effective on March 28, 2008.

Affected ADs

(b) This AD supersedes AD 2007–16–14, Amendment 39–15153.

Applicability

(c) This AD applies to all serial numbers of Taylorcraft Models A, BC, BCS, BC–65, BCS–65, BC12–65 (Army L–2H), BCS12–65, BC12–D, BCS12–D, BC12–D1, BCS12–D1, BC12D–85, BCS12D–85, BC12D–4–85, BCS12D–4–85, (Army L–2G) BF, BFS, BF–60, BFS–60, BF–65, (Army L–2K) BF 12–65, BFS–65, BL, BLS, (Army L–2F) BL–65, BLS–65, (Army L–2J) BL12–65, BLS12–65, 19, F19, F21, F21A, F21B, F22, F22A, F22B, and F22C airplanes that:

- (1) Are certificated in any category; and
- (2) Do not incorporate sealed wing front lift struts, part number (P/N) MA–A815, Univair P/N UA–A815, or FAA-approved equivalent P/N, and sealed aft lift struts, P/N MA–A854, Univair P/N UA–854, or FAA-approved equivalent P/N, for all struts.

Note 1: This AD applies to all Taylorcraft models listed above, including those models not listed in Taylorcraft Aviation, LLC Service Bulletin No. 2007–001, Revision B,

dated October 15, 2007. If there are any other differences between this AD and the above service bulletin, this AD takes precedence.

Note 2: For the purposes of this AD, a used strut that has been inspected using the ultrasound or radiograph inspection method, meets the Acceptance/Rejection Criteria specified in Taylorcraft Aviation, LLC Service Bulletin No. 2007–001, Revision B, dated October 15, 2007, and is treated with internal corrosion protection, is considered a new strut.

Unsafe Condition

(d) This AD results from our determination that the radiograph inspection method should be used in place of the eddy current inspection method currently required in AD 2007–16–14. We are issuing this AD to detect and correct corrosion or cracks in the left and right wing front and aft lift struts, which could result in failure of the lift strut and lead to in-flight separation of the wing with consequent loss of control.

Compliance

(e) To address this problem, you must do the following, unless already done:

Actions	Compliance	Procedures
(1) Visually inspect the left and right wing front and aft lift struts, (P/N A–A815 and P/N A–A854, or FAA-approved equivalent P/Ns), along the entire bottom 12 inches of each strut for cracks and corrosion.	Within the next 5 hours TIS after August 20, 2007 (the effective date of AD 2007–16–14), unless one of the following conditions is met: (i) The struts have been replaced with parts specified in paragraph (e)(2)(i) of this AD. No further action is required on those struts. (ii) The struts have been replaced with parts specified in paragraph (e)(2)(ii) of this AD and have been installed for less than 48 months. No visual inspection is required. These parts are now subject to the repetitive inspection requirement specified in paragraph (e)(4) of this AD.	Follow Part 1 of the Instructions in Taylorcraft Aviation, LLC Service Bulletin No. 2007–001, Revision A, dated August 1, 2007; or Taylorcraft Aviation, LLC Service Bulletin No. 2007–001, Revision B, dated October 15, 2007.
(2) If any cracks are found during the visual inspection required in paragraph (e)(1) of this AD, replace the cracked strut with the following applicable strut: (i) A sealed front lift strut, P/N MA–A815, Univair P/N UA–A815, or FAA-approved equivalent P/N, a sealed aft lift strut, P/N MA–A854, Univair P/N UA–854, or FAA-approved equivalent P/N. Installing these lift struts terminates the repetitive inspections required by this AD for that strut and no further action is required. (ii) A new vented front lift strut, P/N A–A815, a new vented aft lift strut, P/N A–A854, or FAA-approved equivalent P/Ns, that is treated with internal corrosion protection specified in Taylorcraft Aviation, LLC Service Bulletin No. 2007–001, Revision B, dated October 15, 2007. Installing one of these lift struts is subject to the repetitive inspections required in paragraph (e)(4) of this AD.	Before further flight after the visual inspection required in paragraph (e)(1) of this AD.	Following the Instructions in Taylorcraft Aviation, LLC Service Bulletin No. 2007–001, Revision B, dated October 15, 2007.

Actions	Compliance	Procedures
(3) If corrosion is found during the inspection required in paragraph (e)(1) of this AD, do an ultrasound or radiograph inspection to determine if the corrosion exceeds the Acceptance/Rejection Criteria specified in Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007.	Before further flight after the visual inspection required in paragraph (e)(1) of this AD.	Follow Part 2 of the Instructions in Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007. All ultrasound or radiograph inspections required by this AD must be done by one of the following: (i) A Level II or III inspector certified in the applicable ultrasound or radiograph inspection method using the guidelines established by the American Society of Nondestructive Testing or NAS 410 (formerly MIL-STD-410); (ii) An inspector certified to specific FAA or other acceptable government or industry standards, such as Air Transport Association (ATA) Specifications 105-Guidelines for Training and Qualifying Personnel in Nondestructive Testing Methods; or (iii) An FAA Repair Station or a Testing/Inspection Laboratory qualified to do ultrasound or radiograph inspections.
(4) If no corrosion or cracks are found during the visual inspection required in paragraph (e)(1) of this AD, or if the inspection required in paragraph (e)(3) reveals that the corrosion does not exceed the Acceptance/Rejection Criteria specified in Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007, repetitively inspect thereafter using the ultrasound or radiograph inspection method and treat with internal corrosion protection until all struts are replaced with the sealed struts specified in paragraph (e)(2)(i) of this AD. If any cracks are found or corrosion is found that exceeds the Acceptance/Rejection Criteria specified in Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007, during any of the repetitive inspections required by this AD, take the necessary corrective actions as applicable in paragraph (e)(5) of this AD.	(i) Initially inspect within the next 3 months after August 20, 2007 (the effective date of AD 2007-16-14) or within 48 months after installing a lift strut specified in paragraph (e)(2)(ii) of this AD, whichever occurs later. (ii) Repetitively inspect thereafter at intervals not to exceed 48 months, except as required by paragraph (e)(4)(iii) of this AD. (iii) If the initial inspection was done using the eddy current method as specified in AD 2007-16-14, the first ultrasound or radiograph repetitive inspection must be done within the next 24 months after doing the eddy current inspection. Repetitively inspect thereafter at intervals not to exceed 48 months using the ultrasound or radiograph inspection method.	Follow Part 2 of the Instructions in Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007, using the ultrasound or radiograph inspection method.
(5) If, during any inspection required in paragraphs (e)(3) or (e)(4) of this AD, any cracks are found or it is determined that the corrosion exceeds the Acceptance/Rejection Criteria specified in Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007, replace the lift strut with the applicable lift strut specified in paragraph (e)(2)(i) or (e)(2)(ii) of this AD.	Before further flight after the inspection required in paragraph (e)(3) or (e)(4) of this AD.	Following the Instructions in Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007.
(6) Do not install P/N A-A815, P/N A-A854, or FAA-approved equivalent P/N, unless: (i) Within the last 48 months it has been inspected using the ultrasound or radiograph method; (ii) It meets the Acceptance/Rejection Criteria; and (iii) It is treated with internal corrosion protection as specified in Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007.	As of 5 hours TIS after March 28, 2008 the effective date of this AD.	Not applicable.
(7) As a terminating action for the repetitive inspections required by this AD, all vented lift struts (P/Ns A-A815, A-A854, and FAA-approved equivalent P/Ns) may be replaced with sealed lift struts (P/Ns MA-A815, UA-A815, MA-A854, UA-854, or FAA-approved equivalent P/Ns).	At any time after March 28, 2008 the effective date of this AD.	Not applicable.

Alternative Methods of Compliance (AMOCs)

(f) The Manager, Fort Worth Airplane Certification Office, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. Send information to ATTN: Andrew McAnaul, Aerospace Engineer, ASW-150 (c/o MIDO-43), 10100 Reunion Place, Suite 650, San Antonio, Texas 78216; telephone: (210) 308-3365; fax: (210) 308-3370. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

(g) AMOCs approved for AD 2007-16-14 are approved for this AD.

Material Incorporated by Reference

(h) You must use Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision A, dated August 1, 2007; and Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007, to do the actions required by this AD, unless the AD specifies otherwise.

(1) The Director of the Federal Register approved the incorporation by reference of Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision B, dated October 15, 2007, under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) On August 20, 2007 (72 FR 45153, August 13, 2007), the Director of the Federal Register approved the incorporation by reference of Taylorcraft Aviation, LLC Service Bulletin No. 2007-001, Revision A, dated August 1, 2007.

(3) For service information identified in this AD, contact Taylorcraft Aviation, LLC, 2124 North Central Avenue, Brownsville, Texas 78521; telephone: 956-986-0700.

(4) You may review copies at the FAA, Central Region, Office of the Regional Counsel, 901 Locust, Kansas City, Missouri 64106; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Issued in Kansas City, Missouri, on February 13, 2008.

David R. Showers,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. E8-3074 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION**Federal Aviation Administration****14 CFR Part 39**

[Docket No. FAA-2007-0333; Directorate Identifier 2007-NM-236-AD; Amendment 39-15379; AD 2008-04-07]

RIN 2120-AA64

Airworthiness Directives; Saab Model SAAB SF340A and SAAB 340B Airplanes

AGENCY: Federal Aviation Administration (FAA), Department of Transportation (DOT).

ACTION: Final rule.

SUMMARY: We are adopting a new airworthiness directive (AD) for the products listed above. This AD results from mandatory continuing airworthiness information (MCAI) originated by an aviation authority of another country to identify and correct an unsafe condition on an aviation product. The MCAI describes the unsafe condition as:

Subsequent to accidents involving Fuel Tank System explosions in flight * * * and on ground, the FAA has published Special Federal Aviation Regulation 88 (SFAR88) * * * [which] required * * * [conducting] a design review against explosion risks.

The unsafe condition is the potential of ignition sources inside fuel tanks, which, in combination with flammable fuel vapors, could result in fuel tank explosions and consequent loss of the airplane. We are issuing this AD to require actions to correct the unsafe condition on these products.

DATES: This AD becomes effective March 28, 2008.

The Director of the Federal Register approved the incorporation by reference of a certain publication listed in this AD as of March 28, 2008.

ADDRESSES: You may examine the AD docket on the Internet at <http://www.regulations.gov> or in person at the U.S. Department of Transportation, Docket Operations, M-30, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC.

FOR FURTHER INFORMATION CONTACT: Shahram Daneshmandi, Aerospace Engineer, International Branch, ANM-116, Transport Airplane Directorate, FAA, 1601 Lind Avenue, SW., Renton, Washington 98057-3356; telephone (425) 227-1112; fax (425) 227-1149.

SUPPLEMENTARY INFORMATION:

Discussion

We issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an AD that would apply to the specified products. That NPRM was published in the **Federal Register** on December 17, 2007 (72 FR 71271). That NPRM proposed to correct an unsafe condition for the specified products. The MCAI states:

Subsequent to accidents involving Fuel Tank System explosions in flight * * * and on ground, the FAA has published Special Federal Aviation Regulation 88 (SFAR88) in June 2001.

In their Letters referenced 04/00/02/07/01-L296 dated March 4, 2002 and 04/00/02/07/03-L024, dated February 3, 2003, the JAA (Joint Aviation Authorities) recommended the application of a similar regulation to the National Aviation Authorities (NAA).

Under this regulation, all holders of type certificates for passenger transport aircraft with either a passenger capacity of 30 or more, or a payload capacity of 7,500 pounds (3402 kg) or more, which have received their certification since January 1, 1958, are required to conduct a design review against explosion risks.

This Airworthiness Directive, which renders mandatory the modification [3162] to separate wiring of Fuel Quantity Indication System (FQIS), is a consequence of the design review.

The unsafe condition is the potential of ignition sources inside fuel tanks, which, in combination with flammable fuel vapors, could result in fuel tank explosions and consequent loss of the airplane. Modification 3162 includes parking (stowing) of the existing wiring to the FQIS, installing new wires with shields to the FQIS, and operational and functional tests of the FQIS. You may obtain further information by examining the MCAI in the AD docket.

Comments

We gave the public the opportunity to participate in developing this AD. We received no comments on the NPRM or on the determination of the cost to the public.

Conclusion

We reviewed the available data and determined that air safety and the public interest require adopting the AD as proposed.

Differences Between This AD and the MCAI or Service Information

We have reviewed the MCAI and related service information and, in general, agree with their substance. But we might have found it necessary to use different words from those in the MCAI to ensure the AD is clear for U.S. operators and is enforceable. In making these changes, we do not intend to differ

substantively from the information provided in the MCAI and related service information.

We might also have required different actions in this AD from those in the MCAI in order to follow our FAA policies. Any such differences are highlighted in a NOTE within the AD.

Costs of Compliance

We estimate that this AD will affect about 218 products of U.S. registry. We also estimate that it will take about 80 work-hours per product to comply with the basic requirements of this AD. The average labor rate is \$80 per work-hour. Required parts will cost about \$12,900 per product. Where the service information lists required parts costs that are covered under warranty, we have assumed that there will be no charge for these parts. As we do not control warranty coverage for affected parties, some parties may incur costs higher than estimated here. Based on these figures, we estimate the cost of this AD to the U.S. operators to be \$4,207,400, or \$19,300 per product.

Authority for This Rulemaking

Title 49 of the United States Code specifies the FAA's authority to issue rules on aviation safety. Subtitle I, section 106, describes the authority of the FAA Administrator. "Subtitle VII: Aviation Programs," describes in more detail the scope of the Agency's authority.

We are issuing this rulemaking under the authority described in "Subtitle VII, Part A, Subpart III, Section 44701: General requirements." Under that section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition that is likely to exist or develop on products identified in this rulemaking action.

Regulatory Findings

We determined that this AD will not have federalism implications under Executive Order 13132. This AD will not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify this AD:

1. Is not a "significant regulatory action" under Executive Order 12866;

2. Is not a "significant rule" under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and

3. Will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

We prepared a regulatory evaluation of the estimated costs to comply with this AD and placed it in the AD docket.

Examining the AD Docket

You may examine the AD docket on the Internet at <http://www.regulations.gov>; or in person at the Docket Operations office between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The AD docket contains the NPRM, the regulatory evaluation, any comments received, and other information. The street address for the Docket Operations office (telephone (800) 647-5527) is in the ADDRESSES section. Comments will be available in the AD docket shortly after receipt.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

■ Accordingly, under the authority delegated to me by the Administrator, the FAA amends 14 CFR part 39 as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

■ 2. The FAA amends § 39.13 by adding the following new AD:

2008-04-07 Saab Aircraft AB: Amendment 39-15379. Docket No. FAA-2007-0333; Directorate Identifier 2007-NM-236-AD.

Effective Date

(a) This airworthiness directive (AD) becomes effective March 28, 2008.

Affected ADs

(b) None.

Applicability

(c) This AD applies to Saab Model SAAB SF340A and SAAB 340B airplanes, all serial numbers, certificated in any category.

Subject

(d) Air Transport Association (ATA) of America Code 28: Fuel.

Reason

(e) The mandatory continuing airworthiness information (MCAI) states:

Subsequent to accidents involving Fuel Tank System explosions in flight * * * and on ground, the FAA has published Special Federal Aviation Regulation 88 (SFAR88) in June 2001.

In their Letters referenced 04/00/02/07/01-L296 dated March 4, 2002, and 04/00/02/07/03-L024, dated February 3, 2003, the JAA (Joint Aviation Authorities) recommended the application of a similar regulation to the National Aviation Authorities (NAA).

Under this regulation, all holders of type certificates for passenger transport aircraft with either a passenger capacity of 30 or more, or a payload capacity of 7,500 pounds (3402 kg) or more, which have received their certification since January 1, 1958, are required to conduct a design review against explosion risks.

This Airworthiness Directive, which renders mandatory the modification [3162] to separate wiring of Fuel Quantity Indication System, is a consequence of the design review.

The unsafe condition is the potential of ignition sources inside fuel tanks, which, in combination with flammable fuel vapors, could result in fuel tank explosions and consequent loss of the airplane. Modification 3162 includes parking (stowing) of the existing wiring to the FQIS, installing new wires with shields to the FQIS, and operational and functional tests of the FQIS.

Actions and Compliance

(f) Within 72 months after the effective date of this AD, unless already done, do modification 3162 in accordance with the Accomplishment Instructions of Saab Service Bulletin 340-28-024, Revision 01, dated May 21, 2007. Actions done before the effective date of this AD in accordance with Saab Service Bulletin 340-28-024, dated February 26, 2007, are considered acceptable for compliance with the requirements of this AD.

FAA AD Differences

Note 1: This AD differs from the MCAI and/or service information as follows: No differences.

Other FAA AD Provisions

(g) The following provisions also apply to this AD:

(1) Alternative Methods of Compliance (AMOCs): The Manager, International Branch, ANM-116, Transport Airplane Directorate, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. Send information to ATTN: Shahram Daneshmandi, Aerospace Engineer, International Branch, ANM-116, Transport Airplane Directorate, FAA, 1601 Lind Avenue, SW., Renton, Washington 98057-3356; telephone (425) 227-1112; fax (425) 227-1149. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

(2) Airworthy Product: For any requirement in this AD to obtain corrective actions from a manufacturer or other source, use these actions if they are FAA-approved.

Corrective actions are considered FAA-approved if they are approved by the State of Design Authority (or their delegated agent). You are required to assure the product is airworthy before it is returned to service.

(3) Reporting Requirements: For any reporting requirement in this AD, under the provisions of the Paperwork Reduction Act, the Office of Management and Budget (OMB) has approved the information collection requirements and has assigned OMB Control Number 2120-0056.

Related Information

(h) Refer to MCAI EASA Airworthiness Directive 2007-0170, dated June 15, 2007; and Saab Service Bulletin 340-28-024, Revision 01, dated May 21, 2007; for related information.

Material Incorporated by Reference

(i) You must use Saab Service Bulletin 340-28-024, Revision 01, dated May 21, 2007, to do the actions required by this AD, unless the AD specifies otherwise.

(1) The Director of the Federal Register approved the incorporation by reference of this service information under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) For service information identified in this AD, contact Saab Aircraft AB, SAAB Aircraft Product Support, S-581.88, Linköping, Sweden.

(3) You may review copies at the FAA, Transport Airplane Directorate, 1601 Lind Avenue SW., Renton, Washington; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call (202) 741-6030, or go to: <http://www.archives.gov/federal-register/cfr/ibr-locations.html>.

Issued in Renton, Washington, on February 11, 2008.

Stephen P. Boyd,

Assistant Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. E8-3068 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA-2007-0335; Directorate Identifier 2007-NM-292-AD; Amendment 39-15380; AD 2008-04-08]

RIN 2120-AA64

Airworthiness Directives; Bombardier Model CL-600-2B19 (Regional Jet Series 100 & 440) Airplanes

AGENCY: Federal Aviation Administration (FAA), Department of Transportation (DOT).

ACTION: Final rule.

SUMMARY: We are adopting a new airworthiness directive (AD) for the products listed above. This AD results

from mandatory continuing airworthiness information (MCAI) originated by an aviation authority of another country to identify and correct an unsafe condition on an aviation product. The MCAI describes the unsafe condition as:

Bombardier Aerospace has completed a system safety review of the CL-600-2B19 aircraft fuel system against new fuel tank safety standards, introduced in Chapter 525 of the Airworthiness Manual through Notice of Proposed Amendment (NPA) 2002-043. The identified non-compliances were assessed using Transport Canada Policy Letter No. 525-001 to determine if mandatory corrective action is required.

The assessment and lightning tests showed that certain fuel tube self-bonded couplings do not provide sufficient lightning current capability. The assessment also showed that single failure of the integral bonding wire of the self-bonded couplings or excessive axial clearance at the reducer ferrules of certain self-bonded couplings could affect electrical bonding between fuel tubes.

Insufficient electrical bonding between fuel tubes or insufficient current capability of fuel tube couplings, if not corrected, could result in arcing and potential ignition source inside the fuel tank during lightning strikes and consequent fuel tank explosion. * * *

We are issuing this AD to require actions to correct the unsafe condition on these products.

DATES: This AD becomes effective March 28, 2008.

The Director of the Federal Register approved the incorporation by reference of a certain publication listed in this AD as of March 28, 2008.

ADDRESSES: You may examine the AD docket on the Internet at <http://www.regulations.gov> or in person at the U.S. Department of Transportation, Docket Operations, M-30, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC.

FOR FURTHER INFORMATION CONTACT:

Rocco Viselli, Aerospace Engineer, Airframe and Propulsion Branch, ANE-171, FAA, New York Aircraft Certification Office, 1600 Stewart Avenue, Suite 410, Westbury, New York 11590; telephone (516) 228-7331; fax (516) 794-5531.

SUPPLEMENTARY INFORMATION:

Discussion

We issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an AD that would apply to the specified products. That NPRM was published in the **Federal Register** on December 17, 2007 (72 FR 71273). That NPRM proposed to correct an unsafe condition for the specified products. The MCAI states:

Bombardier Aerospace has completed a system safety review of the CL-600-2B19 aircraft fuel system against new fuel tank safety standards, introduced in Chapter 525 of the Airworthiness Manual through Notice of Proposed Amendment (NPA) 2002-043. The identified non-compliances were assessed using Transport Canada Policy Letter No. 525-001 to determine if mandatory corrective action is required.

The assessment and lightning tests showed that certain fuel tube self-bonded couplings do not provide sufficient lightning current capability. The assessment also showed that single failure of the integral bonding wire of the self-bonded couplings or excessive axial clearance at the reducer ferrules of certain self-bonded couplings could affect electrical bonding between fuel tubes.

Insufficient electrical bonding between fuel tubes or insufficient current capability of fuel tube couplings, if not corrected, could result in arcing and potential ignition source inside the fuel tank during lightning strikes and consequent fuel tank explosion. To correct the unsafe condition, this directive mandates the replacement of certain fuel tube couplings with redesigned couplings.

For certain couplings, the replacement includes a detailed inspection for wear of the sleeve and coupling and applicable corrective actions (including installing new O-rings and sleeves). You may obtain further information by examining the MCAI in the AD docket.

Comments

We gave the public the opportunity to participate in developing this AD. We received no comments on the NPRM or on the determination of the cost to the public.

Conclusion

We reviewed the available data and determined that air safety and the public interest require adopting the AD as proposed.

Differences Between This AD and the MCAI or Service Information

We have reviewed the MCAI and related service information and, in general, agree with their substance. But we might have found it necessary to use different words from those in the MCAI to ensure the AD is clear for U.S. operators and is enforceable. In making these changes, we do not intend to differ substantively from the information provided in the MCAI and related service information.

We might also have required different actions in this AD from those in the MCAI in order to follow our FAA policies. Any such differences are highlighted in a NOTE within the AD.

Costs of Compliance

We estimate that this AD will affect about 692 products of U.S. registry. We

also estimate that it will take about 21 work-hours per product to comply with the basic requirements of this AD. The average labor rate is \$80 per work-hour. Required parts will cost about \$2,417 per product. Where the service information lists required parts costs that are covered under warranty, we have assumed that there will be no charge for these parts. As we do not control warranty coverage for affected parties, some parties may incur costs higher than estimated here. Based on these figures, we estimate the cost of this AD to the U.S. operators to be \$2,835,124, or \$4,097 per product.

Authority for This Rulemaking

Title 49 of the United States Code specifies the FAA's authority to issue rules on aviation safety. Subtitle I, section 106, describes the authority of the FAA Administrator. "Subtitle VII: Aviation Programs," describes in more detail the scope of the Agency's authority.

We are issuing this rulemaking under the authority described in "Subtitle VII, Part A, Subpart III, Section 44701: General requirements." Under that section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition that is likely to exist or develop on products identified in this rulemaking action.

Regulatory Findings

We determined that this AD will not have federalism implications under Executive Order 13132. This AD will not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify this AD:

1. Is not a "significant regulatory action" under Executive Order 12866;
2. Is not a "significant rule" under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and
3. Will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

We prepared a regulatory evaluation of the estimated costs to comply with this AD and placed it in the AD docket.

Examining the AD Docket

You may examine the AD docket on the Internet at <http://www.regulations.gov>; or in person at the Docket Operations office between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The AD docket contains the NPRM, the regulatory evaluation, any comments received, and other information. The street address for the Docket Operations office (telephone (800) 647-5527) is in the **ADDRESSES** section. Comments will be available in the AD docket shortly after receipt.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

■ Accordingly, under the authority delegated to me by the Administrator, the FAA amends 14 CFR part 39 as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

■ 2. The FAA amends § 39.13 by adding the following new AD:

2008-04-08 Bombardier, Inc. (Formerly Canadair): Amendment 39-15380. Docket No. FAA-2007-0335; Directorate Identifier 2007-NM-292-AD.

Effective Date

(a) This airworthiness directive (AD) becomes effective March 28, 2008.

Affected ADs

(b) None.

Applicability

(c) This AD applies to Bombardier Model CL-600-2B19 (Regional Jet Series 100 & 440) airplanes, certificated in any category, serial numbers 7003 through 7067, and 7069 through 7981.

Subject

(d) Air Transport Association (ATA) of America Code 28: Fuel.

Reason

(e) The mandatory continuing airworthiness information (MCAI) states: Bombardier Aerospace has completed a system safety review of the CL-600-2B19 aircraft fuel system against new fuel tank safety standards, introduced in Chapter 525 of the Airworthiness Manual through Notice of Proposed Amendment (NPA) 2002-043. The identified non-compliances were assessed using Transport Canada Policy Letter No. 525-001 to determine if mandatory corrective action is required.

The assessment and lightning tests showed that certain fuel tube self-bonded couplings do not provide sufficient lightning current capability. The assessment also showed that single failure of the integral bonding wire of the self-bonded couplings or excessive axial clearance at the reducer ferrules of certain self-bonded couplings could affect electrical bonding between fuel tubes.

Insufficient electrical bonding between fuel tubes or insufficient current capability of fuel tube couplings, if not corrected, could result in arcing and potential ignition source inside the fuel tank during lightning strikes and consequent fuel tank explosion. To correct the unsafe condition, this directive mandates the replacement of certain fuel tube couplings with redesigned couplings.

For certain couplings, the replacement includes a detailed inspection for wear of the sleeve and coupling and applicable corrective actions (including installing new O-rings and sleeves).

Actions and Compliance

(f) Within 5000 flight hours after the effective date of this AD, unless already done, replace fuel tube couplings inside the wing and center fuel tanks with redesigned couplings, in accordance with the Accomplishment Instructions of Bombardier Service Bulletin 601R-28-054, Revision A, dated August 7, 2006. Do all applicable inspections and corrective actions before further flight.

FAA AD Differences

Note: This AD differs from the MCAI and/or service information as follows: No differences.

Other FAA AD Provisions

(g) The following provisions also apply to this AD:

(1) *Alternative Methods of Compliance (AMOCs):* The Manager, New York Aircraft Certification Office, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. Send information to ATTN: Rocco Viselli, Aerospace Engineer, Airframe and Propulsion Branch, ANE-171, FAA, New York Aircraft Certification Office, 1600 Stewart Avenue, Suite 410, Westbury, New York 11590; telephone (516) 228-7331; fax (516) 794-5531. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

(2) *Airworthy Product:* For any requirement in this AD to obtain corrective actions from a manufacturer or other source, use these actions if they are FAA-approved. Corrective actions are considered FAA-approved if they are approved by the State of Design Authority (or their delegated agent). You are required to assure the product is airworthy before it is returned to service.

(3) *Reporting Requirements:* For any reporting requirement in this AD, under the provisions of the Paperwork Reduction Act, the Office of Management and Budget (OMB) has approved the information collection requirements and has assigned OMB Control Number 2120-0056.

Related Information

(h) Refer to MCAI Canadian Airworthiness Directive CF-2007-23, dated October 18, 2007, and Bombardier Service Bulletin 601R-28-054, Revision A, dated August 7, 2006, for related information.

Material Incorporated by Reference

(i) You must use Bombardier Service Bulletin 601R-28-054, Revision A, dated August 7, 2006, to do the actions required by this AD, unless the AD specifies otherwise.

(1) The Director of the Federal Register approved the incorporation by reference of this service information under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) For service information identified in this AD, contact Bombardier, Inc., Canadair, Aerospace Group, P.O. Box 6087, Station Centre-ville, Montreal, Quebec H3C 3G9, Canada.

(3) You may review copies at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call (202) 741-6030, or go to: <http://www.archives.gov/federal-register/cfr/ibr-locations.html>.

Issued in Renton, Washington, on February 13, 2008.

Stephen P. Boyd,

Assistant Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. E8-3070 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION**Federal Aviation Administration****14 CFR Part 39**

[Docket No. FAA-2007-0334; Directorate Identifier 2007-NM-206-AD; Amendment 39-15385; AD 2008-04-13]

RIN 2120-AA64

Airworthiness Directives; ATR Model ATR42 and ATR72 Airplanes

AGENCY: Federal Aviation Administration (FAA), Department of Transportation (DOT).

ACTION: Final rule.

SUMMARY: We are adopting a new airworthiness directive (AD) for the products listed above. This AD results from mandatory continuing airworthiness information (MCAI) originated by an aviation authority of another country to identify and correct an unsafe condition on an aviation product. The MCAI describes the unsafe condition as:

[T]he FAA has published a set of new rules related to the fuel tank safety, including the Special Federal Aviation Regulation 88 (SFAR 88).

The JAA (Joint Aviation Authority) has issued an Interim Policy JAA INT/POL 25/12, to recommend the application of a similar requirement to the National Aviation Authorities (NAA) [of Europe].

* * * * *

* * * ATR carried out a safety review on the fuel tank systems and zones adjacent to the fuel tanks on all ATR models * * *.

* * * * *

The unsafe condition is the potential of ignition sources inside fuel tanks, which, in combination with flammable fuel vapors, could result in fuel tank explosions and consequent loss of the airplane. We are issuing this AD to require actions to correct the unsafe condition on these products.

DATES: This AD becomes effective March 28, 2008.

The Director of the Federal Register approved the incorporation by reference of certain publications listed in this AD as of March 28, 2008.

ADDRESSES: You may examine the AD docket on the Internet at <http://www.regulations.gov> or in person at the U.S. Department of Transportation, Docket Operations, M-30, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC.

FOR FURTHER INFORMATION CONTACT: Tom Rodriguez, Aerospace Engineer, International Branch, ANM-116, Transport Airplane Directorate, FAA, 1601 Lind Avenue, SW., Renton, Washington 98057-3356; telephone (425) 227-1137; fax (425) 227-1149.

SUPPLEMENTARY INFORMATION:**Discussion**

We issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an AD that would apply to the specified products. That NPRM was published in the **Federal Register** on December 17, 2007 (72 FR 71286). That NPRM proposed to correct an unsafe condition for the specified products. The MCAI states:

[T]he FAA has published a set of new rules related to the fuel tank safety, including the Special Federal Aviation Regulation 88 (SFAR 88).

The JAA (Joint Aviation Authority) has issued an Interim Policy JAA INT/POL 25/12, to recommend the application of a similar requirement to the National Aviation Authorities (NAA) [of Europe].

This recommendation was followed by French DGAC, which rendered the compliance to JAA INT/POL 25/12 mandatory for all ATR Aircraft.

Under this regulation, all holders of type certificates are required to conduct a design review of their fuel tank systems against explosion risk. It also requires the development and implementation of

maintenance and inspection instructions to maintain the safety of the fuel tank system.

To answer JAA INT/POL 25/12, and in accordance with SFAR 88 requirements and guideline, ATR carried out a safety review on the fuel tank systems and zones adjacent to the fuel tanks on all ATR models using relevant safety assessment methods of JAR 25.1309.

As a result of this safety review, ATR developed for ATR 42 the modification 05355 (SB (service bulletin) ATR 42-28-0039), and for ATR 72 the modification 05356 (SB ATR 72-28-1019). Those modifications consist in the installation of fuses adapters on wiring entering the fuel tanks and current limitation devices. For ATR 72 aircraft, the modification also requires replacement of the high level sensors with new sensors having shorter harness.

The modification also includes related investigative and corrective actions, which include inspecting the electrical harness for correct installation and adjusting the harness as necessary, and, for Model ATR 42 airplanes, inspecting the bonding strap for correct installation and adjusting the bonding strap. The unsafe condition is the potential of ignition sources inside fuel tanks, which, in combination with flammable fuel vapors, could result in fuel tank explosions and consequent loss of the airplane. You may obtain further information by examining the MCAI in the AD docket.

Comments

We gave the public the opportunity to participate in developing this AD. We received no comments on the NPRM or on the determination of the cost to the public.

Conclusion

We reviewed the available data and determined that air safety and the public interest require adopting the AD as proposed.

Differences Between This AD and the MCAI or Service Information

We have reviewed the MCAI and related service information and, in general, agree with their substance. But we might have found it necessary to use different words from those in the MCAI to ensure the AD is clear for U.S. operators and is enforceable. In making these changes, we do not intend to differ substantively from the information provided in the MCAI and related service information.

We might also have required different actions in this AD from those in the MCAI in order to follow our FAA policies. Any such differences are highlighted in a NOTE within the AD.

Costs of Compliance

We estimate that this AD will affect about 55 products of U.S. registry. We also estimate that it will take about 150 work-hours per product to comply with the basic requirements of this AD. The average labor rate is \$80 per work-hour. Required parts will cost about \$23,000 per product. Where the service information lists required parts costs that are covered under warranty, we have assumed that there will be no charge for these parts. As we do not control warranty coverage for affected parties, some parties may incur costs higher than estimated here. Based on these figures, we estimate the cost of this AD to the U.S. operators to be \$1,925,000, or \$35,000 per product.

Authority for This Rulemaking

Title 49 of the United States Code specifies the FAA's authority to issue rules on aviation safety. Subtitle I, section 106, describes the authority of the FAA Administrator. "Subtitle VII: Aviation Programs," describes in more detail the scope of the Agency's authority.

We are issuing this rulemaking under the authority described in "Subtitle VII, Part A, Subpart III, Section 44701: General requirements." Under that section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition that is likely to exist or develop on products identified in this rulemaking action.

Regulatory Findings

We determined that this AD will not have federalism implications under Executive Order 13132. This AD will not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify this AD:

1. Is not a "significant regulatory action" under Executive Order 12866;
2. Is not a "significant rule" under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and
3. Will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

We prepared a regulatory evaluation of the estimated costs to comply with this AD and placed it in the AD docket.

Examining the AD Docket

You may examine the AD docket on the Internet at <http://www.regulations.gov>; or in person at the Docket Operations office between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The AD docket contains the NPRM, the regulatory evaluation, any comments received, and other information. The street address for the Docket Operations office (telephone (800) 647-5527) is in the **ADDRESSES** section. Comments will be available in the AD docket shortly after receipt.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

- Accordingly, under the authority delegated to me by the Administrator, the FAA amends 14 CFR part 39 as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

- 2. The FAA amends § 39.13 by adding the following new AD:

2008-04-13 ATR—GIE Avions de Transport Regional (formerly Aerospatiale): Amendment 39-15385. Docket No. FAA-2007-0334; Directorate Identifier 2007-NM-206-AD.

Effective Date

- (a) This airworthiness directive (AD) becomes effective March 28, 2008.

Affected ADs

- (b) None.

Applicability

- (c) This AD applies to the airplanes specified in paragraphs (c)(1) and (c)(2) of this AD.

- (1) ATR Model ATR42-200, -300, -320, and -500 airplanes, certificated in any category, serial numbers 1 through 642.
- (2) ATR Model ATR72-101, -201, -102, -202, -211, -212, and -212A airplanes, certificated in any category, serial numbers 1 through 724.

Subject

- (d) Air Transport Association (ATA) of America Code 28: Fuel.

Reason

(e) The mandatory continuing airworthiness information (MCAI) states: [T]he FAA has published a set of new rules related to the fuel tank safety, including the Special Federal Aviation Regulation 88 (SFAR 88).

The JAA (Joint Aviation Authority) has issued an Interim Policy JAA INT/POL 25/12, to recommend the application of a similar requirement to the National Aviation Authorities (NAA) [of Europe].

This recommendation was followed by French DGAC, which rendered the compliance to JAA INT/POL 25/12 mandatory for all ATR Aircraft.

Under this regulation, all holders of type certificates are required to conduct a design review of their fuel tank systems against explosion risk. It also requires the development and implementation of maintenance and inspection instructions to maintain the safety of the fuel tank system.

To answer JAA INT/POL 25/12, and in accordance with SFAR 88 requirements and guideline, ATR carried out a safety review on the fuel tank systems and zones adjacent to the fuel tanks on all ATR models using relevant safety assessment methods of JAR 25.1309.

As a result of this safety review, ATR developed for ATR 42 the modification 05355 (SB (service bulletin) ATR 42-28-0039), and for ATR 72 the modification 05356 (SB ATR 72-28-1019). Those modifications consist in the installation of fuses adapters on wiring entering the fuel tanks and current limitation devices. For ATR 72 aircraft, the modification also requires replacement of the high level sensors with new sensors having shorter harness.

The modification also includes related investigative and corrective actions, which include inspecting the electrical harness for correct installation and adjusting the harness as necessary, and, for Model ATR42 airplanes, inspecting the bonding strap for correct installation and adjusting the bonding strap. The unsafe condition is the potential of ignition sources inside fuel tanks, which, in combination with flammable fuel vapors, could result in fuel tank explosions and consequent loss of the airplane.

Actions and Compliance

(f) Within 41 months after the effective date of this AD, unless already done, modify the fuel system and do all applicable related investigative and corrective actions according to the instructions given by the applicable service bulletin listed in Table 1 of this AD. Do all applicable related investigative and corrective actions before further flight. Actions accomplished before the effective date of this AD in accordance with Avions de Transport Regional Service Bulletin ATR 42-28-0039, Revision 03, dated November 15, 2006, are considered acceptable for compliance with the corresponding action specified in this AD.

TABLE 1.—SERVICE INFORMATION

Avions de Transport Regional service bulletin	Revision level	Date
ATR42–28–0039 (for Model ATR42 Airplanes)	04	June 12, 2007.
ATR72–28–1019 (for Model ATR72 Airplanes)	05	June 12, 2007.

FAA AD Differences

Note: This AD differs from the MCAI and/or service information as follows: The additional actions specified in the MCAI for operators that have done actions in accordance with previous issues of the service bulletins are not complete. Therefore, this AD only refers to Avions de Transport Regional Service Bulletins ATR 42–28–0039, Revision 03, dated November 15, 2006; Revision 04, dated June 12, 2007; and ATR 72–28–1019, Revision 05, dated June 12, 2007; as appropriate sources of service information for accomplishing the required actions. Operators that have done actions in accordance with previous issues of the service bulletins may request an approval for an alternative method of compliance (AMOC) according to paragraph (g) of this AD, provided that the AMOC provides an acceptable level of safety.

Other FAA AD Provisions

(g) The following provisions also apply to this AD:

(1) *Alternative Methods of Compliance (AMOCs):* The Manager, ANM–116, International Branch, Transport Airplane Directorate, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. Send information to ATTN: Tom Rodriguez, Aerospace Engineer, International Branch, ANM–116, Transport Airplane Directorate, FAA, 1601 Lind Avenue, SW., Renton, Washington 98057–3356; telephone (425) 227–1137; fax (425) 227–1149. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

(2) *Airworthy Product:* For any requirement in this AD to obtain corrective actions from

a manufacturer or other source, use these actions if they are FAA-approved. Corrective actions are considered FAA-approved if they are approved by the State of Design Authority (or their delegated agent). You are required to assure the product is airworthy before it is returned to service.

(3) *Reporting Requirements:* For any reporting requirement in this AD, under the provisions of the Paperwork Reduction Act, the Office of Management and Budget (OMB) has approved the information collection requirements and has assigned OMB Control Number 2120–0056.

Related Information

(h) Refer to MCAI EASA Airworthiness Directive 2007–0226, dated August 24, 2007, and the service information listed in Table 2 of this AD, for related information.

TABLE 2.—RELATED SERVICE INFORMATION

Avions de Transport Regional service bulletin	Revision level	Date
ATR42–28–0039	04	June 12, 2007.
ATR72–28–1019	05	June 12, 2007.

Material Incorporated by Reference

(i) You must use Avions de Transport Regional Service Bulletin ATR42–28–0039, Revision 04, dated June 12, 2007; or Avions

de Transport Regional Service Bulletin ATR72–28–1019, Revision 05, dated June 12, 2007; as applicable; to do the actions required by this AD, unless the AD specifies

otherwise. Avions de Transport Regional Service Bulletin ATR42–28–0039, Revision 04, dated June 12, 2007, contains the following effective pages:

Page Nos.	Revision level shown on page	Date shown on page
1–6, 8–10, 16–18, 45–48, 92, 93	04	June 12, 2007.
7, 11, 51	1	February 28, 2006.
12–15, 19–26, 31, 32, 39, 40, 67, 68, 79, 80, 91	03	November 15, 2006.
27–30, 33–38, 41–44, 49, 50, 53–66, 69–78, 81–90	Original	August 1, 2005.
52	02	August 10, 2006.

Avions de Transport Regional Service Bulletin ATR72–28–1019, Revision 05, dated

June 12, 2007, contains the following effective pages:

Page No.	Revision level shown on page	Date shown on page
1–8, 13–15, 18, 37, 38, 66	05	June 12, 2007.
9, 51, 52	1	February 28, 2006.
10–12, 17, 21–36, 39–48, 53, 54, 57, 58, 61–64	Original	August 1, 2005.
16, 65	02	August 10, 2006.
19, 20, 49, 50, 55, 56, 59, 60	03	September 29, 2006.

(1) The Director of the Federal Register approved the incorporation by reference of this service information under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) For service information identified in this AD, contact ATR, 316 Route de Bayonne, 31060 Toulouse, Cedex 03, France.

(3) You may review copies at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the

National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call (202) 741–6030, or go to: <http://www.archives.gov/federal-register/cfr/ibr-locations.html>.

Issued in Renton, Washington, on February 13, 2008.

Stephen P. Boyd,

Assistant Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. E8-3188 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA-2007-28381; Directorate Identifier 2006-NM-164-AD; Amendment 39-15383; AD 2008-04-11]

RIN 2120-AA64

Airworthiness Directives; Boeing Model 707 Airplanes, and Model 720 and 720B Series Airplanes

AGENCY: Federal Aviation Administration (FAA), Department of Transportation (DOT).

ACTION: Final rule.

SUMMARY: The FAA is adopting a new airworthiness directive (AD) for all Boeing Model 707 airplanes, and Model 720 and 720B series airplanes. This AD requires revising the FAA-approved maintenance program by incorporating new airworthiness limitations (AWLs) for fuel tank systems to satisfy Special Federal Aviation Regulation No. 88 requirements. This AD also requires the initial performance of certain repetitive AWL inspections to phase in those inspections, and repair if necessary. This AD results from a design review of the fuel tank systems. We are issuing this AD to prevent the potential for ignition sources inside fuel tanks caused by latent failures, alterations, repairs, or maintenance actions, which, in combination with flammable fuel vapors, could result in fuel tank explosions and consequent loss of the airplane.

DATES: This AD becomes effective March 28, 2008.

The Director of the Federal Register approved the incorporation by reference of a certain publication listed in the AD as of March 28, 2008.

ADDRESSES: For service information identified in this AD, contact Boeing Commercial Airplanes, P.O. Box 3707, Seattle, Washington 98124-2207.

Examining the AD Docket

You may examine the AD docket on the Internet at <http://www.regulations.gov>; or in person at the Docket Management Facility between 9 a.m. and 5 p.m., Monday through

Friday, except Federal holidays. The AD docket contains this AD, the regulatory evaluation, any comments received, and other information. The address for the Docket Office (telephone 800-647-5527) is the Document Management Facility, U.S. Department of Transportation, Docket Operations, M-30, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC 20590.

FOR FURTHER INFORMATION CONTACT:

Kathrine Rask, Aerospace Engineer, Propulsion Branch, ANM-140S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98057-3356; telephone (425) 917-6505; fax (425) 917-6590.

SUPPLEMENTARY INFORMATION:

Discussion

The FAA issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an AD that would apply to all Boeing Model 707 airplanes, and Model 720 and 720B series airplanes. That NPRM was published in the **Federal Register** on July 3, 2007 (72 FR 36370). That NPRM proposed to require revising the FAA-approved maintenance program by incorporating new airworthiness limitations (AWLs) for fuel tank systems to satisfy Special Federal Aviation Regulation No. 88 requirements. That NPRM also proposed to require the initial performance of certain repetitive AWL inspections to phase in those inspections, and repair if necessary.

Comments

We provided the public the opportunity to participate in the development of this AD. We have considered the comment received.

Changes Made to This AD

For standardization purposes, we have revised this AD in the following ways:

- We have added a new paragraph (i) to this AD to specify that no alternative inspections, inspection intervals, or critical design configuration control limitations (CDCCLs) may be used unless they are part of a later approved revision of Boeing 707/720 Airworthiness Limitations (AWLs) Document D6-7552-AWL, dated March 2006, or unless they are approved as an alternative method of compliance (AMOC). Inclusion of this paragraph in the AD is intended to ensure that the AD-mandated airworthiness limitations changes are treated the same as the airworthiness limitations issued with the original type certificate.

- We have simplified the language in Note 1 of this AD to clarify that an

operator must request approval for an AMOC if an operator cannot accomplish the required inspections because an airplane has been previously modified, altered, or repaired in the areas addressed by the required inspections.

Request To Change Wording in Note 1 of the NPRM

Boeing requests that we change the wording in Note 1 of the NPRM as follows:

- Change “new inspections and maintenance actions” to include the words “according to paragraph (g)” after “actions.”

- Change “the operator must request approval for revision to the airworthiness limitations” to “the operator must request approval for deviation from the airworthiness limitations.”

- Remove “as applicable” from the last sentence of the note and change the paragraph reference from “paragraph (g) or (i)” to “paragraph (i).”

Boeing explains that the current wording is difficult to follow.

As stated previously, we have simplified the language in Note 1 of this AD for standardization with other similar ADs. The language the commenter requests we change does not appear in the revised note; therefore, no additional change to this AD is necessary in this regard.

Credit for Prior Accomplishment of AWL 28-AWL-01

We have added a statement to paragraph (h) of this AD specifying that accomplishment of AWL 28-AWL-01 as part of an FAA-approved maintenance program prior to the later of the times specified in paragraphs (h)(1) and (h)(2) of this AD constitutes compliance with the requirements of paragraph (h).

Conclusion

We have carefully reviewed the available data, including the comment received, and determined that air safety and the public interest require adopting the AD with the changes described previously. We have determined that these changes will neither increase the economic burden on any operator nor increase the scope of the AD.

Costs of Compliance

There are about 213 airplanes of the affected design in the worldwide fleet. This AD affects about 76 airplanes of U.S. registry. The required actions take about 8 work hours per airplane, at an average labor rate of \$80 per work hour. Based on these figures, the estimated cost of the AD for U.S. operators is \$48,640, or \$640 per airplane.

Authority for This Rulemaking

Title 49 of the United States Code specifies the FAA's authority to issue rules on aviation safety. Subtitle I, Section 106, describes the authority of the FAA Administrator. Subtitle VII, Aviation Programs, describes in more detail the scope of the Agency's authority.

We are issuing this rulemaking under the authority described in Subtitle VII, Part A, Subpart III, Section 44701, "General requirements." Under that section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition that is likely to exist or develop on products identified in this rulemaking action.

Regulatory Findings

We have determined that this AD will not have federalism implications under Executive Order 13132. This AD will not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify that this AD:

- (1) Is not a "significant regulatory action" under Executive Order 12866;
- (2) Is not a "significant rule" under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and
- (3) Will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

We prepared a regulatory evaluation of the estimated costs to comply with this AD and placed it in the AD docket. See the **ADDRESSES** section for a location to examine the regulatory evaluation.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

■ Accordingly, under the authority delegated to me by the Administrator, the FAA amends 14 CFR part 39 as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

■ 2. The Federal Aviation Administration (FAA) amends § 39.13 by adding the following new airworthiness directive (AD):

2008-04-11 Boeing: Amendment 39-15383. Docket No. FAA-2007-28381; Directorate Identifier 2006-NM-164-AD.

Effective Date

(a) This AD becomes effective March 28, 2008.

Affected ADs

(b) None.

Applicability

(c) This AD applies to all Boeing Model 707-100 long body, -200, -100B long body, and -100B short body series airplanes; Model 707-300, -300B, -300C, and -400 series airplanes; and Model 720 and 720B series airplanes; certificated in any category.

Note 1: This AD requires revisions to certain operator maintenance documents to include new inspections. Compliance with these inspections is required by 14 CFR 91.403(c). For airplanes that have been previously modified, altered, or repaired in the areas addressed by these limitations, the operator may not be able to accomplish the actions described in the revisions. In this situation, to comply with 14 CFR 91.403(c), the operator must request approval for an alternative method of compliance according to paragraph (i) of this AD. The request should include a description of changes to the required inspections that will ensure the continued operational safety of the airplane.

Unsafe Condition

(d) This AD results from a design review of the fuel tank systems. We are issuing this AD to prevent the potential for ignition sources inside fuel tanks caused by latent failures, alterations, repairs, or maintenance actions, which, in combination with flammable fuel vapors, could result in fuel tank explosions and consequent loss of the airplane.

Compliance

(e) You are responsible for having the actions required by this AD performed within the compliance times specified, unless the actions have already been done.

Service Information

(f) The term "D6-7552-AWL March 2006," as used in this AD, means Boeing 707/720 Airworthiness Limitations (AWLs) Document D6-7552-AWL, dated March 2006.

Revision of AWLs Section

(g) Before December 16, 2008, revise the FAA-approved maintenance program by incorporating the information in the sections specified in paragraphs (g)(1) through (g)(3) of this AD, except that the initial inspection specified in paragraph (h) of this AD must be done at the time specified in paragraph (h). Accomplishing the revision in accordance with a later revision of D6-7552-AWL March

2006 is an acceptable method of compliance if the revision is approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA.

(1) Section B., "FUEL SYSTEMS AIRWORTHINESS LIMITATIONS," of D6-7552-AWL March 2006.

(2) Section C., "SYSTEM AWL PAGE FORMAT," of D6-7552-AWL March 2006.

(3) Section D., "AIRWORTHINESS LIMITATIONS—FUEL SYSTEMS," of D6-7552-AWL March 2006.

Initial Inspection and Repair if Necessary

(h) At the later of the times specified in paragraphs (h)(1) and (h)(2) of this AD: Do a detailed inspection of external wires over the center fuel tank for damaged or loose clamps, wire chafing, and wire bundles in contact with the surface of the center fuel tank, in accordance with Section D, "AIRWORTHINESS LIMITATIONS—FUEL SYSTEMS," AWL 28-AWL-01, of D6-7552-AWL March 2006. If any discrepancy is found during this inspection, repair the discrepancy before further flight in accordance with D6-7552-AWL March 2006. Accomplishing the actions required by this paragraph in accordance with a later revision of D6-7552-AWL March 2006 is an acceptable method of compliance if the revision is approved by the Manager, Seattle ACO. Accomplishing AWL 28-AWL-01 as part of an FAA-approved maintenance program prior to the later of the times specified in paragraphs (h)(1) and (h)(2) of this AD constitutes compliance with the requirements of this paragraph.

(1) Before the accumulation of 36,000 total flight cycles, or within 120 months since the date of issuance of the original standard airworthiness certificate or the date of issuance of the original export certificate of airworthiness, whichever occurs first.

(2) Within 72 months after the effective date of this AD.

Note 2: For the purposes of this AD, a detailed inspection is: "An intensive examination of a specific item, installation, or assembly to detect damage, failure, or irregularity. Available lighting is normally supplemented with a direct source of good lighting at an intensity deemed appropriate. Inspection aids such as mirror, magnifying lenses, etc., may be necessary. Surface cleaning and elaborate procedures may be required."

No Alternative Inspections, Inspection Intervals, or CDCCLs

(i) After accomplishing the actions specified in paragraphs (g) and (h) of this AD, no alternative inspections, inspection intervals, or CDCCLs may be used unless the inspections, intervals, or CDCCLs are part of a later revision of D6-7552-AWL March 2006, that is approved by the Manager, Seattle ACO; or unless the inspections, intervals, or CDCCLs are approved as an alternative method of compliance (AMOC) in accordance with the procedures specified in paragraph (j) of this AD.

Alternative Methods of Compliance (AMOCs)

(j)(1) The Manager, Seattle ACO, has the authority to approve AMOCs for this AD, if

requested in accordance with the procedures found in 14 CFR 39.19.

(2) To request a different method of compliance or a different compliance time for this AD, follow the procedures in 14 CFR 39.19. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

Material Incorporated by Reference

(k) You must use Boeing 707/720 Airworthiness Limitations (AWLs) Document D6-7552-AWL, including attachment, dated March 2006, to perform the actions that are required by this AD, unless the AD specifies otherwise. (Only the first page of the attachment contains the document date; no other page of the attachment contains this information.) The Director of the Federal Register approved the incorporation by reference of this document in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Contact Boeing Commercial Airplanes, P.O. Box 3707, Seattle, Washington 98124-2207, for a copy of this service information. You may review copies at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: <http://www.archives.gov/federal-register/cfr/ibr-locations.html>.

Issued in Renton, Washington, on February 13, 2008.

Stephen P. Boyd,

Assistant Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. E8-3189 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA-2007-28382; Directorate Identifier 2006-NM-179-AD; Amendment 39-15382; AD 2008-04-10]

RIN 2120-AA64

Airworthiness Directives; Boeing Model 727 Airplanes

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: We are adopting a new airworthiness directive (AD) for all Boeing Model 727 airplanes. This AD requires revising the FAA-approved maintenance program by incorporating new airworthiness limitations (AWLs) for fuel tank systems to satisfy Special Federal Aviation Regulation No. 88 requirements. This AD also requires the initial inspection of a certain repetitive

AWL inspection to phase in that inspection, and repair if necessary. This AD results from a design review of the fuel tank systems. We are issuing this AD to prevent the potential for ignition sources inside fuel tanks caused by latent failures, alterations, repairs, or maintenance actions, which, in combination with flammable fuel vapors, could result in a fuel tank explosion and consequent loss of the airplane.

DATES: This AD is effective March 28, 2008.

The Director of the Federal Register approved the incorporation by reference of a certain publication listed in this AD as of March 28, 2008.

ADDRESSES: For service information identified in this AD, contact Boeing Commercial Airplanes, P.O. Box 3707, Seattle, Washington 98124-2207.

Examining the AD Docket

You may examine the AD docket on the Internet at <http://www.regulations.gov>; or in person at the Docket Management Facility between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The AD docket contains this AD, the regulatory evaluation, any comments received, and other information. The address for the Docket Office (telephone 800-647-5527) is the Document Management Facility, U.S. Department of Transportation, Docket Operations, M-30, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC 20590.

FOR FURTHER INFORMATION CONTACT: Kathrine Rask, Aerospace Engineer, Propulsion Branch, ANM-140S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98057-3356; telephone (425) 917-6505; fax (425) 917-6590.

SUPPLEMENTARY INFORMATION:

Discussion

We issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an airworthiness directive (AD) that would apply to all Boeing Model 727 airplanes. That NPRM was published in the **Federal Register** on July 6, 2007 (72 FR 36901). That NPRM proposed to require revising the FAA-approved maintenance program by incorporating new airworthiness limitations (AWLs) for fuel tank systems to satisfy Special Federal Aviation Regulation No. 88 requirements. That NPRM also proposed to require the initial inspection of a certain repetitive AWL inspection to phase in that inspection, and repair if necessary.

Comments

We gave the public the opportunity to participate in developing this AD. We considered the comments received from the one commenter.

Changes Made to This AD

For standardization purposes, we have revised this AD in the following ways:

- We have added a new paragraph (i) to specify that no alternative inspections, inspection intervals, or critical design configuration control limitation (CDCCLs) may be used unless they are part of a later approved revision of the Boeing 727-100/200 Airworthiness Limitations (AWLs), D6-8766-AWL, dated March 2006 (hereafter referred to as "Document D6-8766-AWL"), or unless they are approved as an alternative method of compliance (AMOC). Inclusion of this paragraph in an AD is intended to ensure that the AD-mandated airworthiness limitations changes are treated the same as the airworthiness limitations issued with the original type certificate.

- We have simplified the language in Note 1 of this AD to clarify that an operator must request approval for an AMOC if an operator cannot accomplish the required inspections because an airplane has been previously modified, altered, or repaired in the areas addressed by the required inspections.

Change to the Compliance Time

We have revised paragraph (h)(1) of this AD to change the compliance time from units of flight hours to flight cycles, as specified in Document D6-8766-AWL.

Credit for Prior Accomplishment of AWL No. 28-AWL-01

We have added a statement to paragraph (h) of this AD specifying that accomplishment of AWL No. 28-AWL-01 as part of an FAA-approved maintenance program prior to the applicable compliance time specified in paragraph (h)(1) or (h)(2) of this AD constitutes compliance with the requirements of paragraph (h).

Request To Revise Note 1

Boeing requests that we revise Note 1 of the NPRM to clarify the need for an AMOC. Boeing states that the current wording is difficult to follow, and that the note is meant to inform operators that an AMOC to the AWLs document may be required if an operator has previously modified, altered, or repaired in the areas addressed by limitations. Boeing requests that we revise Note 1 as follows:

- Add the words “according to paragraph (g)” at the end of the first sentence.

- Replace the words “revision to” with “deviation from” in the last sentence.

- Delete the words “(g) or” and “as applicable” from the last sentence.

As stated previously, we have simplified the language in Note 1 of this AD for standardization with other similar ADs. The language the commenter requests we change does not appear in the revised note; therefore, no additional change to this AD is necessary in this regard.

Request To Add an Additional Reference to Appendix 1

Boeing requests that we revise Appendix 1 of the NPRM to add an additional Air Transport Association

(ATA) section for AWL No. 28-AWL-02. Boeing states that page block 401 of chapter 53-20-11 of the Boeing 727 Airplane Maintenance Manual, Passenger Cabin Floor Panel Removal/Installation, should be included.

We disagree with adding the additional reference, since we have deleted Appendix 1 from this AD. The purpose of Appendix 1 was to assist operators in identifying the maintenance manual tasks that could affect compliance with a CDCCL. However, we have also received several similar comments regarding the appendixes in other NPRMs that address the same unsafe condition on other Boeing airplanes. Those comments indicate that including non-required information in those NPRMs has caused confusion. Further, Document D6-8766-AWL contains most of the

information that is listed in Appendix 1 of the NPRM. Therefore, we have removed Appendix 1 from this AD.

Conclusion

We reviewed the relevant data, considered the comments received, and determined that air safety and the public interest require adopting the AD with the changes described previously. We also determined that these changes will not increase the economic burden on any operator or increase the scope of the AD.

Costs of Compliance

There are about 530 airplanes of the affected design in the worldwide fleet. The following table provides the estimated costs, at an average labor rate of \$80 per hour, for U.S. operators to comply with this AD.

ESTIMATED COSTS

Action	Work hours	Parts	Cost per airplane	Number of U.S.-registered airplanes	Fleet cost
Maintenance program revision	8	None	\$640	272	\$174,080
Inspection	8	None	640	272	174,080

Authority for This Rulemaking

Title 49 of the United States Code specifies the FAA's authority to issue rules on aviation safety. Subtitle I, section 106, describes the authority of the FAA Administrator. “Subtitle VII: Aviation Programs,” describes in more detail the scope of the Agency's authority.

We are issuing this rulemaking under the authority described in “Subtitle VII, Part A, Subpart III, Section 44701: General requirements.” Under that section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition that is likely to exist or develop on products identified in this rulemaking action.

Regulatory Findings

This AD will not have federalism implications under Executive Order 13132. This AD will not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify that this AD:

- (1) Is not a “significant regulatory action” under Executive Order 12866,
- (2) Is not a “significant rule” under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979), and
- (3) Will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

You can find our regulatory evaluation and the estimated costs of compliance in the AD Docket.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

■ Accordingly, under the authority delegated to me by the Administrator, the FAA amends 14 CFR part 39 as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

■ 2. The FAA amends § 39.13 by adding the following new AD:

2008-04-10 Boeing: Amendment 39-15382. Docket No. FAA-2007-28382; Directorate Identifier 2006-NM-179-AD.

Effective Date

(a) This airworthiness directive (AD) is effective March 28, 2008.

Affected ADs

(b) None.

Applicability

(c) This AD applies to all Boeing Model 727, 727C, 727-100, 727-100C, 727-200, and 727-200F series airplanes, certificated in any category.

Note 1: This AD requires revisions to certain operator maintenance documents to include new inspections. Compliance with these inspections is required by 14 CFR 91.403(c). For airplanes that have been previously modified, altered, or repaired in the areas addressed by these inspections, the operator may not be able to accomplish the inspections described in the revisions. In this situation, to comply with 14 CFR 91.403(c), the operator must request approval for an alternative method of compliance (AMOC) according to paragraph (j) of this AD. The request should include a description of changes to the required inspections that will ensure the continued operational safety of the airplane.

Unsafe Condition

(d) This AD results from a design review of the fuel tank systems. We are issuing this AD to prevent the potential for ignition sources inside fuel tanks caused by latent failures, alterations, repairs, or maintenance

actions, which, in combination with flammable fuel vapors, could result in a fuel tank explosion and consequent loss of the airplane.

Compliance

(e) You are responsible for having the actions required by this AD performed within the compliance times specified, unless the actions have already been done.

Service Information Reference

(f) The term "Document D6-8766-AWL," as used in this AD, means Boeing 727-100/200 Airworthiness Limitations (AWLs), D6-8766-AWL, dated March 2006.

Maintenance Program Revision

(g) Before December 16, 2008, revise the FAA-approved maintenance program to incorporate the information in the sections specified in paragraphs (g)(1), (g)(2), (g)(3), and (g)(4) of this AD; except that the initial inspection required by paragraph (h) of this AD must be done at the applicable compliance time specified in that paragraph. Accomplishing the revision in accordance with a later revision of Document D6-8766-AWL is an acceptable method of compliance if the revision is approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA.

(1) Section A, "SCOPE" of Document D6-8766-AWL.

(2) Section B, "FUEL SYSTEMS AIRWORTHINESS LIMITATIONS," of Document D6-8766-AWL.

(3) Section C, "SYSTEM AWL PAGE FORMAT," of Document D6-8766-AWL.

(4) Section D, "AIRWORTHINESS LIMITATIONS—FUEL SYSTEMS," of Document D6-8766-AWL.

Initial Inspection and Repair if Necessary

(h) At the later of the compliance times specified in paragraphs (h)(1) and (h)(2) of this AD, do a detailed inspection of the wire bundles routed over the center fuel tank for damaged clamps, wire chafing, and wire bundles in contact with the surface of the center fuel tank, in accordance with AWL No. 28-AWL-01 of Section D of Document D6-8766-AWL. If any discrepancy is found during the inspection, repair the discrepancy before further flight in accordance with AWL No. 28-AWL-01 of Section D of Document D6-8766-AWL. Accomplishing the actions required by this paragraph in accordance with a later revision of Document D6-8766-AWL is an acceptable method of compliance if the revision is approved by the Manager, Seattle ACO. Accomplishing AWL No. 28-AWL-01 as part of an FAA-approved maintenance program prior to the applicable compliance time specified in paragraph (h)(1) or (h)(2) of this AD constitutes compliance with the requirements of this paragraph.

Note 2: For the purposes of this AD, a detailed inspection is: "An intensive examination of a specific item, installation, or assembly to detect damage, failure, or irregularity. Available lighting is normally supplemented with a direct source of good lighting at an intensity deemed appropriate. Inspection aids such as mirror, magnifying lenses, etc., may be necessary. Surface

cleaning and elaborate procedures may be required."

(1) Prior to the accumulation of 36,000 total flight cycles, or within 120 months since the date of issuance of the original standard airworthiness certificate or the date of issuance of the original export certificate of airworthiness, whichever occurs first.

(2) Within 72 months after the effective date of this AD.

No Alternative Inspections, Inspection Intervals, or CDCCLs

(i) After accomplishing the applicable actions specified in paragraphs (g) and (h) of this AD, no alternative inspections, inspection intervals, or CDCCLs may be used unless the inspections, intervals, or CDCCLs are part of a later revision of Document D6-8766-AWL that is approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA; or unless the inspections, intervals, or CDCCLs are approved as an AMOC in accordance with the procedures specified in paragraph (j) of this AD.

Alternative Methods of Compliance (AMOCs)

(j)(1) The Manager, Seattle ACO, has the authority to approve AMOCs for this AD, if requested in accordance with the procedures found in 14 CFR 39.19.

(2) To request a different method of compliance or a different compliance time for this AD, follow the procedures in 14 CFR 39.19. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

Material Incorporated by Reference

(k) You must use Boeing 727-100/200 Airworthiness Limitations (AWLs), D6-8766-AWL, dated March 2006, to do the actions required by this AD, unless the AD specifies otherwise.

(1) The Director of the Federal Register approved the incorporation by reference of this service information under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) For service information identified in this AD, contact Boeing Commercial Airplanes, P.O. Box 3707, Seattle, Washington 98124-2207.

(3) You may review copies of the service information incorporated by reference at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Issued in Renton, Washington, on February 13, 2008.

Stephen P. Boyd,

Assistant Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. E8-3069 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. FAA-2007-0264; Directorate Identifier 2007-NM-212-AD; Amendment 39-15378; AD 2008-04-06]

RIN 2120-AA64

Airworthiness Directives; Boeing Model 707 Airplanes and Model 720 and 720B Series Airplanes

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: We are adopting a new airworthiness directive (AD) for all Boeing Model 707 airplanes and Model 720 and 720B series airplanes. This AD requires repetitive inspections for any cracking of or damage to the left side and right side flight deck No. 2, No. 4, and No. 5 windows, as necessary, and corrective actions if necessary. This AD results from reports of in-flight departure and separation of the flight deck windows. We are issuing this AD to detect and correct cracking in the vinyl interlayer or damage to the structural inner glass panes of the flight deck No. 2, No. 4, and No. 5 windows, which could result in loss of a window and rapid loss of cabin pressure. Loss of cabin pressure could cause crew communication difficulties or crew incapacitation.

DATES: This AD is effective March 28, 2008.

The Director of the Federal Register approved the incorporation by reference of a certain publication listed in this AD as of March 28, 2008.

ADDRESSES: Boeing Commercial Airplanes, P.O. Box 3707, Seattle, Washington 98124-2207.

Examining the AD Docket

You may examine the AD docket on the Internet at <http://www.regulations.gov>; or in person at the Docket Management Facility between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The AD docket contains this AD, the regulatory evaluation, any comments received, and other information. The address for the Docket Office (telephone 800-647-5527) is the Document Management Facility, U.S. Department of Transportation, Docket Operations, M-30, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC 20590.

FOR FURTHER INFORMATION CONTACT: Berhane Alazar, Aerospace Engineer,

Airframe Branch, ANM-120S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98057-3356; telephone (425) 917-6577; fax (425) 917-6590.

SUPPLEMENTARY INFORMATION:

Discussion

We issued a notice of proposed rulemaking (NPRM) to amend 14 CFR part 39 to include an airworthiness directive (AD) that would apply to all Boeing Model 707 airplanes and Model 720 and 720B series airplanes. That NPRM was published in the **Federal Register** on December 3, 2007 (72 FR 67866). That NPRM proposed to require repetitive inspections for any cracking of or damage to the left side and right side flight deck No. 2, No. 4, and No. 5 windows, as necessary, and corrective actions if necessary.

Comments

We gave the public the opportunity to participate in developing this AD. We considered the single comment received. Boeing supports the NPRM.

Conclusion

We reviewed the relevant data, considered the comment received, and determined that air safety and the public interest require adopting the AD as proposed.

Costs of Compliance

There are about 238 airplanes of the affected design in the worldwide fleet. This AD affects about 83 airplanes of U.S. registry. The required actions take about 2 work hours per airplane, at an average labor rate of \$80 per work hour. Based on these figures, the estimated cost of the AD for U.S. operators is \$13,280, or \$160 per airplane, per inspection cycle.

Authority for This Rulemaking

Title 49 of the United States Code specifies the FAA's authority to issue rules on aviation safety. Subtitle I, section 106, describes the authority of the FAA Administrator. "Subtitle VII: Aviation Programs," describes in more detail the scope of the Agency's authority.

We are issuing this rulemaking under the authority described in "Subtitle VII, Part A, Subpart III, Section 44701: General requirements." Under that section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition

that is likely to exist or develop on products identified in this rulemaking action.

Regulatory Findings

This AD will not have federalism implications under Executive Order 13132. This AD will not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify that this AD:

- (1) Is not a "significant regulatory action" under Executive Order 12866,
- (2) Is not a "significant rule" under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979), and
- (3) Will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

You can find our regulatory evaluation and the estimated costs of compliance in the AD Docket.

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

■ Accordingly, under the authority delegated to me by the Administrator, the FAA amends 14 CFR part 39 as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

- 2. The FAA amends § 39.13 by adding the following new AD:

2008-04-06 Boeing: Amendment 39-15378. Docket No. FAA-2007-0264; Directorate Identifier 2007-NM-212-AD.

Effective Date

- (a) This airworthiness directive (AD) is effective March 28, 2008.

Affected ADs

- (b) None.

Applicability

- (c) This AD applies to all Boeing Model 707-100 long body, -200, -100B long body, and -100B short body series airplanes; Model 707-300, -300B, -300C, and -400 series airplanes; and Model 720 and 720B series airplanes, certificated in any category.

Unsafe Condition

(d) This AD results from reports of in-flight departure and separation of the flight deck windows. We are issuing this AD to detect and correct cracking in the vinyl interlayer or damage to the structural inner glass panes of the flight deck No. 2, No. 4, and No. 5 windows, which could result in loss of a window and rapid loss of cabin pressure. Loss of cabin pressure could cause crew communication difficulties or crew incapacitation.

Compliance

(e) You are responsible for having the actions required by this AD performed within the compliance times specified, unless the actions have already been done.

Repetitive Inspections and Replacement

(f) At the applicable times specified in Tables 1, 2, and 3 of paragraph 1.E. of Boeing 707 Alert Service Bulletin A3526, dated June 4, 2007, except as provided by paragraph (g) of this AD: Do the internal and external detailed inspections for any cracking of or damage to the left side and right side flight deck No. 2, No. 4, and No. 5 windows, as applicable, and do the applicable corrective actions before further flight, by accomplishing all of the applicable actions specified in the Accomplishment Instructions of Boeing 707 Alert Service Bulletin A3526, dated June 4, 2007. Repeat the inspections thereafter at the applicable interval specified in paragraph 1.E. of Boeing 707 Alert Service Bulletin A3526, dated June 4, 2007.

Exception to Compliance Times

(g) Where Tables 1, 2, and 3 of paragraph 1.E. of Boeing 707 Alert Service Bulletin A3526, dated June 4, 2007, specify counting the compliance time from " * * the date on this service bulletin," this AD requires counting the compliance time from the effective date of this AD.

Alternative Methods of Compliance (AMOCs)

(h)(1) The Manager, Seattle Aircraft Certification Office (ACO), FAA, has the authority to approve AMOCs for this AD, if requested in accordance with the procedures found in 14 CFR 39.19.

(2) To request a different method of compliance or a different compliance time for this AD, follow the procedures in 14 CFR 39.19. Before using any approved AMOC on any airplane to which the AMOC applies, notify your appropriate principal inspector (PI) in the FAA Flight Standards District Office (FSDO), or lacking a PI, your local FSDO.

(3) An AMOC that provides an acceptable level of safety may be used for any repair required by this AD, if it is approved by an Authorized Representative for the Boeing Commercial Airplanes Delegation Option Authorization Organization who has been authorized by the Manager, Seattle ACO, to make those findings. For a repair method to be approved, the repair must meet the certification basis of the airplane, and the approval must specifically refer to this AD.

Material Incorporated by Reference

(i) You must use Boeing 707 Alert Service Bulletin A3526, dated June 4, 2007, to do the actions required by this AD, unless the AD specifies otherwise.

(1) The Director of the Federal Register approved the incorporation by reference of this service information under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) For service information identified in this AD, contact Boeing Commercial Airplanes, P.O. Box 3707, Seattle, Washington 98124-2207.

(3) You may review copies of the service information incorporated by reference at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Issued in Renton, Washington, on February 11, 2008.

Stephen P. Boyd,

Assistant Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. E8-2994 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF THE TREASURY**Internal Revenue Service****26 CFR Part 301**

[TD 9378]

RIN 1545-BE35

Release of Lien or Discharge of Property; Correction

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Correcting amendments.

SUMMARY: This document contains corrections to final regulations (TD 9378) that were published in the **Federal Register** on Thursday, January 31, 2008 (73 FR 5741) relating to release of lien and discharge of property under sections 6325, 6503 and 7423 of the Internal Revenue Code. These regulations update existing regulations and contain procedures for processing a request made by a property owner for discharge of a Federal tax lien from his property under section 6325(b)(4). The regulations also clarify the impact of these procedures on sections 6503(f)(2) and 7426(a)(4) and (b)(5).

DATES: The correction is effective February 22, 2008.

FOR FURTHER INFORMATION CONTACT: Debra A. Kohn, (202) 622-7985 (not a toll-free number).

SUPPLEMENTARY INFORMATION:**Background**

The final regulations (TD 9378) that are the subject of the correction are under sections 6325, 6503 and 7426 of the Internal Revenue Code.

Need for Correction

As published, final regulations (TD 9378) contain errors that may prove to be misleading and are in need of clarification.

List of Subjects in 26 CFR Part 301

Employment taxes, Estate taxes, Excise taxes, Gift taxes, Income taxes, Penalties, Reporting and recordkeeping requirements.

Correction of Publication

■ Accordingly, 26 CFR part 301 is corrected by making the following amendments:

PART 301—PROCEDURE AND ADMINISTRATION

■ **Paragraph 1.** The authority citation for part 301 continues to read, in part, as follows:

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

■ **Par. 2.** Section 301.6325-1 is amended by revising the second sentence of paragraph (b)(2)(i) and first sentence of paragraph (b)(4)(ii) to read as follows:

§ 301.6025-1 Release of lien or discharge of property.

* * * * *

(b) * * *

(2) * * *

(i) * * * In determining the amount to be paid, the appropriate official will take into consideration all the facts and circumstances of the case, including the expenses to which the government has been put in the matter. * * *

* * * * *

(4) * * *

(ii) * * * The appropriate official may, in his discretion, determine that either the entire unsatisfied tax liability listed on the notice of Federal tax lien can be satisfied from a source other than the property sought to be discharged, or the value of the interest of the United States is less than the prior determination of such value. * * *

* * * * *

LaNita Van Dyke,

Chief, Publications and Regulations Branch, Legal Processing Division, Associate Chief Counsel (Procedure and Administration).

[FR Doc. E8-3103 Filed 2-21-08; 8:45 am]

BILLING CODE 4830-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services****42 CFR Part 410**

[CMS-6024-F]

RIN 0938-AN10

Medicare Program; Prior Determination for Certain Items and Services

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

ACTION: Final rule.

SUMMARY: This final rule establishes a process for Medicare contractors to provide eligible participating physicians and beneficiaries with a determination of coverage relating to medical necessity for certain physicians' services before the services are furnished. This rule is intended to afford the physician and beneficiary the opportunity to know the financial liability for a service before expenses are incurred. This final rule establishes reasonable limits on physicians' services for which a prior determination of coverage may be requested and discusses generally our plans for establishing the procedures by which those determinations may be obtained. This rule also responds to public comments on the August 30, 2005 proposed rule.

DATES: *Effective Date:* March 24, 2008.

FOR FURTHER INFORMATION CONTACT: Debbie Skinner, (410) 786-7480.

SUPPLEMENTARY INFORMATION:**I. Background****A. Background of Rulemaking**

On August 30, 2005, we published a rule (70 FR 51321) proposing to implement section 938 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173, enacted on December 8, 2003), establishing the reasonable limits on physicians' services for which a prior determination of coverage may be requested and we discussed our plans for establishing the procedures by which those determinations may be obtained.

The notice and comment period closed on October 29, 2005. We received seven timely public comments, which were useful in identifying issues and concerns. We have made changes to this final rule to address the public comments.

B. Overview of Existing Statutes and Policies

Section 1862(a)(1)(A) of the Social Security Act (the Act) prohibits Medicare payments for items and services that are not reasonable and necessary for the diagnosis and treatment of an illness or injury. However, section 1879 of the Act provides that under certain circumstances Medicare will pay for services that are not considered reasonable and necessary if both the beneficiary and physician did not know and could not have reasonably been expected to know that Medicare payment would not be made.

A physician may be held financially liable for noncovered services he or she furnishes if, for example, the Medicare contractor or CMS publishes specific requirements for those services or the physician has received a denial or reduction of payment for the same or similar service under similar circumstances. In cases where the physician believes that the service may not be covered as reasonable and necessary, an acceptable advance notice of Medicare's possible denial of payment must be given to the patient if the physician does not want to accept financial responsibility for the service. These notices are referred to as Advance Beneficiary Notices (ABNs).

ABNs must be given in writing, in advance of providing the service. They must include: the description of the service; an explanation of why the service may not be covered; a good faith cost estimate for the service; and the beneficiary's signature indicating the beneficiary has received and understood the notice.

ABNs enable beneficiaries to make an informed decision about whether or not to receive an item or service that could potentially be denied as not reasonable and necessary. Currently, there is no process for the beneficiary or his or her physician to find out with greater certainty if that item or service would be considered reasonable and necessary for that beneficiary before incurring financial liability. Consequently, beneficiaries may still be discouraged from obtaining services because they are uncertain whether or not Medicare contractors will deem those services reasonable and necessary in their particular case.

To address this issue, section 938 of the MMA requires the Secretary to establish a process whereby eligible requesters may submit to the contractor a request for a determination, before the furnishing of the physician's service, as to whether the physician's service is

covered and consistent with the applicable requirements of section 1862(a)(1)(A) of the Act (relating to medical necessity). This MMA section also provides that the following are eligible requesters: a participating physician, but only with respect to physicians' services to be furnished to an individual who is entitled to benefits and who has consented to the physician making the request for those services; and an individual entitled to benefits, but only with respect to a physician's service for which the individual receives an ABN under section 1879(a) of the Act.

Requesting a prior determination under this process is at the discretion of the eligible beneficiary or physician. Full knowledge regarding financial liability for the service would be available to physicians and beneficiaries before expenses are incurred, but prior determination of coverage is not required for submission of a claim. If the physician wants a prior determination, there must first be consent from the beneficiary. In cases where a prior determination has been requested, an ABN should only be provided if the beneficiary wants the procedure and (1) the prior determination confirms noncoverage; or (2) a decision could not be made because requested materials were not received; or (3) the decision on the prior determination has not yet been received. We note that if the decision is favorable, then an ABN is unnecessary.

This final rule establishes reasonable limits on the physicians' services for which a prior determination of coverage may be requested and discusses generally our plans for establishing the process by which prior determinations may be obtained. The procedures that Medicare contractors would use to make the determinations will be established in our manuals.

II. Provisions of the Proposed Rule

In 42 CFR 410.20(d)(1), we proposed to define a prior determination of medical necessity as a decision by a Medicare contractor, before a physician's service is furnished, as to whether or not the physician's service is covered consistent with the requirements of section 1862(a)(1)(A) of the Act relating to medical necessity.

In § 410.20(d)(2), we proposed that each Medicare contractor must, through the procedure established in CMS instructions, allow requests for prior determinations from eligible requesters under the contractor's respective jurisdiction for those services identified by CMS and posted on that specific Medicare contractor's Web site.

We proposed that each contractor's list would consist of the following: At least the 50 most expensive physicians' services listed in the Medicare Physician Fee Schedule (MPFS) Database performed at least 50 times annually minus those services excluded by § 410.20(d)(3)(with adequate national or local coverage determinations); and plastic and dental surgeries that may be covered by Medicare and that have an average allowed charge of at least \$1,000.

In § 410.20(d)(3), we proposed that those services for which there is a national coverage determination (NCD) in effect or a local coverage determination/local medical review policy (LCD/LMRP) in effect through the local contractor at the time of the request for prior determination would not be eligible for prior determination. This exclusion only applies when the NCD or LCD/LMRP, in CMS' judgment, provides the sufficiently specific reasonable and necessary criteria for the specific procedure for which the prior determination is requested.

In § 410.20(d)(4), we proposed that CMS may increase the number of services in the initial pool that are eligible for prior determination (over the minimum of 50) through manual instructions. Our reason for this provision was to ensure that CMS can provide for prior determinations for additional services when we detect a need. Sections 1869(h)(3) through (h)(6) of the Act are specific with respect to various aspects of the prior determination process. Therefore, in § 410.20(d)(5), we specified those mandatory provisions. The detailed procedures to be followed by our contractors would be published in our manual instructions. Section 410.20(d)(5)(i) generally explained the prior determination process and accompanying documentation that may be required. Section 410.20(d)(5)(ii) described how contractors will respond to prior determination requests. The statute requires that contractors must mail the requester the decision no later than 45 days after the request is received. Section 410.20(d)(5)(iii) explained the binding nature of a positive determination. Section 410.20(d)(5)(iv) explained the limitation on further review.

III. Analysis of and Response to Public Comments

We received seven public comments on the proposed rule. Summaries of the comments received and our responses to those comments are set forth below.

General

Comment: One commenter asked CMS to ensure that physicians give their patients ABNs only when they have analyzed a particular procedure and have formed a reasonable belief that it may not be covered.

Response: Regulations governing ABNs and other notices of noncoverage, meeting the requirements of section 1879 of the Act, are found at 42 CFR 411.408. Instructions specific to the ABN are found in the on-line Medicare Claims Processing Manual, Publication 100-04, Chapter 30. This comment will be considered by the agency, but is beyond the scope of this regulation.

List of Eligible Services

Comment: We received several comments recommending that the list of services eligible for prior determination be expanded. Several of these commenters suggested the list of 50 eligible services should be expanded, while another commenter suggested that CMS should include all services above a certain dollar amount.

Response: We are revising § 410.20(d)(2) of this final rule to include a provision that will allow us to expand or contract the number of services eligible for prior determination in the future through manual instructions. We are also allowing prior determinations for plastic and dental surgeries over \$1,000.

We did not include all services above a certain dollar amount because administrative constraints necessitate that we control the number of eligible services. Using a monetary cut-off would lead to uncertainty regarding how many services would be eligible in subsequent years due to inflation cost of the services.

Comment: Several commenters agreed with our approach that allows plastic and dental surgeries to be eligible for prior determination since many providers and beneficiaries currently have no way of knowing whether these services will be considered reasonable and necessary.

Response: We agree that this approach will be beneficial to both providers and beneficiaries.

Comment: One commenter suggested that CMS take the denial rate into account when determining which services are eligible for prior determination.

Response: For administrative consistency and other reasons, we chose to focus on cost. Denial rates are contractor specific and therefore are not applicable to a list formulated for the entire nation. Additionally, although a

service may have a relatively high denial rate, that number may be insignificant depending on the number of services performed annually.

Exclusion of Services for Which There Is a Local Coverage Determination (LCD) or National Coverage Determination (NCD)

Comment: We received several comments stating that CMS should not exclude from the list of eligible services those services for which there is an LCD or an NCD in place. One commenter stated that beneficiaries will not have access to LCDs. Several stated that a beneficiary requester would not necessarily understand the LCD or NCD, and it would not provide them with enough information to make an informed decision. Several commenters indicated concern that the LCD or NCD would not be clear enough to provide the requester with information to make an informed decision.

Response: We have clarified § 410.20(d)(3) to state that services for which there is an NCD or LCD in place will remain on the "list of eligible services." In cases where the NCD or LCD provides sufficiently specific reasonable and necessary criteria addressing the particular clinical indication for the physician's service for which the prior determination is requested, the NCD or LCD will serve as the prior determination. Requesters will be sent a copy of the NCD or LCD with an explanation that this NCD/LCD will serve as the prior determination because it provides the necessary information for the beneficiary or provider to know whether or not the service will be considered reasonable and necessary. These explanations should also contain summary information clear enough for providers and beneficiaries alike to understand what is covered and what is not covered. In cases where the NCD or LCD does not provide sufficiently specific reasonable and necessary criteria addressing the particular clinical indication for the physician's service at issue, requesters will be sent a prior determination that is not based upon the NCD/LCD.

Comment: One commenter wanted to know how CMS would make the determination as to whether the LCD/ NCD in question provides sufficiently specific reasonable and necessary criteria for the procedure for which the prior determination is requested.

Response: The contractors will make that decision by reviewing the LCD or NCD to determine whether or not the specific reasonable and necessary criteria addressing the particular

clinical indication for the procedure is addressed by the LCD.

Comment: Several commenters suggested that since section 938 of the MMA requires CMS to include a copy of any relevant LCD or NCD with the prior determination decision, those services should not be initially excluded.

Response: We have clarified that services for which there is an NCD or LCD in place will not be excluded and will remain on the "list of eligible services," if they meet the other criteria for being placed on the list. In cases where the relevant LCD or NCD provides sufficiently specific reasonable and necessary criteria addressing the particular clinical indication for the physician's service at issue, the contractor will include a copy of the NCD or LCD with the decision of noncoverage, in accordance with section 938 of the MMA.

Comment: One commenter asked how CMS plans to handle instances where the specific clinical situation determines whether or not a service is medically necessary per an LCD or an NCD or how borderline cases will be handled (that is, physicians might disagree as to whether clinical criteria in the LCD are met).

Response: It will be up to the contractor to determine whether the clinical criteria in the NCD or LCD are met.

Comment: One commenter asked whether contractors would develop LCDs solely in response to a high volume of prior determination requests.

Response: Contractors will continue to develop LCDs in accordance with instructions in CMS manuals.

Processing Timeframe

Comment: We received several comments stating that the 45-day processing time is too long to be helpful to the beneficiary or provider.

Response: Section 410.20(d)(5)(ii) requires that " * * * notice will be provided within 45 days (the same time period as the time period applicable to the contractor providing notice of initial determinations on a claim for benefits under section 1869 (a)(2)(A) of the Act)." Contractors will be instructed to process requests and send out responses as quickly as possible, taking into consideration the beneficiary's physical condition, the urgency of treatment, and the availability of the necessary documentation.

Miscellaneous Comments

Comment: Several commenters suggested that CMS needs to clarify how information on this process (including

the list of eligible services) will be disseminated to providers and beneficiaries.

Response: In addition to using the contractors' Web sites, we are looking into a number of ways to disseminate the information to both providers and beneficiaries. We will issue manual instructions regarding the list of eligible services.

Comment: One commenter stated that CMS should investigate the possibility of allowing for submission of prior determination requests electronically.

Response: We do not intend to accept these requests electronically. We do not consider this a "prior authorization," for which there is an electronic form, but rather a coverage determination request. (See the statutory excerpt in § 410.20(d)(5)(ii)(A)(3), specifically calling this decision a coverage determination.) This is an optional process, and it does not preclude either the beneficiary or the provider from obtaining or performing the service and submitting the claim for payment.

Comment: Several commenters stated that the regulation should include how frequently the list will be updated. Another commenter stated that contractors should be required to provide written notice of any changes to the list to providers and beneficiaries.

Response: We agree with the commenters that the regulation should include how frequently the list will be updated. In § 410.20(d)(2), we have added a phrase to state that the list will be updated annually in conjunction with the release of the MPFS. Written notice will be provided, at a minimum, on the contractors' Web sites.

Comment: One commenter stated that the process the contractors use should be subject to notice and comment.

Response: The statute provides the basic process contractors are to follow when processing requests (that is, who can make a request, what is to be included in a request, what is to be included in a response, processing timeframe, requester rights following a negative determination, and, requester rights not to request a prior determination). The statutory process to be used by contractors was included in the proposed rule and was subject to comment. The detailed administrative matters will be in the manuals, which will allow us the flexibility to modify the administrative issues quickly if we find the procedures could be performed in a more effective manner. Contractors must adhere to policy as stipulated in CMS manuals.

Comment: One commenter stated the list of 50 services should be subject to notice and comment. One commenter

also suggested that any additional services added under § 410.20(d)(4) should be subject to comment.

Response: The criteria we will use to select the list of services were provided in the August 2005 proposed rule (70 FR 51321) and were subject to public comment. This list will be updated annually based on the MPFS, which is also available to the public. Because the list will be determined annually based on a ministerial execution of the already-published criteria, rather than the adoption of new substantive rules, we do not believe that any further opportunity for public comment is either required by law or useful. Additionally, we do not believe it is prudent to solicit comments on the specific services since the list is not static and will change based on the fee schedule.

Comment: One commenter stated that the list of eligible services should be available to providers and beneficiaries somewhere other than the contractor's Web site.

Response: We agree that this would be helpful. We are looking into a number of other ways to disseminate the information to both providers and beneficiaries. We will issue manual instructions regarding the list of eligible services. The list will be available by calling 1-800-Medicare and on the www.Medicare.gov Web site.

Comment: One commenter stated that the regulation should specify that the requestor be given written notice.

Response: We agree with the commenter and have clarified in § 410.20(d)(5)(ii)(A) that the requester must receive written notice, as required by statute.

Comment: One commenter stated that the notice of non-coverage should also be required to explain that someone who receives such a notice may still obtain the service, submit a claim to Medicare, and then appeal the claim if it is denied.

Response: We agree with the commenter. Section 410.20(d)(5)(iv)(B) of the regulation provides that a negative determination does not impact the right of the requester to obtain services and appeal any denial under the existing claims appeals system. Through our manuals, we will require contractors to include that information in the prior determination notice, where there is a negative determination.

Comment: One commenter stated that the regulation should include recourse to the beneficiary, and a consequence to the provider, if a provider fails to submit the necessary accompanying documentation.

Response: With regard to instances where the provider fails to submit the necessary documentation, § 410.20(d)(5)(ii)(B)(2) provides that if a contractor makes a determination that it lacks sufficient information to make a coverage determination with respect to a physician's service, the contractor will include in the notice a description of the additional information that was required to make a coverage determination, as required by the statute. We believe this provides the type of recourse to beneficiaries to cure flaws in their original requests that the Congress intended.

Comment: One commenter requested that we clarify what we mean by "plastic and dental surgeries that have an average allowed charge of at least \$1,000."

Response: We have clarified in § 410.20(d)(2)(ii) that we mean at least \$1,000 based on the MPFS amount, (not including the adjustment for location by the geographic practice cost index (GPCI)).

Comment: One contractor requested that CMS provide contractors with the necessary resources to implement this process, and suggested that contractors be part of the development of the process.

Response: With contractor input, we will determine the resources and instructions the contractors will need to implement this process. Contractors will be involved in the necessary clearance processes.

Comment: One commenter requested that CMS clarify how contractors should handle requests submitted for services not on the list of eligible services.

Response: The detailed procedures specified in our manual instructions will include a provision that the contractor will send back the request with an explanation that it is not an eligible service.

Comment: One commenter asked us to clarify in the regulation text whether or not services receiving an affirmative prior determination decision are still subject to eligibility and reimbursement criteria.

Response: Yes, services receiving affirmative prior determinations are still subject to eligibility and reimbursement criteria when adjudicated on a claim.

IV. Provisions of the Final Rule

Section 1869(h)(1) of the Act, as added by section 938 of the MMA, requires the Secretary to establish a prior determination process for certain physicians' services. Sections 1869(h)(3) through (h)(6) of the Act are specific with respect to various aspects of the prior determination process, and we

intend to follow these provisions in establishing the prior determination process. We will issue the detailed procedures through our instructions to contractors in our manuals.

Section 1869(h)(2) of the Act, as added by section 938 of the MMA, requires the Secretary to establish by regulation reasonable limits on the physicians' services for which a prior determination may be requested. This section provides that in establishing the reasonable limits, the Secretary may consider the dollar amount involved with respect to the physician's service, administrative costs and burdens, and other relevant factors.

We evaluated national data on physicians' services including payment amounts, utilization, and denial rates. We considered using denial rates as one of the determining factors. However, denial rates vary according to contractor, and although a service may have a relatively high denial rate, that number may be insignificant depending on the number of services performed annually. This information did not readily lend itself to establishing a national list. Accordingly, we have decided to use other factors instead.

Based on our analysis, we are establishing an initial pool of eligible physicians' services with the highest average allowed charges that are performed at least 50 times annually. The definition of physicians' services in the MMA provision (section 938) is the one in section 1848(j)(3) of the Act. The definition includes the physician administration of a drug (but not the cost of the drug itself) and certain services not traditionally performed by a physician, such as physical therapy and occupational therapy, which are paid using the MPFS.

We are also establishing a list of plastic and dental surgeries that may be covered by Medicare and that have an amount of at least \$1,000 in the MPFS (not including the adjustment for location by the GPCI). We will identify the specific services that are eligible for prior determinations through manual instructions based on the criteria outlined in the regulation. We have decided not to identify a specific number of eligible services in the regulation text in order to provide the agency with flexibility in identifying an adequate/sufficient list of services eligible for prior determinations.

Specifically, in § 410.20(d)(1)(i), we define a "prior determination of medical necessity" as an individual decision by a Medicare contractor, before a physician's service is furnished, as to whether or not the physician's service is covered consistent with the

requirements of section 1862(a)(1)(A) of the Act relating to medical necessity. We have also incorporated the statutory definition of an "eligible requester," which had been included in the preamble to the proposed rule, into the regulatory text. Therefore, in § 410.20(d)(1)(ii), we define an "eligible requester" to include a participating physician or a physician who accepts assignment, but only with respect to physicians' services to be furnished to an individual who is entitled to receive benefits and who has consented to the physician making the request for those physician's services; and an individual entitled to benefits, but only with respect to a physician's service for which the individual receives, from a physician, an advance beneficiary notice under section 1879(a) of the Act. We clarified that physicians who accept assignment for services eligible for a prior determination are eligible requesters because this is consistent with the statute and will maximize the benefit of the prior determination process for beneficiaries.

In § 410.20(d)(2), we state that each Medicare contractor will, through the procedure established in our manual instructions, allow requests for prior determinations of medical necessity from eligible requesters under the contractor's respective jurisdiction for those services that we identify (updated in conjunction with the update to the MPFS) and posted on that specific Medicare contractor's Web site. Only those services listed on the contractor's Web site on the date the request for a prior determination is made would be subject to prior determination.

The list of services will be posted by the Healthcare Common Procedure Coding System procedure code and code description on each carrier's Web site and will include the following: The most expensive physicians' services included in the MPFS which are performed at least 50 times annually; and plastic and dental surgeries that may be covered by Medicare and that have an amount of at least \$1,000 (not including adjustment for location by the GPCI).

We have three reasons for establishing the limit on physicians' services based on the dollar amount of the service and including certain plastic and dental surgeries. First, beneficiaries are more likely to be discouraged from obtaining the most expensive physicians' services because they are uncertain whether or not they would have to incur financial liability if Medicare does not pay for the service. The plastic and dental surgeries included are also relatively expensive, and there may be significant individual

considerations in determining what is covered and what is excluded. Second, the majority of these services tend to be non-emergency surgical procedures generally performed in an inpatient setting. Since these services are not typically emergency services, beneficiaries would have adequate time to request a prior determination. Third, limiting prior determinations to these services is reasonable given the administrative resources required to process each prior determination request.

In § 410.20(d)(3), we state that in instances where an NCD or an LCD exists that has sufficiently specific reasonable and necessary criteria addressing the particular clinical indication for the physician's service for which the prior determination is requested, the contractor will send a copy of the LCD or NCD with an explanation that this NCD/LCD will serve as the prior determination. Our reason for this provision is that many NCDs and LCDs already provide the information necessary to make an informed decision about whether or not a service will be covered.

In § 410.20(d)(4), we state that we will identify through manual instructions the number of services that are eligible for a prior determination consistent with the criteria established in the regulation. Our reason for this provision is to ensure that we can adjust the number of eligible services when we detect a need.

Sections 1869(h)(3) through (h)(6) of the Act are specific with respect to various aspects of the prior determination process. Therefore, in § 410.20(d)(5), we specify those mandatory provisions. The detailed procedures to be followed by our contractors will be published in our manual instructions. Section 410.20(d)(5)(i) generally explains the prior determination process and accompanying documentation that may be required. Section 410.20(d)(5)(ii) describes how contractors will respond to prior determination requests. Section 938 of the MMA provides that notice will be provided "within the same time period as the time period applicable to the contractor providing notice of initial determinations on a claim for benefits under section 1869(a)(2)(A) of the Act." Therefore, the statute requires that contractors must mail the requester the decision no later than 45 days after the request is received. Contractors will be instructed to process the requests as quickly as possible (but no longer than 45 days), taking into consideration the beneficiary's physical condition, the urgency of treatment, and the

availability of the necessary documentation. Section 410.20(d)(5)(iii) explains the binding nature of a positive determination. Section 410.20(d)(5)(iv) explains the limitation on further review.

V. Collection of Information Requirements

Under the Paperwork Reduction Act (PRA) of 1995, we are required to provide 30-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 or not an information collection should be approved by OMB, section 3506(c)(2)(A) of the PRA of 1995 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.

We are soliciting public comment on each of these issues for the following sections of this document that contain information collection requirements (ICRs):

Section 410.20 Physicians' Services

Prior Determination of Medical Necessity for Physicians' Services

Section 410.20(d)(5) states that before a physician's service is furnished, an eligible requester, such as a physician or beneficiary, may request an individualized decision, a "Prior Determination of Medical Necessity," by a Medicare contractor as to whether or not the physician's service is covered consistent with the requirements of section 1862(a)(1)(A) of the Act relating to medical necessity. CMS may require that the request be accompanied by a description of the physician's service, supporting documentation relating to the medical necessity of the physician's service, and other appropriate documentation. In the case of a request submitted by an eligible requestor who is described in section 1869(h)(1)(B)(ii) of the Act, the Secretary may also require that the request be accompanied by a copy of the advance beneficiary notice involved.

The burden associated with this requirement would be the time spent by a requester to provide the appropriate

level of documentation, as outlined in this section, to a Medicare contractor so that the contractor can provide a "Prior Determination of Medical Necessity."

We estimate 5,000 requests will be made on an annual basis, and it will require 15 minutes per request, for an annual burden of 1,250 hours.

We received one comment in response to the proposed rule stating that this estimate appeared to be too low. We stand by our original estimate that 5,000 requests will be made on an annual basis and it will require 15 minutes per request, for an annual burden of 1,250 hours.

If you comment on these information collection and record keeping requirements, please mail copies directly to the following: Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attn.: Melissa Musotto, CMS-6024-F, Room C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-1850. 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-6024-F, carolyn_lovett@omb.eop.gov. Fax (202) 395-6974.

VI. Regulatory Impact Statement

We have examined the impact of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 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 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). This rule does not reach the economic threshold and thus is not considered a major rule. Furthermore, this rule will not result in an increase in benefit spending.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, non-profit organizations, and government jurisdictions. While most hospitals and most other providers and

suppliers are small entities, either by non-profit status or by having revenues of \$6.5 million to \$31.5 million in any 1 year, individual physicians and beneficiaries are not included in the definition of a small entity.

Accordingly, we are not preparing an analysis for the RFA because we have determined that this rule will not have a significant economic impact on a substantial number of small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds. We are not preparing an analysis for section 1102(b) of the Act because we have determined that this rule will not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$120 million. This rule will have no consequential effect on the governments mentioned or on the private sector.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a final rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. Since this regulation will not impose any costs on State or local governments, the requirements of E.O. 13132 are not applicable.

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

List of Subjects in 42 CFR Part 410

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

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

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

Subpart B—Medical and Other Health Services

■ 1. The authority citation for part 410 continues to read as follows:

Authority: Sections 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

■ 2. Section 410.20 is amended by adding new paragraph (d) to read as follows:

§ 410.20 Physicians' services.

* * * * *

(d) *Prior determination of medical necessity for physicians' services—(1) Definitions.* (i) A "Prior Determination of Medical Necessity" means an individual decision by a Medicare contractor, before a physician's service is furnished, as to whether or not the physician's service is covered consistent with the requirements of section 1862(a)(1)(A) of the Act relating to medical necessity.

(ii) An "eligible requester" includes the following:

(A) A participating physician (or a physician that accepts assignment), but only with respect to physicians' services to be furnished to an individual who is entitled to receive benefits under this part and who has consented to the physician making the request under this section for those physicians' services.

(B) An individual entitled to benefits under this part, but only with respect to physicians' services for which the individual receives, from a physician, an advance beneficiary notice under section 1879(a) of the Act.

(2) *General rule.* Each Medicare contractor will, through the procedures established in CMS manual instructions, allow requests for prior determinations of medical necessity from eligible requesters under its respective jurisdiction for those services identified by CMS (updated annually in conjunction with the update to the MPFS and posted on that specific Medicare contractor's Web site by the Healthcare Common Procedure Coding System procedure code and code description). Only those services listed on that Medicare contractor's Web site on the date the request for a prior determination is made are subject to prior determination. Each contractor's list will consist of the following:

(i) The national list, provided by CMS, of the most expensive physicians' services (as defined in section 1848(j)(3) of the Act) included in the MPFS which

are performed at least 50 times annually.

(ii) The national list, provided by CMS, of plastic and dental surgeries that may be covered by Medicare and that have an amount of at least \$1,000 on the MPFS (not including the adjustment for location by the GPCI).

(3) *Services with local coverage determinations (LCDs) or national coverage determinations (NCDs).* In instances where an LCD or an NCD exists that has sufficiently specific reasonable and necessary criteria addressing the particular clinical indication for the procedure for which the prior determination is requested, the contractor will send a copy of the LCD or NCD to the requestor along with an explanation that the LCD or NCD serves as the prior determination and that no further determination will be made.

(4) *Identification of eligible services.* CMS will identify the number of services that are eligible for a prior determination through manual instructions consistent with the criteria established in the regulation.

(5) *Statutory procedures.* Under sections 1869(h)(3) through (h)(6) of the Act, the following procedures apply:

(i) *Request for prior determination—(A) In general.* An eligible requester may submit to the contractor a request for a determination, before the furnishing of a physician's service, as to whether the physician's service is covered under this title consistent with the applicable requirements of section 1862(a)(1)(A) of the Act (relating to medical necessity).

(B) *Accompanying documentation.* CMS may require that the request be accompanied by a description of the physician's service, supporting documentation relating to the medical necessity of the physician's service, and other appropriate documentation. In the case of a request submitted by an eligible requester who is described in section 1869(h)(1)(B)(ii) of the Act, the Secretary may require that the request also be accompanied by a copy of the advance beneficiary notice involved.

(ii) *Response to request—(A) General rule.* The contractor will provide the eligible requester with written notice of a determination as to whether—

(1) The physician's service is covered (the physician's service is covered consistent with the requirements of section 1862(a)(1)(A) of the Act relating to medical necessity); or

(2) The physician's service is not covered (the physician's service is not covered consistent with the requirements of section 1862(a)(1)(A) of the Act relating to medical necessity); or

(3) The contractor lacks sufficient information to make a coverage

determination with respect to the physician's service.

(B) *Contents of notice for certain determinations—(1) Coverage.* If the contractor makes the determination described in paragraph (d)(5)(ii)(A)(1) of this section, the contractor will indicate in the prior determination notice that the physician service is covered consistent with the requirements of section 1862(a)(1)(A) of the Act relating to medical necessity.

(2) *Noncoverage.* If the contractor makes the determination described in paragraph (d)(5)(ii)(A)(2) of this section, the contractor will include in the notice a brief explanation of the basis for the determination, including on what national or local coverage or noncoverage determination (if any) the determination is based, and a description of any applicable rights under section 1869(a) of the Act.

(3) *Insufficient information.* If the contractor makes the determination described in paragraph (d)(5)(ii)(A)(3) of this section, the contractor will include in the notice a description of the additional information required to make the coverage determination.

(C) *Deadline to respond.* The notice described in paragraphs (d)(5)(ii)(A)(1) through (d)(5)(ii)(A)(3) of this section will be provided by the contractor within 45 days of the date the request for a prior determination is received by the contractor.

(D) *Informing beneficiary in case of physician request.* In the case of a request by a participating physician or a physician accepting assignment, the process will provide that the individual to whom the physician's service is to be furnished will be informed of any determination described in paragraph (d)(5)(ii)(A)(2) of this section (relating to a determination of non-coverage). The beneficiary will also be notified that, notwithstanding the determination of non-coverage, the beneficiary has the right to obtain the physician's service in question and have a claim submitted for the physician's service.

(iii) *Binding nature of positive determination.* If the contractor makes the determination described in paragraph (d)(5)(ii)(A)(1) of this section, that determination will be binding on the contractor in the absence of fraud or evidence of misrepresentation of facts presented to the contractor.

(iv) *Limitation on further review—(A) General rule.* Contractor determinations described in paragraph (d)(5)(ii)(A)(2) of this section or paragraph (d)(5)(ii)(A)(3) of this section (relating to pre-service claims) are not subject to administrative appeal or judicial review.

(B) *Decision not to seek prior determination or negative determination does not impact the right to obtain services, seek reimbursement, or appeal rights.* Nothing in this paragraph will be construed as affecting the right of an individual who—

(1) Decides not to seek a prior determination under this paragraph with respect to physicians' services; or

(2) Seeks such a determination and has received a determination described in paragraph (d)(5)(ii)(A)(2) of this section, from receiving (and submitting a claim for) those physicians' services and from obtaining administrative or judicial review respecting that claim under the other applicable provisions of this part 405 subpart I of this chapter. Failure to seek a prior determination under this paragraph with respect to physicians' services will not be taken into account in that administrative or judicial review.

(C) *No prior determination after receipt of services.* Once an individual is provided physicians' services, there will be no prior determination under this paragraph with respect to those physicians' services.

Editorial Note: This document was received at the Office of the Federal Register on February 11, 2008.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 31, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: October 30, 2007.

Michael O. Leavitt,

Secretary.

[FR Doc. E8–2811 Filed 2–21–08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 411 and 489

[CMS–6272–F]

RIN 0938–AN27

Medicare Program; Medicare Secondary Payer (MSP) Amendments

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

ACTION: Final rule.

SUMMARY: On February 24, 2006, we published an interim final rule with

comment period in the **Federal Register** that implemented amendments to the Medicare Secondary Payer (MSP) provisions under Title III of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The MMA clarified the MSP provisions regarding the obligations of primary plans and primary payers, the nature of the insurance arrangements subject to the MSP rules, the circumstances under which Medicare may make conditional payments, and the obligations of primary payers to reimburse Medicare.

In this final rule, we are finalizing several clarifications made to the MSP provisions. In addition, we are responding to public comments on the February 24, 2006 interim final rule with comment period that pertain to these MSP provisions.

DATES: *Effective Date:* These regulations are effective on March 24, 2008.

FOR FURTHER INFORMATION CONTACT:

Suzanne Lewis, (410) 786–0970.

SUPPLEMENTARY INFORMATION:

I. Background

A. Statutory Background

Beginning in 1980, the Congress enacted a series of amendments to section 1862(b) of the Social Security Act (the Act) (hereafter referred to as the Medicare Secondary Payer (MSP) provisions) to protect the financial integrity of the Medicare program by making Medicare a secondary payer, rather than a primary payer of health care services, when certain types of other health care coverage are available. (Workers' compensation had already been primary to Medicare since the implementation of the original Medicare statute.) In enacting the MSP provisions, the Congress intended that the MSP provisions be construed to make Medicare a secondary payer to the maximum extent possible. These statutory provisions are set forth in regulations at 42 CFR part 411, Exclusions From Medicare and Limitations on Medicare Payment.

On December 8, 2003, the Congress enacted the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 (Pub. L. 108–173). The Congress passed section 301 under Title III of the MMA to address several interpretations of the MSP provisions being pressed by various parties that would, if ultimately accepted, severely limit the applicability of the MSP provisions at considerable expense to the Medicare program. As discussed in the February 24, 2006 interim final rule with comment period (71 FR 9466) many of these interpretations were

presented in the context of Federal court litigation over the meaning of various MSP provisions. The Congress rejected these attempts to incorrectly limit the application and scope of the MSP statute.

In the MMA, the Congress clarified its original intent regarding the MSP provisions under section 1862(b) of the Act, thereby indicating that these interpretations were incorrect and that the Secretary's interpretations were accurate. These clarifications were effective as if enacted on the date of the original legislation.

Section 301(a) of the MMA amended section 1862(b)(2)(A)(ii) of the Act to remove the term "promptly." This amendment establishes that various parties were incorrect in their interpretation that section 1862(b)(2)(A)(ii) of the Act applied only if the workers' compensation law or plan, liability insurance, or no-fault insurance has paid or could reasonably be expected to pay for services "promptly." This amendment also added language to section 1862(b)(2)(B) of the Act to clarify that the Secretary may make payment subject to reimbursement if the workers' compensation law or plan, liability insurance, or no-fault insurance has not paid or could not reasonably be expected to pay for services "promptly."

Section 301(b)(1) of the MMA amended section 1862(b)(2)(A) of the Act to clarify the application of the term "self-insured plan." It establishes that "an entity that engages in a business, trade, or profession shall be deemed to have a self-insured plan if it carries its own risk (whether by a failure to obtain insurance, or otherwise) in whole or in part."

Section 301(b)(2)(A) of the MMA amended section 1862(b)(2)(B) of the Act to specify that a primary plan, and an entity that receives payment from a primary plan, shall reimburse the appropriate Trust Fund for any payment that the Secretary makes with respect to an item or service if it is demonstrated that the primary plan has or had a responsibility to make payment with respect to the item or service. It added language establishing that a primary plan's responsibility for this payment "may be demonstrated by a judgment, a payment conditioned upon the recipient's compromise, waiver, or release (whether or not there is a determination or admission of liability) of payment for items or services included in a claim against the primary plan or the primary plan's insured, or by other means."

Section 301(b)(3) of the MMA amended section 1862(b)(2) of the Act to

further delineate those entities (that is, “primary payers”) from which the United States may seek reimbursement. It amended language specifying that the United States may bring an action against “all entities that are or were required or responsible (directly, as an insurer or self-insurer, as a third-party administrator, as an employer that sponsors or contributes to a group health plan, or large group health plan, or otherwise) to make payment with respect to the same item or service (or any portion thereof) under a primary plan.” This amendment specified that the United States may recover double damages against these entities. Also, it amended language clarifying that the United States may recover payment from “any entity that has received payment from a primary plan or from the proceeds of a primary plan’s payment to any entity.”

Under section 301(d) of the MMA, these provisions are effective as if enacted on the date of the original legislation to reflect the original MSP provisions and Congressional intent at issue. This final rule amends 42 CFR part 411 and § 489.20(i)(2)(ii) of our regulations to implement these MSP provisions.

B. Requirements for Issuance of Regulations

Section 902 of the MMA amended section 1871(a) of the Act and requires the Secretary, in consultation with the Director of the Office of Management and Budget, to establish and publish timelines for the publication of Medicare final regulations based on the previous publication of a Medicare proposed or interim final regulation. Section 902 of the MMA also states that the timelines for these regulations may vary but shall not exceed 3 years after publication of the preceding proposed or interim final regulation except under exceptional circumstances.

This final rule finalizes provisions set forth in the February 2006 interim final regulations. In addition, this final rule has been published within the 3-year time limit imposed by section 902 of the MMA. Therefore, we believe that the final rule is in accordance with the Congress’ intent to ensure timely publication of final regulations.

II. Provisions of the Interim Final Regulations

As is the case with group health plan and large group health plan insurance, Medicare may not make payment if payment with respect to the same item or service has been made or can reasonably be expected to be made under workers’ compensation, no-fault,

or liability insurance. However, Medicare may make a payment conditioned on reimbursement when the workers’ compensation, no-fault, or liability insurance plan (including a self-insured plan) has not made or cannot reasonably be expected to make payment with respect to this item or service promptly. As discussed in the February 2006 interim final rule, in accordance with section 301(a) of the MMA, we removed the word “promptly” from § 411.20(a)(2), § 411.40(b)(1)(i), and § 411.50(c)(1) and (c)(2) to clarify that these Medicare payments are conditional and must be reimbursed whenever a primary payer’s responsibility to make payment is demonstrated.

In § 411.21, we removed the definitions for “third party payer” and “third party payment” and replaced them with definitions for “primary payer” and “primary payment.” We also provided a definition for “primary plan.” We made these changes to conform to the statutory language under the MMA. Consistent with these changes, we made nomenclature changes to replace the terms “third party payer,” “third party payment,” and “third party plan” with “primary payer,” “primary payment,” or “primary plan,” respectively, under part 411 throughout subparts B through H. In § 411.33(f)(4), we replaced the term “third party” with “primary payer.” We also amended § 489.20(i)(2)(ii) to replace “third party payment” with “primary payment.”

In the February 2006 interim final rule with comment period, we also added language to the definition of “self-insured” plan in § 411.50(b) in accordance with section 301(b)(1) of the MMA. We clarified that an entity that engages in a business, trade, or profession is deemed to have a “self-insured” plan for liability insurance if it carries its own risk, in whole or in part. Any such entity’s self-insured status may be demonstrated, among other ways, by the failure to obtain insurance.

In accordance with section 301(b)(2)(A) of the MMA, we added a new § 411.22 to clarify that a primary payer, and an entity that receives payment from a primary payer, become obligated to reimburse CMS if and when it is demonstrated that the primary payer has or had primary payment responsibility. This responsibility may be demonstrated by a judgment, a payment conditioned upon the recipient’s compromise, waiver, or release (whether or not there is a determination or admission of liability) of payment for items and services included in a claim against the primary

payer, or by other means, including but not limited to a settlement, award, or contractual obligation. This means that a primary payer may not extinguish its obligations under the MSP provisions by paying the wrong party—for example, by paying the Medicare beneficiary or the provider when it should have reimbursed the Medicare program. Primary payers are expected to reimburse CMS when it is demonstrated that they have or had payment responsibility.

In accordance with section 301(b)(3) of the MMA, in § 411.21, § 411.22, and § 411.24(e) also clarified that the Medicare program may seek reimbursement from a primary payer, or any or all the entities responsible or required to make payment as a primary payer. With respect to debts where a group health plan or large group health plan is the primary plan, the amendments make clear that all employers that sponsor or contribute to the group health plan or large group health plan are primary payers required to reimburse Medicare regardless of whether the group health plan or large group health plan was an insured plan (that is, the employer or other plan sponsor purchased insurance) or was self-insured by the employer or other plan sponsor. Medicare may also seek reimbursement from any entity that has received payment from a primary payer. Entities that receive payment include, but are not limited to, beneficiaries, attorneys, and providers or suppliers (including physicians).

Furthermore, in the February 2006 interim final rule with comment period, we revised § 411.24(e) by adding language pertaining to Medicare’s authority to recover conditional payments. Specifically, in accordance with section 301(b)(3) of the MMA, we specified at § 411.24(e) that CMS has a direct right of action to recover from any primary payer. We made a technical revision at § 411.24(f)(2) to replace the words “is primary” with “is a primary plan.”

Consistent with section 301(b)(2)(A) of the MMA, the February 2006 interim rule with comment period clarified at § 411.24(i)(1) that, like liability insurance and disputed claims under group health plans and no-fault insurance, workers’ compensation insurance and plans must also reimburse Medicare, although it paid some other entity, if it knew or should have known that the claimant was a Medicare beneficiary. Where Medicare has already recovered payment from the entity, reimbursement to Medicare by the workers’ compensation insurance or plan is not required. However, nothing

in the February 2006 interim final rule with comment period will be construed to require us to first pursue the entity which receives payment before it can pursue the primary payer. Also consistent with section 301(b)(2)(A) of the MMA, we added language to § 411.45, § 411.52, and § 411.53 to specify that any conditional payment that Medicare makes is based upon the recovery rules under subpart B of part 411. In addition, at § 411.52, we clarified the basis for which Medicare makes payment in liability cases. We revised § 411.53 by removing the phrase “, or the provider or supplier,” in the existing paragraph (a) to clarify that it is the beneficiary’s responsibility to file a claim for no-fault benefits.

III. Analysis of and Responses to Public Comments

We received five comments from the public on the February 2006 interim final rule with comment period. The comments received and our responses to those comments are discussed below.

A. General Comments

Comment: A commenter stated that the February 2006 interim final rule with comment period would “refrain” CMS from making conditional payments where there is no anticipation of reimbursement “promptly” while broadening CMS’ recovery scope for reimbursement of conditional payments. The commenter also stated concern that the consequences of this would be enormous for injured employees in the State of Indiana.

Response: We recognize the commenter’s concerns and note that we will continue to be permitted to make conditional payments when liability insurance, no-fault insurance, or workers compensation do not pay promptly. In addition, we will continue to recover any conditional payments made. Furthermore, we will continue to not make conditional payments when the “injured employee” also has group health plan coverage that is primary to Medicare. The group health plan is expected to fulfill its responsibilities under the statute.

Comment: A commenter believes that CMS’ waiver of proposed rulemaking is not justified. The commenter stated that conforming regulatory language to statutory amendments does not justify waiving proposed rulemaking nor does it render a “notice-and-comment procedure” “impracticable, unnecessary, or contrary to the public interest.” The commenter suggested that CMS recharacterize and republish the February 2006 interim final rule with comment period as a proposed rule with appropriate time for public comments.

Response: We recognize the commenter’s concerns. However, it is unnecessary to undertake notice and comment rulemaking because we are merely conforming existing regulations to the statutory changes affected by section 301 of the MMA.

Comment: The commenter also believes that CMS’ adoption of a comment due date as the effective date for the regulation is inappropriate and renders any comments moot. The commenter suggested that CMS adopt an effective date for the revised regulations that is on or after the date of **Federal Register** publication of a final rule, not before its promulgation.

Response: In the February 2006 interim final rule (71 FR 9466), “MMA Amendments to the Medicare Secondary Payer (MSP) Provisions,” we explained that the clarifications regarding the Congress’s original intent in implementing the MSP provisions under section 1862(b) of the Social Security Act made by section 301 of the MMA were effective as if enacted on the date of the original legislation. In the February 2006 interim final rule (71 FR 9468), we explained that because the interim final rule merely conformed part 411 and § 489.20(i)(2)(ii) of the regulations to statutory changes affected by section 301 of the MMA, we found good cause to waive the notice of proposed rulemaking and issue the rule on an interim basis. We published the February 2006 interim final rule with a 60-day public comment period, providing the public adequate time to comment on the rule. In addition, there was a 60-day delay in the effective date of that rule. Although the effective date and the date of the close of the public comment period coincided, we believe the public comments are not moot because we are required to publish a subsequent final rule in which we consider and address all timely public comments on the preceding interim final rule. We have addressed the timely public comments in section III of this final rule, “Analysis of and Responses to Public Comments.” Based on our consideration of the public comments, § 411.22 and § 411.25 have been amended to further clarify the reimbursement obligations and notice requirements of primary payers. Section 411.45 has been amended to replace the word “capacity” with “incapacity” so that there is consistency between the language used in § 411.45 and § 411.53. This final rule will be effective 30 days after date of publication.

Comment: A commenter expressed the view that only beneficiaries and not beneficiaries, providers, and other entities should be responsible and have

the burden of updating the Coordination of Benefits (COB) files.

Response: This comment is outside of the scope of the February 2006 interim final rule. Please note that beneficiaries, providers, physicians, other suppliers, and other entities all have appropriate obligations to ensure our COB records are updated.

Comment: A commenter believes that the February 2006 interim final rule with comment period should require that “when a payer other than Medicare is determined to be the primary payer, the payer should be required to pay at least the Medicare payment amount for the service.” The commenter also believes that CMS should address “the undue administrative burden” created when a payer is determined to be primary and makes payment to a physician at a rate that is different than the Medicare amount that has already been paid to the physician.

Response: This comment is outside of the scope of the February 2006 interim final rule. However, we note that the MSP statute prohibits a group health plan from “taking Medicare entitlement into account” when Medicare is the secondary payer. The group health plan must make the same primary payment it makes for non-Medicare entitled individuals. We recognize the commenter’s concerns. Providers, physicians, and other suppliers are required by the MSP statute at 42 U.S.C. 1395 y(6)(b) to identify payers primary to Medicare and to bill them before billing Medicare. Regulations at § 411.24(h) require entities that receive duplicate primary payment to reimburse Medicare within 60 days. It is reasonable to expect providers, physicians, and other suppliers to reconcile payments received for services to Medicare beneficiaries and to comply with these requirements.

B. Definitions

In the February 2006 interim final rule, to conform to the statutory language under the MMA, we removed the definitions for “third party payer” and “third party payment” and replaced them with “primary payer” and “primary payment.” We also added a new definition for “primary plan.”

Comment: A commenter believes that the definition of “third party payer” and “third party payment” in the previous version of the regulation excluded the application of the MSP provisions to individuals if they are Medicare beneficiaries; are engaged in a business, trade, or profession; and are self-insured for purposes of liability insurance.

Response: The MMA clarifies that all entities (including sole proprietorships

and partnerships) that engage in a business, trade, or profession are deemed to be self-insured to the extent that they do not purchase liability insurance. This does not constitute a change in the way we have administered the MSP provisions.

In the February 2006 interim final rule, to implement the statutory amendment to section 1862(b)(2)(A) of the Act, we added language to the current definition of “self-insured plan” to read as follows: “Self-insured plan means a plan under which an individual, or a private or governmental entity, carries its own risk instead of taking out insurance with a carrier. This term includes a plan of an individual or other entity engaged in a business, trade, or profession, a plan of a non-profit organization such as a social, fraternal, labor, educational, religious, or professional organization, and the plan established by the Federal government to pay liability claims under the Federal Tort Claims Act. An entity that engages in a business, trade, or profession is deemed to have a self-insured plan for purposes of liability insurance if it carries its own risk (whether by a failure to obtain insurance, or otherwise) in whole or in part.”

Comment: A commenter questioned whether any individual engaged in a business trade or profession may be personally liable to the extent a claim is asserted against the individual and the claim is satisfied through a settlement, judgment, or award from the personal assets of the individual or otherwise.

Response: The commenter is correct that an individual who is engaged in a business, trade, or profession is deemed to be self-insured for purposes of the MSP liability provisions to the extent that he or she does not purchase liability insurance. An individual not engaged in a business, trade, or profession is not deemed to be self-insured.

Comment: A commenter expressed concern that the definition of self-insured plan would not only include a legally separate business entity owned by a Medicare beneficiary, but it would encompass business entities such as a sole proprietorship and partnership, through which the beneficiary retains personal legal liability and where the beneficiary is either uninsured or under-insured. The commenter also stated that the Medicare beneficiary’s business could be construed as having a self-insured plan obligated to repay benefits, but the beneficiary would still be personally liable, in effect.

Response: The commenter is correct that an individual engaged in a

business, trade, or profession is personally liable in a liability insurance situation to the extent that he or she does not purchase liability insurance.

B. Reimbursement Obligations of Primary Payers and Entities That Received Payment From Primary Payers

In the February 2006 interim final rule, to implement one of the statutory amendments to section 1862(b)(2)(B) of the Act, we added a new § 411.22 to state that a primary payer, and an entity that receives payment from a primary payer, must reimburse us for any payment if it is demonstrated that the primary payer has or had responsibility to make payment. A primary plan’s responsibility for payment may be demonstrated by a judgment; a payment conditioned upon the recipient’s compromise, waiver, or release (whether or not there is a determination or admission of liability) of payment for items or services included in a claim against the primary payer or the primary payer’s insured; or by other means, including but not limited to a settlement, award, or contractual obligation.

Comment: A commenter stated that § 411.22 should clarify that “if a judgment or other legal proceeding determines that a payer (other than Medicare) is the primary payer, and the payer mistakenly reimburses the physician rather than Medicare (which has already provided reimbursement to the physician for the service), then it is the payer and/or Medicare’s responsibility to notify the physician.” The same commenter is concerned that the “double damage” language of § 411.24(c)(2) can be interpreted to apply to physicians.

Response: We disagree. It is reasonable to expect providers, physicians, and other suppliers to realize that they have received duplicate primary payments and to reimburse Medicare as required by § 411.24(h). Section 411.24(c)(2) specifically says we may “* * * recover from the primary payer * * *” As defined in § 411.21, a “primary payer” is “* * * any entity that is or was required or responsible to make payment with respect to an item or service (or any portion thereof) under a primary plan. These entities include, but are not limited to, insurers or self-insurers, third party administrators, and all employers that sponsor or contribute to group health plans or large group plans.” “Physicians” in their capacity as “physicians” clearly do not fall within the definition of “primary payer.” However, a physician as an employer which sponsors or contributes to a group health plan, including a self-

insured group health plan, may be a “primary payer.”

Comment: A commenter believes that § 411.22 could be interpreted to allow Medicare to seek reimbursement from the provider first, before going to the primary payer. The commenter suggested that CMS further clarify § 411.22 by including language stating that Medicare will pursue reimbursement from the primary payer first; and that Medicare will not seek payment from providers that have not been paid by the primary payer for the claim in question.

Response: Section 1862(b)(2)(B)(iii) of the Act gives Medicare the authority to recover from the party responsible for making primary payment; any entity that has received a primary payment from Medicare and a primary plan; and from providers, physicians, and other suppliers who fail to file a proper claim. Accordingly, it would be inappropriate to limit Medicare’s recovery options.

Comment: A commenter stated that § 411.22 suggests that CMS anticipates that primary payers will reimburse Medicare immediately and directly upon a “demonstration” that a given payer has or had primary payment responsibility, thereby relieving CMS and its contractors of the requirement to issue a demand letter. The commenter asked for direction as to whom and in what form the reimbursement is to be made and, as well, the nature of the supporting information to be provided. The commenter also requested clarification as to whether entities that receive “payment from a primary payer” are required to notify Medicare of mistaken or conditional payments. Specifically, the commenter asked whether the notice requirements in § 411.25 (which states that if a primary payer learns that CMS has made a Medicare primary payment for services for which the primary payer has made or should have made primary payment, it must give notice to that effect to the Medicare intermediary or carrier that paid the claim) extend to both primary payers and entities that receive “payment from a primary payer.”

Response: We have modified § 411.22 and § 411.25 to address this comment in part. In addition, we will provide notice as to where and in what format the repayment should be made. Section 411.25 applies only to primary payers.

Comment: A commenter is questioned how a “contractual obligation” can of itself “demonstrate” an obligation to make a primary payment for a particular claim because a contractual obligation is a generic statement of responsibility applicable to all claims. The commenter believes the contract itself cannot

“demonstrate” that a particular claim meets its criteria for responsibility to make payment. The commenter stated that some other step must be taken to apply the contract terms to the facts and circumstances of a particular case, for example, analysis and conclusions evidenced by judgments, formal written settlements, awards, etc. The commenter noted that in the group health plan context, issues of primary responsibility to pay are usually not resolved by judgments, settlements, or awards, etc. The commenter requested clarification regarding how “responsibility for payment” would be demonstrated in these circumstances.

Response: A contract can establish that a primary plan is obligated to make primary payment for designated covered items and services under the plan. A primary payer has the obligation upon learning that Medicare has paid for certain items and services provided to an individual for which it has primary payment responsibility to determine if it is the proper primary payer for those items and services. This determination constitutes a demonstration of primary payment responsibility for those items and services and the consequential obligation to repay Medicare.

Comment: A commenter stated that, in the context of § 411.25, CMS has consistently taken the position that “learns” means “is, or should be, aware.” The commenter would like CMS to clarify whether the obligation to reimburse CMS arises only when responsibility to pay is “demonstrated” in accordance with the terms of § 411.22 or whether it also arises when the primary payer “learns” of the existence of a conditional payment under § 411.25. The commenter requested that CMS clarify whether the notice requirements of § 411.25 and the reimbursement requirements of § 411.22 must be satisfied at the same time or whether they are separate obligations that must be satisfied separately.

Response: Section 1862(b)(2)(B)(ii) of the Act specifically states that the obligation to repay Medicare arises when primary payment responsibility is demonstrated. Thus, the primary payer is obligated to repay Medicare whenever it learns in any manner or form that it has primary payment responsibility. We have modified § 411.22 and § 411.25 to address this comment.

C. Conditional Payments and Mental Incapacity

In the February 2006 interim final rule with comment period, we added language to § 411.45, § 411.52, and § 411.53 to specify that any conditional payment that Medicare makes is based

upon the recovery rules under subpart B of part 411.

Comment: A commenter expressed concern with the inconsistency in the language used when we state that conditional payment may be made where a beneficiary “because of physical or mental *capacity* failed to file a proper claim” (§ 411.45) or “because of physical or mental *incapacity* failed to meet a claim-filing requirement (§ 411.53). The commenter suggested that CMS use either the term “capacity” or “incapacity” for consistency of application and evidentiary requirements. The commenter also suggested that CMS define what a beneficiary must do to establish “capacity” or “incapacity.”

Response: We agree and will use the term “incapacity.” However, we do not believe it is necessary to define what a beneficiary must do to establish “incapacity.” “Incapacity” is determined on a case-specific basis. A provider, physician, or other supplier is responsible for demonstrating on a claim-specific basis that the beneficiary was physically or mentally incapable of providing the information necessary for the provider, physician, or other supplier to submit a proper claim.

IV. Provisions of the Final Regulations

For the most part, this final rule incorporates the provisions of the February 2006 interim final rule with comment period. Those provisions of this final rule that differ from the February 2006 interim final rule are as follows:

- Section 411.22 and § 411.25 have been amended to further clarify the reimbursement obligations and notice requirements of primary payers.
- Section 411.45 has been amended to replace the word “capacity” with “incapacity” so that there is consistency between the language used in § 411.45 and § 411.53.

V. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 30-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 Paperwork Reduction Act of 1995 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.

Therefore, we are soliciting public comment on each of these issues for the following sections of this document that contain information collection requirements. Section 411.25 primary payer’s notice of primary payment responsibility.

Section 411.25(a) requires a primary payer to provide information about primary payment responsibility and the information about Medicare Secondary Payer situation to the entity or entities designated by CMS to receive the information. Primary payers must provide this information upon demonstration that CMS made a Medicare primary payment for services for which the primary payer has made or should have made primary payment. As stated earlier in the preamble of this document, a demonstration of the primary payers responsibility includes a judgment, a payment conditioned upon the recipients compromise, waiver, or release (whether or not there is a determination of admission or liability of payment for items or services included in a claim against the primary plan or the primary plan’s insured, or by other means).

Section 411.25(c) states that the primary payer must provide additional information to the designated entity or entities as needed. The information may be required for the entity or entities to update CMS’ system of records.

The burden associated with the requirements in § 411.25 is the time and effort associated with a primary payer gathering and providing of information about primary payer responsibilities, Medicare secondary payer situations, and additional information used to update the CMS’ system of records. While these requirements are subject to the PRA, the associated burden is approved under OMB control number 0938–0214, with an expiration date of May 31, 2009.

As required by section 3504(h) of the Paperwork Reduction Act of 1995, we have submitted a copy of this document to the Office of Management and Budget (OMB) for its review of these information collection requirements.

VI. Regulatory Impact Statement

We have examined the impacts of this final rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), 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 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 the effect of this final rule on the economy and the Medicare program is not economically significant, since it merely clarifies certain MSP provisions to reflect original congressional intent and ratifies the manner in which we have implemented/administered the MSP provisions. If the technical and clarifying amendments had not been enacted, “savings” reflected in the table below would have been lost and Medicare expenditures would have increased. The table reflects the potential impact of a Fifth Circuit Court decision that held that the MSP liability provision did not apply when there was no liability insurance purchased or no formal plan of self-insurance recognized under the Internal Revenue Code. This placed a small portion of future MSP liability savings at risk. It was assumed that over time, some U.S. Circuit Courts could have reached a similar conclusion so that the potential losses of future MSP liability savings would increase slowly over time in addition to the projected growth of Medicare benefits. It was further assumed that some individuals who repaid Medicare before 2003 would sue for refunds and that favorable decisions would be rendered in some, but not all, cases. It was also assumed that the refunds of past MSP liability savings would peak about 2007. Lastly, it was assumed that MSP liability collections represent approximately 70 percent Part A claims payments and 30 percent Part B claims payments (which are based on historic MSP liability savings).

MEDICARE SAVINGS RETAINED

[Rounded to the nearest \$10 million]

Part A	Part B	Total	Year
2003	\$0	\$0	\$0
2004	10	0	10
2005	10	0	10
2006	10	0	10

MEDICARE SAVINGS RETAINED— Continued

[Rounded to the nearest \$10 million]

Part A	Part B	Total	Year
2007	20	0	20
2008	10	0	10
2009	20	0	20
2010	20	10	30
2011	20	10	30
2012	20	10	30
2013	20	10	30
2014	20	10	30
2015	20	10	30

Therefore, this final rule is not a major rule as defined in Title 5, United States Code, section 804(2) and is not an economically significant rule under Executive Order 12866.

The RFA requires agencies to analyze options for regulatory relief of small entities. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small governmental jurisdictions. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6 million to \$29 million in any 1 year. Individuals and States are not included in the definition of a small entity. We have determined and we certify that this final rule will not have a significant economic impact on a substantial number of small entities because there is and will be no change in the administration of the MSP provisions. Therefore, we are not preparing an analysis for the RFA.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule or notice having the effect of a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Core-Based Statistical Area and has fewer than 100 beds. We have determined that this final rule will not have a significant effect on the operations of a substantial number of small rural hospitals because there is and will be no change in the administration of the MSP provisions. Therefore, we are not preparing an analysis for section 1102(b) of the Act.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule or notice having the effect of a 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 final rule has no consequential effect on State, local, or tribal governments or on the private sector because there is and will be no change in the administration of the MSP provisions.

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. Since this final rule does not impose any costs on State or local governments, the requirements of E.O. 13132 are not applicable.

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

List of Subjects

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 489

Health facilities, Medicare, Reporting and recordkeeping requirements.

■ Accordingly, the interim final rule amending 42 CFR Chapter IV, which was published on February 2006 (71 FR 9466), is adopted as a final rule with the following changes:

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

■ 1. The authority citation for part 411 continues to read as follows:

Authority: Sections 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

■ 2. Section 411.22 is amended by adding a paragraph (c) as follows:

§ 411.22 Reimbursement obligations of primary payers and entities that received payment from primary payers.

* * * * *

(c) The primary payer must make payment to either of the following:

(1) To the entity designated to receive repayments if the demonstration of primary payer responsibilities is other than receipt of a recovery demand letter from CMS or designated contractor.

(2) As directed in a recovery demand letter.

■ 3. Section 411.25 is amended by—

A. Revising the section heading.

■ B. Revising paragraphs (a) and (c).

The revisions read as follows:

§ 411.25 Primary payer's notice of primary payment responsibility.

(a) If it is demonstrated to a primary payer that CMS has made a Medicare primary payment for services for which the primary payer has made or should have made primary payment, it must provide notice about primary payment responsibility and information about the underlying MSP situation to the entity or entities designated by CMS to receive and process that information.

* * * * *

(c) The primary payer must provide additional information to the designated entity or entities as the designated entity or entities may require this information to update CMS' system of records.

§ 411.45 [Amended]

■ 4. Section 411.45(a)(2) is amended by removing the word "capacity" and adding the word "incapacity" in its place.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 4, 2007.

Herb B. Kuhn,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: October 19, 2007.

Michael O. Leavitt,

Secretary.

Editorial Note: This document was received at the Office of the Federal Register on February 12, 2008.

[FR Doc. E8–2938 Filed 2–21–08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services****42 CFR Part 433**

[CMS 2275–F]

RIN 0938–AO80

Medicaid Program; Health Care-Related Taxes

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

ACTION: Final rule.

SUMMARY: This final rule revises the collection threshold under the regulatory indirect guarantee hold harmless arrangement test to reflect the provisions of the Tax Relief and Health Care Act of 2006. When determining whether there is an indirect guarantee

under the 2-prong test for portions of fiscal years beginning on or after January 1, 2008 and before October 1, 2011, the allowable amount that can be collected from a health care-related tax is reduced from 6 to 5.5 percent of net patient revenues received by the taxpayers. This final rule also clarifies the standard for determining the existence of a hold harmless arrangement under the positive correlation test, Medicaid payment test, and the guarantee test (with conforming changes to parallel provisions concerning hold harmless arrangements with respect to provider-related donations); codifies changes to permissible class of health care items or services related to managed care organizations as enacted by the Deficit Reduction Act of 2005; and, removes obsolete transition period regulatory language.

DATES: *Effective date:* This rule is effective April 22, 2008.

Compliance date: CMS will not consider a State to be out of compliance with the revision to the definition of permissible classes until October 1, 2009.

FOR FURTHER INFORMATION CONTACT: Charles Hines, (410) 786–0252 or Stuart Goldstein, (410) 786–0694.

SUPPLEMENTARY INFORMATION:**I. Background****A. General**

Title XIX of the Social Security Act (the Act) authorizes Federal grants to the States for Medicaid programs to provide medical assistance to persons with limited income and resources. While Medicaid programs are administered by the States, they are jointly financed by the Federal and State governments. The Federal government pays its share of medical assistance expenditures to the State on a quarterly basis according to a formula described in sections 1903 and 1905(b) of the Act. The amount of the Federal share of medical assistance expenditures is called Federal financial participation (FFP). The State pays its share of medical expenditures in accordance with section 1902(a)(2) of the Act.

The Medicaid Voluntary Contribution and Provider Specific Tax Amendments of 1991 (Pub. L. 102–234), enacted December 12, 1991, amended section 1903 of the Act to specify limitations on the amount of FFP available for medical assistance expenditures in a fiscal year when States receive certain funds donated from providers and revenues generated by certain health care-related taxes. We issued regulations to

implement the statutory provisions concerning provider donations and health care-related taxes in an interim final rule (with comment period) published on November 24, 1992 (57 FR 55118). A final rule was issued on August 13, 1993 (58 FR 43156). The Federal statute and implementing regulations were designed to protect Medicaid providers from being unduly burdened by health care related tax programs. Health care related tax programs that are compliant with the requirements set forth by the Congress create a significant tax burden for health care providers that do not participate in the Medicaid program or that provide limited services to Medicaid individuals.

B. Health Care-Related Taxes

Section 1903(w) of the Act requires that State health care-related taxes must be imposed on a permissible class of health care services; be broad based or apply to all providers within a class; be uniform, such that all providers within a class must be taxed at the same rate; and avoid hold harmless arrangements in which collected taxes are returned directly or indirectly to taxpayers. Section 1903(w)(3)(E) of the Act specifies that the Secretary shall approve broad based (and uniformity) waiver applications if the net impact of the health care-related tax is generally redistributive and the amount of the tax is not directly correlated to Medicaid payments. The broad based and uniformity requirements are waivable through a statistical test that measures the degree to which the Medicaid program incurs a greater tax burden than if these requirements were met. The permissible class of health care services and hold harmless requirements cannot be waived. The statute and Federal regulation identify 19 permissible classes of health care items or services that States can tax without triggering a penalty against Medicaid expenditures.

The regulatory language at 42 CFR 433.68(f) sets forth tests for determining the presence of a hold harmless arrangement that were directly based on the language contained in section 1903(w)(4) of the Act. The preamble to the 1993 regulation provided guidance and some illustrative examples of the types of health care-related tax programs that we believed would violate the hold harmless prohibitions. In a June 29, 2005 decision, however, the HHS Departmental Appeals Board (DAB), DAB No. 1981, found that these regulations did not clearly preclude certain types of arrangements that we believe to be within the scope of the

statutory hold harmless prohibition and implementing regulations. The DAB consequently reversed disallowances issued by CMS to five States. In each of these reversed disallowances, the States had created programs that imposed a tax on nursing homes and simultaneously created programs that awarded grants or tax credits to private pay residents of those nursing homes. These grants and/or tax credits were designed by the States to compensate private pay residents of nursing homes for the costs of the tax passed on to them by their nursing homes through increased charges. The DAB, however found that CMS regulations did not clearly identify that such grants and tax payments amounted to hold harmless arrangements that would preclude FFP.

One of the hold harmless tests, set forth in current rules at § 433.68(f)(3)(i), defines arrangements that are considered to be prohibited indirect guarantees. Taxes imposed on health care-related providers may not exceed 6 percent of the revenue received by the taxpayer unless the State makes a showing that, in the aggregate, 75 percent of taxpayers do not receive 75 percent or more of their total tax costs back in enhanced Medicaid payments or other State payments. Prior to the enactment of the Tax Relief and Health Care Act of 2006, States could tax individual classes of health care services and providers, including inpatient hospital services, outpatient hospital services, and nursing facility services up to 6 percent of the net patient revenue attributable to the assessed permissible class of health care items or services without violating prohibitions on the indirect hold harmless arrangements. The 6 percent limit was established to maintain consistency with the average level of taxes applied to other goods and services in the State, as discussed in the November 24, 1992 preamble to the interim final rule implementing the statute.

On December 20, 2006 the Tax Relief and Health Care Act of 2006 was signed into law as Public Law 109–432. Section 403 of that law incorporated the existing regulatory test for an indirect guarantee into the Medicaid statute but provided for a temporary reduction in the allowable tax rate under the first prong of the test. Specifically, the indirect hold harmless threshold has been reduced from 6 percent to 5.5 percent effective January 1, 2008 and before October 1, 2011. We want to remind States that the collection threshold test is an annual test and while the effective date of this change does not coincide with the beginning of any State's fiscal

year the test must still be performed on an annual basis. Therefore, if a State chooses to impose a health care related tax at a rate in excess of 5.5 percent prior to January 1, 2008, it will have to appropriately adjust the tax rate after January 1, 2008 so that health care related tax collections will not exceed 5.5 percent on a per class basis going forward. Compliance in State fiscal year 2008 will be evaluated from January 1, 2008 through the last day of State fiscal year 2008. Beginning with State fiscal year 2009 the 5.5 percent tax collection will be measured on an annual State fiscal year basis.

II. Provisions of the Proposed Rule

In the March 23, 2007 proposed regulation we proposed to:

- Codify section 6051 of the Deficit Reduction Act of 2005 (Pub. L. 109–171) which amended section 1903(w)(7)(viii) of the Act to expand the previous Medicaid managed care organization (MCO) class of health care items and services to include all MCOs.

- Clarify the provisions of the hold harmless tests found at § 433.68(f).
- Modify and clarify the positive correlation test set forth at § 433.68(f)(1), to specify that a State or other unit of government will violate this test if they impose a health care-related tax and also provide for a direct or indirect non-Medicaid payment and the payment amount is positively correlated to the tax amount or to the difference between the Medicaid payment and tax amount. We proposed to interpret the phrase “direct and indirect non-Medicaid payment” broadly. These payments may take many forms, such as grants or tax credits, although there will undoubtedly be other types of payments that we have not yet anticipated.

- Clarify the definition of tax amounts and payment amounts for purposes of hold harmless analyses. We proposed to unify these definitions so that they would have identical meanings in all three hold harmless tests under § 433.68(f).

- Clarify within § 433.68(f)(2) that a Medicaid payment would be considered to vary based on the tax amount when the payment is conditional on the tax payment.

- Clarify the guarantee test at § 433.68(f)(3) to specify that a State can provide a direct guarantee through a direct or indirect payment. A direct guarantee would be found when a State payment is made available to a taxpayer or a party related to the taxpayer (for example, as a nursing home resident is related to a nursing home), in the reasonable expectation that the payment would result in the taxpayer being held

harmless for any part of the tax. An indirect payment to the taxpayer would also constitute a direct guarantee. One such example of this indirect payment providing a direct guarantee would be found where a State imposing a tax on nursing facilities provided grants or tax credits to private pay residents of those facilities that could be used to compensate those residents for any portion of the tax amount that the State has allowed to be passed down to them by their nursing homes. This represents a direct guarantee of an indirect payment to taxpayers.

- Modify under § 433.68(f)(3)(i), the indirect hold harmless threshold percentage to be consistent with the Tax Relief and Health Care Act of 2006, which lowered the collection threshold under the indirect hold harmless provision from 6 percent of net patient service revenue to 5.5 percent effective for portions of fiscal years beginning on or after January 1, 2008 through September 30, 2011, prior to a State being required to demonstrate the second prong of the indirect hold harmless provision.

- Clarify at § 433.56(a)(4) the permissible class for purposes of health care-related taxes to only those services of ICF/MRs by removing narrow exception for similar services of community-based residences for the mentally retarded if certain criteria are met.

- Modify parallel hold harmless provisions with respect to provider-related donations at § 433.54(c).

- Remove transition periods related to provider-related Donations and health care related taxes provided under section 1903(w)(1)(C)(ii) of the Act since the last transition period expired in 1993.

III. Analysis of and Responses to Public Comments

We received 21 items of timely public comments which contained approximately 190 public comments that raised 47 individual issues, in response to the March 23, 2007 proposed regulation (72 FR 13726 through 13734). The comments came from a variety of correspondents, including health care provider associations, national and State organizations and State Medicaid agencies. The majority of commenters urged us to reconsider proposed changes to the hold harmless provisions. The following is a summary of the comments received and our response to those comments.

A. General Comments

Comment: One commenter expressed support for the codification of the 6 percent maximum tax amount allowed and agreed with CMS' implementation of section 403 of the Tax Relief and Health Care Act of 2006. The commenter indicated that while health care provider taxes are not an optimal approach to sustainable appropriate and equitable Medicaid funding, but stated that cutting the maximum tax rate allowed substantially below 6 percent would have resulted in Medicaid payment reductions and thus harmed low income populations needing care. The commenter also suggested that such taxes create a significant tax burden for health care providers that provide limited services to or no services to Medicaid beneficiaries.

Response: We appreciate the support for our implementation of section 403 of the Tax Relief and Health Care Act 2006. We understand the concern about the burden of health care related taxes on providers that have little or no Medicaid revenues. Medicaid limits on health care related taxes protect those providers at the same time as ensuring that such health care related taxes do not effectively shift a disproportionate burden of the Medicaid program to the federal government. We also recognize that States use revenues received from permissible health care related taxes to support Medicaid payment rates, but States have other sources of revenue that can support Medicaid payments and ensure that low income populations receive needed care. This rule balances all these concerns in clarifying the definitions of permissible classes and hold harmless arrangements.

Comment: A couple of commenters asserted that the proposed rule violated the Administrative Procedure Act provision codified at 5 U.S.C. 553(b). The commenters took issue with the preamble clarifications regarding interpretations of regulatory provisions that were included in the proposed rule. The commenters argued that CMS should have included precise regulatory language to implement such changes and that CMS cannot implement the proposed rule until it publishes sufficient notice in the form of substantive regulatory language. Other commenters stated that CMS provided no rational support for the proposed rule.

Response: We disagree with the suggestion of any procedural deficiency. Through publication of the proposed regulation, CMS adhered to all requirements of the Administrative Procedure Act. Proper notice was given

of proposed changes and a public comment period was provided. Those comments were considered, and are discussed in this final rule. The final rule includes all necessary changes to the regulatory framework and gives States clear guidance on how that regulatory framework will be applied to health care related tax programs.

Comment: Numerous commenters argued that the proposed regulatory changes directly contradict provisions of the Social Security Act and that CMS exceeded its statutory authority. These commenters cited section 5(c) of the Medicaid Voluntary Contribution and Provider-Specific Tax Amendments of 1991 (Pub.L. 102-234) which mandated that the Secretary consult with States before issuing any regulations under this public law. The commenters asserted that significant changes were made through this proposed regulation and that consultation with States was required prior to the issuance of the regulatory changes. For these reasons, the commenters indicated that CMS should not implement the new rule and begin consultations with States.

Response: We believe the conditions of section 5(c) of the Medicaid Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law 102-234 were fully satisfied by the process the Secretary undertook when the regulations implementing that Act were issued in 1992 and 1993. Even if these conditions were read to extend in perpetuity, however, they have been met with respect to this final rule. The notice and public comment procedures used to issue this final rule have provided a full and fair opportunity for consultation with States. This opportunity is in addition to the ongoing dialogue between CMS and the States over proposed State financing in the review process for Medicaid State plan amendments.

Comment: Several commenters believe that CMS' approach will harm State Medicaid programs by decreasing the resources necessary to support the growing and changing nature of Medicaid services. Another commenter raised concern about the financial and administrative burden for States of the proposed rule. One commenter argued that the changes proposed in the regulation will compel States to dismantle already approved financing. One commenter asserted that the negative effect of the proposed rule could exceed approaches rejected by Congress. One commenter was concerned that CMS did not fully consider the significant financial issues confronting States and the continual pressure to contain Medicaid spending

in the face of State budgets. Another commenter stated that the proposed regulation will cause a shift in burden of health care financing from the federal government to the States.

Response: This final regulation implements section 403 of the Tax Relief and Health Care Act of 2006 and clarifies existing Federal law related to permissible classes of health care services and the hold harmless provisions. We do not agree that the statutorily-mandated reduction in the indirect guarantee threshold will result in excessive financial and administrative burdens or reductions in program benefits. In any case, CMS is bound by the law to make this change. Moreover, the clarifications provided in this regulation were not designed to target particular existing health care related tax programs for which States have received waiver approval from CMS of the broad based and/or uniformity requirements. These clarifications were instead to ensure a consistent and uniform understanding of the application of the hold harmless provisions. We refer to them as clarifications because they reflect CMS's understanding of how the hold harmless provisions should be applied. These clarifications are based on the need to ensure that the regulations effectively identify hold harmless arrangements in which health care related taxes operate to effectively shift a disproportionate burden of the Medicaid program to the federal government. Although the clarifications are not targeted toward any particular financing arrangements, CMS reserves the right to perform financial management reviews of any tax structures to ensure compliance with Federal statute, expressly approved by CMS or otherwise.

Comment: Several commenters requested that CMS affirm that the proposed rule would not jeopardize already approved State plan amendments (SPAs) and provider tax programs. The commenters also requested that CMS confirm that it will continue to approve SPAs and provider tax submissions with similar features as those already approved. In the absence of such confirmations, the commenters requested that CMS identify with written explanations which specific approved SPAs and provider tax submissions would be problematic under the proposed regulation. Another commenter suggested that if these provisions are adopted in final, they should only apply to payments contained in SPAs adopted after the effective date of the final rule.

Response: With respect to the change in the indirect guarantee test, Congress

did not make any provision to exempt or grandfather existing approved tax provider programs. Under the direction of the Congress, the final regulation is effective January 1, 2008. With respect to the other changes contained in this final rule, we considered and rejected a possible exception for already approved provider tax programs. Such an exception would not be uniform and would not achieve the objective of ensuring that provider taxes did not shift the effectively shift a disproportionate burden to the federal government. As part of the routine CMS review of Medicaid State plan amendments (SPA) that affect Medicaid payment to providers, CMS examines the sources of the non-Federal share of Medicaid payments, including the revenues received by States from health care-related taxes. Such SPAs are reviewed and decided upon on a case-by-case basis under the consistent application of Federal statute and regulations. Because these clarifications reflect current CMS practices regarding ongoing reviews, CMS is not aware of any approved tax programs that are not in compliance with the final rule. However, CMS always reserves the right to ensure any State Medicaid financing source and associated reimbursement methodologies comply with Federal requirements.

Comment: A few commenters were concerned that the proposed rule would ultimately decrease funding for the Medicaid program and threaten access to important long-term care services. Another commenter was concerned that the proposed rule will adversely affect safety net providers by lowering Medicaid payments and as a result patients' access to essential health care services would be disrupted.

Response: This final regulation along with the Federal Medicaid statute governing health care related taxes was designed in part to protect health care providers. Specifically, the reduction to the allowable collection threshold serves to minimize the burden imposed on health care providers by States through taxation in order to support the State's Medicaid program. The effect of this reduction is that health care providers can realize a greater net revenue base when they are no longer obligated to fund a portion of their Medicaid payments through a State imposed tax. Further, those health care providers that do not participate in the Medicaid program would experience an overall reduction in their tax rate. In addition, States have the option to replace any tax revenue lost as a result of the reduction to the allowable collection threshold with other sources

of non-Federal share payment, including additional State and local general fund dollars. If such general fund dollars are used health care providers may experience no reduction in the level of their Medicaid funding. States still have many available resources to ensure that necessary services are available to the most vulnerable populations. The purpose of this regulation was not to reduce access to any health care services but to strengthen the fiscal integrity of the Medicaid program.

Comment: One commenter stated that addressing perceived problems with Medicaid financing would be better addressed through legislation. Another commenter specified that CMS should work with the Congress to clarify existing statutory language.

Response: The final regulation implements section 403 of the Tax Relief and Health Care Act of 2006 and clarifies existing Federal law related to permissible classes of health care services and the hold harmless provisions. The clarifications are to ensure that the regulatory framework effectively implements existing statutory provisions setting permissible classes and prohibiting hold harmless arrangements that shift a disproportionate share of the cost of the Medicaid program to the federal government.

Comment: One commenter noted that, given the most recently issued proposed regulations restricting IGTs and CPEs, CMS should not further limit States' ability to fund the non-federal share of Medicaid payments.

Response: This final regulation implements and clarifies statutory provisions that permit States to fund the non-federal share of Medicaid payments with permissible health care related taxes. The statutory provisions, and these regulations, are a response to States that imposed health care related taxes that had the effect of shifting financial burdens from the States to the federal government. This shift resulted from hold harmless arrangements under which providers were effectively repaid some or all of the tax burden, and the federal government was left with a disproportionate share of the tax burden. The changes made in this final regulation should assist States in determining the permissibility of tax programs. While the temporary reduction in the indirect guarantee threshold test may reduce the amount of permissible tax revenues, States have the option to replace any tax revenue lost as a result of the reduction to the allowable collection threshold with other sources of non-Federal share

payment, including additional State and local general fund dollars.

Comment: One commenter expressed concern that the proposed rule unnecessarily grants CMS authority to delve into relationships between States and local governments and does not provide sufficient clarity on the criteria for evaluation of these relationships. The commenter believes that open ended interpretations of tax and reimbursement programs could result in case by case inconsistencies and confusion while States attempt to structure a permissible provider tax program.

Response: This final regulation implements section 403 of the Tax Relief and Health Care Act of 2006 and clarifies existing Federal law related to permissible classes of health care services and the hold harmless provisions. This rule does not specifically require review of relationships between States and local governments. Under existing statutory law, however, CMS must ensure that State claims for federal funding are supported by non-federal expenditures and comply with all provisions of the law. This includes review of health care related taxes and associated payment or grant arrangements, whether on a State or local level. In other words, our review is limited to tracing the flow of funds to verify the non-federal share of Medicaid expenditures. This final rule makes changes to the regulatory framework to ensure that this review is consistent, uniform, and effectively implements the statutory requirements.

Comment: A couple of commenters specified that CMS did not have the statutory authority to go beyond the explicit direction provided in the Tax Relief and Health Care Act of 2006 to only temporarily reduce the maximum allowable tax rate.

Response: CMS' responsibility is to ensure that the Federal statutory requirements governing health care related taxes are met. In addition to codifying in regulation section 403 of the Tax Relief and Health Care Act of 2006, the new regulation clarifies some issues that have arisen since the issuance of the 1993 rule. Therefore, we believe it is necessary and appropriate for the Secretary to issue new regulatory provisions to address these issues so that States will have clear guidance on which health care related tax programs will be entitled to FFP. Furthermore, this final rule fully complies with the requirements of the Administrative Procedure Act.

Comment: One commenter noted that changes to tax programs will further exacerbate health care challenges in

areas impacted by major natural disasters.

Response: We do not agree that either the statutorily mandated reduction in the indirect guarantee test, or the clarification of permissible classes or hold harmless tests, will exacerbate health care challenges in areas impacted by major natural disaster. The reduction to the allowable collection limit serves in part to minimize the burden imposed on health care providers through health care related taxation. This result should help to minimize the cost structure of providers in areas impacted by major natural disasters.

Comment: One commenter stated that the proposed regulations reflect a fundamental suspicion of States' Medicaid financing practices. The commenter encouraged CMS to address any inappropriate financing arrangements through enforcement of current regulatory standards on a case by case basis rather than regulatory changes.

Response: Our responsibility is to ensure that the Federal statutory requirements governing health care related taxes are met in a consistent and uniform manner. Revision to the regulatory framework ensures consistent and effective implementation of the statute.

B. Implementation

Comment: Several commenters recommended that CMS delay the implementation of the new rule until State legislatures can adequately assess its implications and take the necessary action to ensure proper funding of their Medicaid programs. A few commenters recommended that the proposed rule be delayed until CMS works closely with States to establish some optional funding solutions for Medicaid services. Another commenter suggested that, at a minimum, States should be provided an adequate transition period to implement the new rule. Another commenter recommended that the effective date of the rule be delayed by at least 6 to 12 months.

Response: As required by section 403 of the Tax Relief and Health Care Act of 2006, the final regulation with respect to the reduction in the indirect guarantee threshold percentage is effective January 1, 2008. We have provided for a transition period until October 1, 2009 for States to come into compliance with the statutory revision to the permissible class of health care services identified as "services of a managed care organizations." Since the other provisions of the regulation are clarifications that reflect CMS's existing

understanding of the law, further transition is not warranted.

C. Permissible Classes of Health Care Items and Services—ICF/MR (§ 433.56(a)(4))

Comment: Several commenters, including a commenter from a State that the commenter believes was the intended beneficiary of the provision, expressed concern that CMS did not explain why community based residences included in the ICF/MR class in 1993 would be excluded from the class. One commenter stated that CMS violated the APA by not providing a reasoned analysis for the proposed change. Another commenter stated that this proposed change would adversely affect the provision of home and community based services.

Response: We proposed to delete this exception because we believed it was no longer applicable to any State. In response to these comments, we have determined that there is one State to which the exception applies. Therefore, we are no longer deleting the exception.

In the 1993 interim final rule implementing Medicaid Voluntary Contribution and Provider Specific Tax Amendments of 1991, the statutory class of health care items and services at section 1903(w)(7)(iv) of the Act for services of intermediate care facilities for the mentally retarded (ICF/MR) was defined to include similar services furnished by community-based residences for the mentally retarded, under a waiver under section 1915(c) of the Act, in a State in which, as of December 24, 1992, at least 85 percent of such facilities were classified as ICF/MRs prior to the grant of the waiver. This exception was very narrow and was only intended to capture those States that were granted section 1915(c) waivers that converted most of their ICF/MRs to community-based residences prior to the effective date of the interim final rule.

Over the past several years, a few States have requested CMS approval to expand their ICF/MR services tax programs to include certain home and community-based services. None of those States were able to demonstrate compliance with the parameters of this permissible class of health care items or services. Therefore, when CMS proposed deleting the exception, CMS did not believe there were any States that did or could meet these specific requirements.

In response to public comments, CMS was able to identify one State that meets the requirements for this class of health care services. Rhode Island has a long-standing tax program that meets these

requirements and as a result, the final regulation retains the original regulatory language.

Comment: Several commenters asked for CMS to expand the inclusion of home and community-based service providers in the ICF/MR class for all States, arguing that it is not equitable to accord different treatment to States that converted ICF/MRs into waiver facilities before 1992 than to other States. These commenters noted that this policy would generally benefit home and community-based service providers. These commenters argued that, in order for the class to be truly broad-based, all types of home and community-based residences for persons with mental retardation and developmental disabilities should be included. One commenter specifically asserted that this policy would allow States to impose health care-related taxes to help fund home and community-based services, and would increase access and availability of such services. Many commenters cited the benefits of home and community-based waiver services, and mentioned Federal policies supporting the expansion of such services.

Response: The statutory provision at section 1903(w)(7)(iv) of the Act refers only to ICF/MR facilities as the permissible class. As discussed above, in 1993, we provided for a limited exception to address the unique situation of States with existing waivers that converted most of their ICF/MRs to community-based residences prior to the effective date of the interim final rule. We do not believe a broader exception would be consistent with the statutory language. Moreover, we were not persuaded by the arguments that higher taxes on home and community-based services would actually encourage and stimulate the provision of such services. It appears counterintuitive that taxes that make such services more costly would stimulate broader use and availability.

Comment: One commenter requested that CMS more precisely define intermediate care facilities for the mentally retarded (ICF/MR) to include all facilities licensed as ICFs/MR, no matter the size of the facility.

Response: The regulation was not intended to redefine ICF/MRs or any other provider type. Instead, in part, the rule proposed to clarify a permissible class of health care services for purposes of health care-related tax requirements. For purposes of health care-related taxes, if a State were to impose a tax on ICF/MR services, in order to be considered broad-based, all licensed

ICF/MR providers within the State would need to be subject to the tax.

Comment: One commenter suggested that CMS exercise its statutory authority to update the historical listing of permissible classes by adopting additional provider classes through regulation. The commenter noted that CMS has reminded States of this opportunity. The commenter specified that inviting proposals to add classes helps update the Medicaid program by recognizing change in providers, acknowledging State environments are different, supporting Congressional intent and recognizing that individual States and providers should be free to collaborate and choose the best means suited to address financing relationships to meet their State's needs.

Response: The preamble to the 1993 final rule stated that the Secretary would consider adding additional classes if States can demonstrate the need for additional designation and that any proposed class meet the following criteria: (1) The revenue of the class is not predominantly from Medicaid and Medicare (not more than 50 percent from Medicaid and not more than 80 percent from Medicaid, Medicare, and other Federal programs combined); (2) the class is clearly identifiable, for example, by designation through State licensing programs, recognition for Federal statutory purposes, or inclusion as a provider in State plans; and (3) the class is nationally recognized rather than unique to a State. At this time, we do not see a reason to alter this policy or to add new permissible classes of health care items or services.

D. Permissible Classes of Health Care Items and Services—Managed Care (§ 433.56(a)(8))

Comment: One commenter recommended that CMS consider a definition for the term “preferred provider organizations” so that States will know what entities must be included in a tax program on this class of providers for it to comply with the broad-based requirement of the statute and associated regulations.

Response: Inclusion of the term preferred provider organization (PPO) as a type of managed care organization that would be in the permissible class of services for health care-related taxation purposes mirrored the statutory language enacted under section 6051 of the Deficit Reduction Act which amended section 1903(w)(7)(A)(viii) of the Social Security Act. The statutory language was designed to more broadly encompass services provide by all managed care organizations without regard to their status as Medicaid or

commercial health plan or the form of such plans. The statutory language included examples to clearly establish that all types of managed care businesses must be included in order for a health care-related tax to be truly broad based. For Medicare accreditation purposes it is established that MCOs are licensed as both HMOs or PPOs. The intent is to fully encompass the types of managed care products available to individuals in commercial markets for coordinated care plans. This is a generally accepted term and type of entity in the managed health care market and we do not feel that a definition is necessary for Medicaid regulation purposes.

E. Hold Harmless § 433.68(f)—General

Comment: Some commenters expressed concern that the new rule appears to replace a purely objective test for hold harmless arrangements with one that is subjective. They argued that the Secretary had rejected the introduction of a subjective analysis when he published the original hold harmless prohibitions in 1993 and that the new rule should continue along this same course.

Response: We believe that the new regulation continues to apply a largely objective analysis in determining whether state tax programs contain hold harmless arrangements. This regulation is intended to carry out the purposes originally outlined in the Medicaid Voluntary Contribution and Provider Specific Tax Amendments of 1991 (Pub. L. 102–234) and the implementing regulations, by prohibiting FFP for health care-related taxes where the state has implemented a hold harmless provision. One lesson we have learned in the years since we first endeavored to implement Congress's prohibitions on taxes with hold harmless arrangements is that it is simply impossible to anticipate every hold harmless arrangement that may be implemented by States. As a result, it would not be true to Congressional intent to implement a mathematical model to be applied in detecting hold harmless arrangements that violate the statutory prohibitions. We do not believe the Medicaid statute contemplates such a formula, but anticipates that the Secretary will carefully analyze all circumstances relevant to the creation and operation of a state health care-related tax and attendant tax relief programs in carrying out his mandate to prohibit FFP where hold harmless arrangements exist. The analysis of state provider taxes remains an overwhelmingly objective process, but the unique and individual nature of

State tax programs means that the analysis is always on a case-by-case basis. The individualized analysis outlined in this rule is not the type of subjective analysis that the Secretary expressly rejected in the 1993 final rule. In that rule, the Secretary rejected a suggestion that CMS should assess the egregiousness of a hold harmless violation in determining whether to take a disallowance.

Comment: One commenter opined that Congress did not authorize the Secretary to expand the tests for determining when an impermissible hold harmless arrangement exists, arguing that the regulations should mimic the statutory language. Other commenters suggested that the existing rules were appropriate and the new rules could place existing tax programs at risk.

Response: It is not our intent to expand the test for determining when an impermissible hold harmless arrangement exists beyond the original purposes authorized by Congress and underlying the 1993 rules. As noted above, we are not aware of any state tax programs that would have been permissible under the Secretary's prior interpretation of the rules, but are no longer permissible under the new rules. The new rule endeavors to address issues that have arisen since the issuance of the 1993 rule, which effectively repeated the statutory language but did little to elucidate that language. That rule proved largely successful in stopping impermissible hold harmless arrangements, with the overwhelming majority of States ending such programs. A recent decision issued by the HHS Departmental Appeals Board, however, has indicated confusion concerning the degree of flexibility in the application of the Secretary's longstanding interpretation of that rule in addressing new issues that have arisen. (DAB No. 1981, June 29, 2005.) Therefore, we believe it is necessary and appropriate for the Secretary to issue new regulations so that States will have clear guidance on which health care-related tax programs will be entitled to FFP.

Comment: Several commenters requested that they be able to retain the ability to use rates that are based on receipt of provider taxes rather than overall provider costs.

Response: The Social Security Act clearly allows States to collect permissible health care-related taxes to be used as a source of non-federal share funding for Medicaid payments to health care providers. Further, States can consider Medicaid's portion of a permissible health care-related tax as an

allowable cost for purposes of developing Medicaid reimbursement rates. However, basing Medicaid payment rates solely on the receipt of health care-related taxes is a clear hold harmless violation.

Comment: Several commenters noted that broadening the definition of hold harmless will penalize States that have other non-Medicaid funding initiatives for health care organizations. Under the proposed rule, payments made to health care providers as part of regular business could become entangled in the enforcement of the new rule.

Response: The hold harmless clarifications in this regulation are necessary to ensure compliance with the statutory limitations on hold harmless arrangements. In reviewing a health care related tax program, CMS needs to review the tax and associated financial arrangements as a whole, including any non-Medicaid payments. Taxes or fees that are imposed in the ordinary course of business and are not health care related would not trigger such a review, nor would non-Medicaid governmental payments that occur in the regular course of business, for example through procurements.

Comment: One commenter stated that the changes to the hold harmless provisions could make their current provider tax program non-approvable because the fees for the most part are used to pay back the cost to the fee payer.

Response: We are not aware of any State tax programs that would have been permissible under the Secretary's prior interpretation of the rules, but are no longer permissible under the new rules. If, however a State increases Medicaid reimbursement rates based solely on the receipt of a health care related tax, rather than on the costs incurred for providing Medicaid services, such an arrangement would be considered a hold harmless violation. We believe this result is consistent with the requirements of the statute and existing regulation and is unchanged by this final rule.

Comment: One commenter requested that CMS include in the rule itself the language in the preamble to the proposed rule indicating that States using cost-based payment systems may include provider tax costs as one of many provider costs that are considered in setting individualized provider rates. The commenter argued that including this language in the rule would prevent any changes in CMS interpretation.

Response: We are not including this language in the rule itself because the rule is limited to the basic framework and cannot address every specific

circumstance and nuance. And this is an example of a very complex issue. The clarification to the Medicaid payment hold harmless test states that a Medicaid payment will be considered to vary based on the tax amount when the payment is conditional on the tax payment. This provision does not prevent States that use cost-based reimbursement methodologies from including Medicaid's share of health care related tax costs as one of many health care provider costs that are considered in setting individualized Medicaid reimbursement rates.

However, where a Medicaid payment is conditional on receipt of health care related taxes, we would view the Medicaid payment to be, in part or in full, the repayment of the health care related tax to repay the taxes in a hold harmless arrangement rather than as a protected reimbursement for cost of Medicaid services.

Comment: A few commenters addressed the DAB decision that CMS acknowledged it was attempting to respond to with this regulation, suggesting that a more appropriate response to that decision would have been to simply clarify that the hold harmless standard applies to situations where the benefits accrue to private pay patients rather than to the taxpaying facilities directly.

Response: We do not believe that the commenter's suggestion would address all of the confusion created by the Board's decision. We agree that clarifying the rules to explain that the hold harmless standard applies to situations where the state payments are made to third parties would help to clarify the questions raised by the Board's decision and we have attempted to do that in this rule. However, we do not believe such a clarification alone would be sufficient.

F. Hold Harmless—§ 433.68(f)(1)—Positive Correlation

Comment: Several commenters stated that by including any positive correlation over any amount of time, the proposed rule destroys any standard by which a State may assess whether or not a tax based Medicaid funding arrangement will be determined by CMS to be a hold harmless violation. Other commenters disagreed with CMS' statement that the current regulations related to positive correlation led to confusion. The commenters believe that the subjective analysis proposed will only lead to additional confusion.

Response: Our experience is that States and providers are typically very aware of the overall character of a tax based Medicaid funding arrangement.

Moreover, it is clear that to achieve the statutory purpose of ending hold harmless arrangements that result in shifting a disproportionate burden to the federal government, the test must be applied flexibly. Otherwise, financing arrangements will be structured to meet the letter but not the underlying purpose of the statutory limitations. This regulation is intended to further clarify the existing hold harmless provisions and not to lead to additional confusion.

Comment: Several commenters asserted that the test for a "positive correlation" under § 433.68(f)(1) is too subjective, and should instead remain a statistical test. They expressed concern that under the proposed test, CMS could find a positive correlation in almost any situation.

Response: The 1993 rule does confine the statutory term "positive correlation" to a test requiring mathematical certainty. The insertion of the statistical concept suggests that a positive correlation contemplates a positive relationship between two variables. Such a correlation would exist, for example, where a state passes a tax on nursing home beds that a facility is permitted to pass on to its residents in the form of rate increases. If at or about the same time, the state passes a grant program that pays private pay residents of the nursing home an amount similar to the bed tax, the grant money would be available for use to compensate the nursing facility for the tax and a positive correlation would be found to exist between the tax and the grant. The correlation would not be destroyed by altering one variable over time and would not necessarily need to be measured in a statistical sense. This has always been CMS's position with respect to the 1993 regulations, but unfortunately the description of positive correlation as a statistical concept in the 1993 rule created some confusion. In retrospect, we now believe that characterizing positive correlation as having "the same meaning as the statistical term" in the 1993 rule was imprecise. The use of this language caused some readers to view the test as requiring a mathematical certainty with specifically measurable statistical significance over the life of the grant and tax programs, or measured with respect to specific amounts collected and paid out under the specific programs. Where we did impose a mathematical test in evaluating a tax program it was clearly spelled out in the 1993 rule, as it was with respect to the "indirect guarantee test" described at page 43182 of the 1993 rule. The rule was, however, never meant to bring

mathematical certainty into the positive correlation examination. We do not consider the current rule to signal a significant change in our analysis; rather, it clarifies our interpretation of the statutory term “positive correlation.” We will continue to evaluate health care related tax programs to determine whether there is a positive correlation with a state payment program.

G. Hold Harmless § 433.68(f)(2)—Medicaid Payment Test

Comment: Many commenters argued that, by prohibiting States from conditioning Medicaid payment on receipt of the tax, the proposed rule would prevent the State from using the tax to reimburse providers. These commenters stated that Congress clearly intended provider taxes to be used for purposes of Medicaid reimbursement purposes. The commenters noted that section 1903(w)(4) of the Social Security Act specifies that the hold harmless provisions “shall not prevent use of the tax to reimburse health care providers in a class for expenditures under this title nor preclude States from relying on such reimbursement to justify or explain the tax in the legislative process.”

Response: We agree States can use permissible health care related tax revenues to increase Medicaid reimbursement rates. However, section 1903(w)(4) of the Act specifies three conditions under which a State or local government is determined to hold taxpayers harmless for their tax costs. If any of these conditions are met the tax program would be determined to have a hold harmless provision and the tax would be impermissible. The final rule does not change the conditions of the hold harmless provisions under Federal law. Consistent with these provisions, where a Medicaid payment is conditional on receipt of health care related taxes, we would view the Medicaid payment to be, in part or in full, the repayment of the health care related tax to repay the taxes in a hold harmless arrangement rather than as a protected reimbursement for cost of Medicaid services.

Comment: Several commenters stated that by expressly conditioning Medicaid payments on the tax amount, States are explicitly explaining how the tax is being used for Medicaid reimbursement as part of the legislative process. The commenters believe that it is reasonable to condition payment on the approval and receipt of the tax and to not do so would be fiscally irresponsible. The State would be obligated to make payments without having a funding source to finance them

and without conditioning States would not be able to adopt tax programs. Other commenters noted that health care providers are reluctant to support taxes unless there is an explicit assurance that the revenues from the taxes will be dedicated to increasing Medicaid payments and that State legislatures are reluctant to increase Medicaid liabilities with the ability to make them contingent on the funding source.

Response: There is a distinction between using health care related tax revenues to support Medicaid payments and specifically guaranteeing repayment of some or all of the tax amount or otherwise ensuring a direct correlation between payments to taxpayers and the amount of their taxes. States have and continue to maintain the ability to justify the imposition of a health care related tax by indicating through the State legislative process that proceeds from the health care related tax will be used to increase Medicaid reimbursement and that such funding must be approved by CMS. However, the statute is very clear that health care related taxes cannot contain hold harmless arrangements and any failure to comply with any of the three hold harmless “tests” would render a health care related tax impermissible. There is a distinct difference between explaining a health care related tax and its purposes through the legislative process and extending conditional guarantees to provider taxpayers. States must ensure that no payment is conditioned upon receipt of a health care related tax payment.

Comment: A few commenters requested that CMS clarify preamble language related to State use of tax proceeds and federal match to increase Medicaid rates in the form of Medicaid supplemental payments. The commenters believe that this should not prohibit States from using tax proceeds and federal match to increase Medicaid rates in the form of Medicaid per diem add-ons or rate supplements.

Response: Section 1903(w)(4) expressly provides that States may use permissible tax revenues to fund provider payments for covered services furnished to eligible individuals. This provision does not authorize States to use tax revenues for a hold harmless arrangement that effectively repays provider taxpayers. In other words, the payment methodology related to such increases to Medicaid reimbursement rates must be designed in a manner that recognizes the volume or nature of the covered services provided to Medicaid individuals, and cannot be related simply to the amount of tax proceeds.

Comment: Several commenters disagreed with any suggestion that a Medicaid payment increase funded by tax revenue is necessarily uneconomical, because the funding source of the payment is irrelevant to rate development. The commenters stated that Congress rejected the position that, because provider taxes reduced actual expenditures made by the State, the amount of the provider tax should be deducted from total State spending so that only “real” or “net” State expenditures would be matched. One commenter stated that the proposed rule would interfere with permissible taxation by presupposing that rates explicitly supported by tax revenue are too high and therefore not economical.

Response: These commenters appear to have misread the preamble of the proposed rule. We agree that States may collect permissible health care related taxes, and may use those tax revenues as a source of non-federal share funding for Medicaid payments to health care providers. Our specific concern is when the Medicaid payments are conditional on payment of the taxes. In that instance, the Medicaid payment is not linked to any rate-setting determination based on the cost or volume of services. Instead, the Medicaid payment is in the nature of a hold harmless arrangement to return all or part of the tax liability to the taxpayer. We are clarifying the Medicaid payment test to provide that a Medicaid payment will be considered to vary based on the tax amount when the payment is conditional on the tax payment. This clarification would only affect States that seek to use rates that are based on the receipt of provider taxes rather than on overall provider cost. In other words, the final regulation rule would limit the ability of States to expressly condition payment rates on tax receipts rather than on a process that determines rates that are consistent with efficiency, economy and quality of care in compliance with section 1902(a)(30)(A) of the Act.

Comment: A few commenters disagreed with the definition of enhanced Medicaid payment as a payment for which any branch of government has indicated that the payment can be reduced or eliminated if the provider tax is discontinued. The commenters were concerned that CMS is asserting that this would represent a structural repayment of the tax and violates hold harmless provisions. The commenters disagreed with this position.

Response: The phrase “enhanced Medicaid payments” relates to the second prong of the indirect hold harmless test (“75/75 test”). This test

stipulates that if a health care related tax exceeds the regulatory percentage threshold, CMS would consider a hold harmless to exist if 75 percent or more of the taxpayers in the class receive 75 percent or more of their total tax back in enhanced Medicaid payments or other State payments. We clarified that if a State ever had to provide a demonstration for purposes of the “75/75 test” we may consider any amount that any branch of the State, including legislative and executive branch, has indicated could be subject to reduction in the absence of provider tax revenues as an enhanced Medicaid payment. This comparison is between Medicaid payments and tax costs and we were not asserting in this instance that this would be a structural repayment. We were clarifying that, for purposes of the “75/75 test”, payments which would no longer be provided if the tax funding source were eliminated, would be considered enhanced Medicaid payments, even if the State did not characterize them as such.

Comment: Several commenters stated that eliminating conditional Medicaid payments would undermine provider support for health care related taxes. The commenters asserted that assurances that provider tax revenue will be used for a specific category of Medicaid expenditures is not equivalent to holding taxpayers harmless for the cost of the tax.

Response: States have and continue to maintain the ability to justify the imposition of a health care related tax by indicating through the State legislative process that proceeds from the health care related tax will be used to increase Medicaid reimbursement and that such funding must be approved by CMS. However, the statute is very clear that health care related taxes cannot contain hold harmless arrangements and any failure to comply with any of the three hold harmless “tests” would render a health care related tax impermissible. There is a distinct difference between explaining a health care related tax and its purposes through the legislative process and extending conditional guarantees to repay provider taxpayers. We recognize that high volume Medicaid providers could benefit from a health care related tax that funds a Medicaid rate increase, however, States must ensure that no payment is conditioned upon receipt of a health care related tax payment.

Comment: Several commenters stated that the definitions of “tax amount” and “payment amount” in the proposed rule are too broad. One commenter argued that the shift in terminology in § 433.68(f)(2) from “amount of the total

tax payment” to “tax amount” represents a significant departure from the statutory and prior regulatory language.

Response: As explained in the preamble to the proposed rule, the change in terminology is not a substantive change from what was intended in the original 1993 rule. We are using the terms “tax amount” and “payment amount” throughout the new rule in an effort to be consistent. We have found that the use of differing terms in the various sections of the 1993 rule has led to some confusion. Accordingly, we consolidated the terms “total tax cost,” “total tax payment,” “amount of the payment,” “amount of such tax” into the terms “tax amount” and “payment amount” to be used in each section of the hold harmless rule. We explained our reasoning at more length in the proposed rule and believe that reasoning remains valid (72 FR 13729, 13730). This does not represent a significant departure from prior statutory or regulatory language. It clarifies that we are not looking at the total amount of the tax payment received by the state, but we will be looking at the tax program as a whole, including whether taxpayers are being held harmless for increments of the tax. With respect to subsection (f)(2) this means that we will look at whether any portion of the Medicaid payments made by the state to providers, varies based upon the health care related tax levied upon the providers. The “tax amount” is the amount of the tax levied upon the provider (either directly, or indirectly).

Comment: Several commenters stated that the phrase “including where Medicaid payment is conditional on receipt of the tax amount” is problematic. Some commenters noted that the proposed language would appear to have the effect of prohibiting States from enforcing tax obligations on delinquent providers through intercept of Medicaid payments. Another commenter expressed concern that this would prohibit States from requiring overdue taxes as a condition for payments due to a taxpayer. Other commenters stated that it may result in situations where health provider taxes that are statutorily established in a manner that complies with the broad based and uniformity requirements of the statute cannot be enforced.

Response: This regulation does not prevent State enforcement of the collection of health care related taxes. It is the State’s obligation to ensure that any health care related tax program is collected in a manner consistent with legislation enacting the health care related tax program and any approved

waiver of the broad-based and/or uniformity requirements. To suggest that the phrase “including where Medicaid payment is conditional on receipt of the tax amount” would prohibit States from enforcing tax obligations on delinquent health care providers is erroneous. If States do not enforce the proper collection of the health care related tax, the State is at risk of violating statutory broad-based and/or uniformity requirements which could render the entire tax program and its collections impermissible.

Comment: A few commenters specified that the word “total” is critical within the Medicaid payment test because a Medicaid payment that varies based on the Medicaid portion of the tax is permissible. The commenters stipulated that only a Medicaid payment that varies based on the total provider tax amounts constitutes a hold harmless. Other commenters stated that the portion of a provider’s health care-related tax payment attributable to Medicaid services is an allowable cost, and Medicaid reimbursement may be furnished for it. The commenters recommended that the word “total” be restored.

Response: The regulation specifies that a hold harmless arrangement exists if all or any portion of the Medicaid payment varies based only on the amount of the tax payment. The removal of the word total does not represent a significant departure from prior statutory or regulatory language. As explained in the preamble to the proposed rule, the change in terminology is not a substantive change from what was intended in the original 1993 rule. We are using the terms “tax amount” and “payment amount” throughout the new rule in an effort to be consistent. We have found that the use of differing terms in the various sections of the 1993 rule has led to some confusion. Accordingly, we consolidated the terms “total tax cost,” “total tax payment,” “amount of the payment,” “amount of such tax” into the terms “tax amount” and “payment amount” to be used in each section of the hold harmless rule. We explained our reasoning at more length in the proposed rule and believe that reasoning remains valid (72 FR 13729, 13730). This was intended to clarify that we are not looking simply at the total amount of the tax payment received by the state, but will be looking at the tax program as a whole, including whether tax payers are being held harmless for increments of the tax.

Comment: One commenter suggested that supplemental payments should be permitted to be paid to those providers

who are providing Medicaid services based on receipt of provider taxes.

Response: Generally, States can collect permissible taxes and use such tax receipts as the non-federal share to make supplemental payments for the provision of Medicaid services. However, a hold harmless arrangement exists when States seek to use reimbursement rates that are based solely on the receipt of health care related taxes and effectively repay the taxpayer (such as supplemental Medicaid payments conditioned on receipt of a health care related tax payment), rather than on overall health care provider costs. The clarifications in this rule are necessary to ensure that Medicaid payments are not made simply to repay providers for the cost of the health care related tax beyond Medicaid's allowable share, but also to ensure the integrity of the development of sound Medicaid payment rates in compliance with the requirements of section 1902(a)(30) of the Act.

*H. Hold Harmless 433.68(f)(3)—
Guarantee Test*

Comment: Numerous commenters asked for clarification of the proposed interpretation of the phrase “direct and indirect” in the guarantee test, and should confirm that use of provider tax receipts to increase Medicaid rates for or to enhance the Medicaid rate methodology applicable to the taxed provider class is not prohibited.

Response: The clarification of the guarantee test is meant to specify that a State can provide a direct or indirect guarantee through a direct or indirect payment. A direct guarantee will be found when a State payment is made available to a taxpayer or a party related to the taxpayer with the reasonable expectation that the payment would result in the taxpayer being held harmless for any part of the tax (through direct or indirect payments). A direct guarantee does not need to be an explicit promise or assurance of payment. Instead, the element necessary to constitute a direct guarantee is the provision for payment by State statute, regulation, or policy. An indirect guarantee is distinct from a direct guarantee in that such guarantee is initially measured by a percentage threshold that limits tax collections to 5.5 percent of net patient revenue attributable to the assessed service. States collecting a tax in excess of 5.5 percent of assessed patient service revenue must perform the second prong of the hold harmless test to demonstrate permissibility.

Comment: A few commenters expressed concern that CMS has taken

too broad a view in stating that monies “controlled or influenced by the state” will be considered in applying the guarantee test in § 433.68(f)(1).

Response: The language of concern to these commenters appears in the preamble to the proposed rule. In the preamble we provided an illustration of how a health care related tax and grant program could be found to violate both the positive correlation test and the guarantee test. We believe that discussion accurately reflects existing statutory provisions governing health care related taxes. The specific language of concern to the commenters appears in a discussion of problematic indirect payments that States may make to taxpayers. The preamble notes that “money is fungible and, as long as the payment is from a source controlled or influenced by the State, it will be considered in determining whether it has been made available for the tax.” In evaluating whether the state has made monies available to hold providers harmless for any portion of a health care related tax, it makes little difference which part of the state treasury makes the funds available to the taxpayer, or if the state monies are funneled through some other third party, because all State monies are fungible. For example, it would be impermissible for the state to impose a nursing home bed tax to be paid to the state Medicaid agency and have the Governor's office control a separate grant payment designed to reimburse private pay residents for the amount of the tax passed on to them by the nursing homes. Even though the state may argue these are separate funding sources, CMS would consider all of the money state money and would consider the positive correlation between the two programs a violation of the hold harmless provisions. Similarly, States will not be permitted to recycle monies through third parties, by making payments to such third parties and requiring that the money be used to reimburse taxpayers for any portion of their health care related tax. This is the point the preamble was trying to address when it embraced payments “influenced by the state.” However, we agree with the commenters that “influenced by the state” is too broad a term. We believe “controlled or directed by the state” is a more accurate description of the types of payments that will be considered in evaluating whether an impermissible hold harmless arrangement exists.

Comment: Several commenters stated that the term “reasonable expectation” under the guarantee test in § 433.68(f)(3) is too broad and/or subjective.

Response: In the preamble to the proposed rule we stated that “A direct guarantee will be found when a state payment is made available to a taxpayer or a party related to a taxpayer (for example as a nursing home resident is related to a nursing home), in the reasonable expectation that the payment would result in the taxpayer being held harmless for any part of the tax” (72 FR 13730). We chose to use the term reasonable expectation because we recognized that state laws were rarely overt in requiring that state payments be used to hold taxpayers harmless. For example, state laws providing grants to nursing home residents who incur increased rates as a result of bed taxes on nursing homes, rarely required the residents receiving the grants to actually use the money to pay the increased nursing home fees. Accordingly, arguments have been made that such grants do not actually guarantee to hold the nursing homes harmless for the tax. We disagree. Because the residents must pay the increased rates passed on to them as a result of the tax and because the state has made money available to those residents to pay those increased rates, it is reasonable to expect that the payments going to the nursing home residents will promptly be sent to the nursing home as resident fee payments. This would result in a hold harmless for the nursing home. The only way to avoid this conclusion would be for the resident to leave the facility and/or not pay the rate increase. Therefore, we do not believe the use of the term reasonable expectation is overly broad or vague.

Comment: Several commenters stated that collection of unpaid provider taxes by withholding amounts of Medicaid payments due under the new rule would constitute a hold harmless because it would cause the Medicaid payment to be contingent on the payment of the tax.

Response: Withholding Medicaid payments to health care providers who have not paid their taxes would not constitute a hold harmless arrangement. This is a matter of State enforcement. States are, by themselves, obligated to ensure that any health care related tax is collected in a manner consistent with Federal law, authorizing State legislation and if applicable any CMS approved waiver of the broad-based and/or uniformity requirements. Typically, such enforcement provisions are authorized through the health care related tax's enacting legislation and are identified as enforcement collection provisions and/or penalties.

Comment: A few commenters disagreed with CMS' assertion in the

proposed rule that the direct and indirect tests differ on the kind of payment involved. The commenters stated that there is no basis for this distinction.

Response: A direct guarantee will be found when a State payment is made available to a taxpayer or a party related to the taxpayer in the reasonable expectation that the payment would result in the taxpayer being held harmless for any part of the tax. An indirect guarantee is distinct from a direct guarantee in that such guarantee is initially measured by a percentage threshold that limits tax collection to 5.5 percent of patient revenue attributable to the assessed service. States collecting a tax in excess of 5.5 percent of assessed patient service revenue must perform the second prong of the hold harmless test to demonstrate permissibility.

Comment: A few commenters indicated that they do not object to CMS' proposal to the direct guarantee test to clarify that payment to a taxpayer may be indirect. Nor do they disagree with CMS that, under the amended language, a grant or benefit to private pay patients or residents could be considered an indirect payment to the taxpayer for purposes of the "direct guarantee."

Response: We appreciate the support to ensure the fiscal integrity of the Medicaid program. Clarifying our current regulations helps us achieve this goal.

I. Hold Harmless 433.68(f)(3)(i)—Indirect Guarantee

Comment: One commenter stated that, in implementing the indirect percentage threshold changes as mandated by Congress, CMS went beyond the legislative directive by further amending the regulatory text to specify that the percentage threshold applied to net operating revenues. The commenter argued CMS' position that the safe harbor percentages are restricted to net revenue is not supported in the legislative history. The commenter believes that States should be permitted to interpret the phrase "revenue received by providers" as either gross or net revenue.

Response: The phrase "revenues received by the taxpayer," has been interpreted by CMS to be, the net patient service revenue, received by the health care provider. This would include all revenues received from all payers for providing the particular service that is assessed by the State and would not include revenues unrelated to the service being assessed. In addition, the safe harbor percentage

originally created by the 1992 interim rule was never addressed in the statutory language and therefore would not be addressed in any legislative history. However, the legislative history clearly demonstrates that Congress requires CMS to evaluate the permissibility of a health care related tax on a per service basis, as the 1991 law separately identified permissible classes of health care items or services. Finally, we believe that the phrase "net operating revenue" used in the regulatory text may have caused confusion. We have altered the final regulation to refer to net patient service revenue.

Comment: One commenter specified that under the proposed broad interpretation of the Medicaid payment hold harmless provision, CMS can find a violation in any situation where provider tax revenues are used to make Medicaid payments to taxed providers. The commenter argued that the impact of this results in the omission of the "indirect guarantee test", whose importance was affirmed by Congress in the Tax Relief and Health Care Act of 2006.

Response: As we have mentioned earlier, this regulation carries out the purposes originally outlined in the Medicaid Voluntary Contribution and Provider Specific Tax Amendments of 1991 (Pub. L. 102-234) and the implementing regulations, by prohibiting FFP for health care related taxes where the State has implemented a hold harmless provision. It has not been our intent to expand the test for determining when an impermissible hold harmless arrangement exists beyond the original purposes underlying the 1993 rules. We are not aware of any State health care related tax programs that would have been permissible under the Secretary's prior interpretation of the rules but are no longer permissible under this regulation. Therefore, we do not agree that we have nullified the indirect guarantee test that the commenter argues was reaffirmed by Congress.

IV. Provisions of the Final Regulations

As a result of our review of the comments we received during the public comment period, as discussed in section III of this preamble, we are making the following revisions to the proposed regulation published on January 18, 2007.

Section 433.56 Classes of Health Care Services and Providers Defined

We have modified the regulation at § 433.56(a)(4) to return to the original regulatory language. The regulation has

been revised to re-incorporate that similar services furnished by community-based residences for the mentally retarded, under a waiver under section 1915(c) of the Act, in a State in which, as of December 24, 1992, at least 85 percent of such facilities were classified as ICF/MRs prior to the grant of the waiver can be included in the permissible class of health care items or services. CMS has modified the regulation to recognize that one State qualifies under this narrow exception.

Section 433.68 Permissible Health Care-Related Taxes

We have modified the phrase "net operating revenues" in § 433.68(f)(3)(i) to more accurately reflect that the base to which tax collections are applied for purposes of the indirect hold harmless threshold (i.e., net patient service revenue). Further, in response to comments we have clarified that revenues received by the taxpayer refers to the net patient revenue attributable to the assessed permissible class of health care items or services.

To increase clarity and ensure implementation of the governing statutory provision, we are also removing § 433.68(f)(3)(ii) as a technical conforming action. This section is outdated and no longer has any applicability.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35.)

VI. Regulatory Impact Analysis

A. Overall Impact

We have examined the impact of this regulation as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), 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), Executive Order 13132 on Federalism, and the Congressional Review Act (5 U.S.C. 804(2)).

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). This regulation will surpass the economic threshold and is considered a major rule. This rule is estimated to reduce Federal Medicaid outlays by \$85 million in FY 2008 and by \$115 million per year in FY 2009 through FY 2011.

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 small governmental jurisdictions. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6 million to \$29 million in any 1 year. Individuals and States are not included in the definition of a small entity. We are not preparing an analysis for the RFA because the regulation will not have a direct impact on small entities. In this case the regulation directly affects payments the States receive from the Federal government and the impact on health care facilities is categorized as secondary impact.

While the impact on health care facilities is secondary, we proceed to discuss the potential impact on small entities. First, the reduced health care related tax collection threshold under this regulation will help alleviate tax burdens on small health care facilities, to the extent they were subject to a health care-related tax. If States choose to maintain reimbursement rates, small health care facilities may receive higher net Medicaid reimbursement in light of the reduced tax burden. However, States may be unwilling to maintain reimbursement rates without the full revenue from the health care-related tax to contribute to the non-Federal share. If States choose to reduce Medicaid reimbursement rates to small health care facilities, this could result in lower net Medicaid reimbursement even after accounting for a reduction in the tax burden.

Since we are uncertain how States will alter their Medicaid reimbursements in response to the reduced health care related tax collection threshold, we cannot provide an exact and quantifiable impact on such small entities. We did not receive any quantifiable information during the public comment process to determine any further detailed impact. Commenters did not raise issue with the collection threshold reduction. Nor did

the commenters indicate how States will act in response to such reduction in available health care related tax revenue. It is important to note that not all health care related tax programs will be impacted. Only those health care related taxes that are currently being imposed at a rate in excess of 5.5 percent of net patient service revenue will be directly impacted.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a regulation may have a direct impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds. We are not preparing an analysis for section 1102(b) of the Act because we have determined that this regulation will not have a direct impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any regulation 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 regulation will not result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$120 million.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a final regulation that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. While this regulation would reduce the collection threshold for permissible health care related taxes from 6 percent of the net patient service revenue attributable to the assessed permissible class of health care items or services to 5.5 percent of the net patient service revenue, this change is required by section 403 of the Tax Relief and Health Care Act of 2006. This section of the statute was self-implementing on December 20, 2006; however, this rulemaking is necessary to include the reduction in the regulatory text, therefore ensuring consistency with applicable law and thus minimizing any confusion. Furthermore, we do not believe the discretionary requirements put in place by this rulemaking will

impose substantial direct requirements or costs on State and local governments.

B. Anticipated Effects

Provider Tax Reform

1. Effects on State Medicaid Programs

Estimates of the impact of lowering the maximum collection threshold for permissible health care related taxes, fees, and assessments were derived from Medicaid financial management reports on State receipts from these programs (form CMS-64.11). Since we do not believe that all States report completely their tax receipts from health care-related taxes on the form CMS-64.11, we bolstered our estimates by also analyzing information reported by some States as part of their request for waiver of the broad-based and/or uniformity requirements. These requests include estimated total tax collections and total net revenues received by taxpayers applicable to a permissible class of health care services. From this available information, we identified 15 States whose receipts as of the date of the reports are believed to equal the maximum threshold of 6 percent of net patient service revenue. In accordance with the new statutory language to reduce the maximum threshold from 6 to 5.5 percent, FFP corresponding to these receipts would be reduced by 8.33 percent $[(1 - 5.5/6.0) \times 100]$. As described below, there are a number of avenues available for States to address these reductions. Accordingly, in estimating the potential Federal savings, we applied a behavioral offset of 50 percent to the savings calculated from reported data as described above. In accordance with the statute, savings were estimated only for portions of fiscal years beginning January 1, 2008 and ending September 30, 2011.

States have a number of options open to them for addressing the reduction in FFP. In order to maintain existing reimbursement rates funded by a health care related tax in excess of the 5.5 percent threshold, they can restructure State spending and shift funds between programs. This could result in loss of State funding for other programs. States may also be able to raise funds through increases in other forms of generally applicable tax revenue increases. This could raise tax costs for other taxpaying entities within States. Finally, States, as a last resort, can reduce reimbursement to the taxpaying health care providers.

We are uncertain which options States may employ to address this change. We did not receive any further quantifiable information through the public comment process that would indicate which option States are likely

to choose in response to such reduction in available health care related tax revenue.

2. Effects on Other Providers

The reduced tax limit in this rule will help alleviate health care related tax burdens on health care providers for obligations to the Medicaid program that are otherwise the responsibility of the States. However, if States choose to reduce reimbursement rates to health care providers, this could result in

lower net Medicaid reimbursement for the health care provider even after accounting for reduction in the health care related tax burden. On the other hand, if States choose to maintain reimbursement rates by finding other non-Federal share sources to support the Medicaid reimbursement rates, health care providers may receive higher net Medicaid reimbursement in light of the reduced health care related tax burden.

The new statutory language reducing the maximum threshold from 6 to 5.5 percent for the period of January 1, 2008 through September 30, 2011 is estimated to reduce Federal Medicaid outlays by \$85 million in FY 2008 and by \$115 million per year in FY 2009 through FY 2011. These savings will not be realized in 2012 because the threshold reverts back to 6 percent after September 30, 2011.

TABLE A.—ESTIMATED REDUCTION IN FEDERAL MEDICAID OUTLAYS RESULTING FROM THE PROVIDER TAX REFORM PROPOSAL BEING IMPLEMENTED BY CMS-2275-F

	Reduction in Federal Medicaid Outlays for fiscal years 2008–2012 (In \$ million)					
	2008	2009	2010	2011	2012	Total
Provider Tax Reform	85	115	115	115	0	430
3% discount rate	83	108	105	102	0	398
7% discount rate	79	100	94	88	0	361

C. Alternatives Considered

In developing this regulation the following alternatives were considered. We considered reducing the regulatory collection threshold to 3 percent because we have noticed a recent trend in States' efforts to maximize non-Federal share funding opportunities under current Medicaid law through taxation of health care providers.

The result has been that the Federal government is providing matching funds on Medicaid rate increases that are funded without additional State dollars but instead, with revenues collected from taxes on health care providers. This shift in fiscal responsibilities is typically accompanied by creative payment mechanisms that effectively place a disproportionate burden on the Medicaid program relative to other payers. In this way, some States are avoiding their payment responsibilities to the Medicaid program by shifting their share of the increased Medicaid payment rate obligations to the same health care providers serving Medicaid beneficiaries.

The current trend in States' approach to taxing health care providers appears to start with a determination of the maximum amount of health care-related tax revenue that can be collected from health care providers. We have seen this particularly in State health care-related tax programs targeting high Medicaid utilized services solely as the basis for increasing Medicaid rates to those same providers. States appear to be exercising their ability under the law to request waivers of the broad based and/or

uniformity requirements of the health care-related tax law in an effort to minimize the tax burden on facilities that furnish little to no services to Medicaid patients. Although we would only approve such a waiver request within the allowable regulatory standards, States requesting the waivers continue to propose taxes that collect the maximum 6 percent limit and vary the rate of tax to minimize the tax burden on non-Medicaid facilities within the slightest margin allowable under current regulations. Most waiver requests are initially submitted applicable to a tax structure that is inconsistent with the Federal statute and regulations. This requires CMS to provide ongoing feedback and assistance to States. States ultimately deviate from their initial tax structure until they are able to reach an optimal tax structure that enables them to gain approval while minimizing the non-Medicaid tax burden.

Through our review of these practices, we have also noticed that many States are applying the current statutory and regulatory authority that permits the exclusion of Medicare revenue from a health care-related tax, which effectively raises the rate of tax on only the Medicaid revenues and commercial/private pay revenues above the aggregate 6 percent limit (measured on all payers' revenues). We have also seen an increase in the tax revenues collected through our examination of the revenues reported by States on the CMS 64.11A. Based on a review of quarterly expenditures, States reported the

collection of over \$2.2 billion in tax revenues from health care providers.

However, since the Tax Relief and Health Care Act of 2006 reduced the regulatory threshold to 5.5 percent, none of the above mentioned alternatives were taken.

With respect to the other changes contained in this final rule, we considered and rejected a possible exception for already approved health care-related tax programs. Such an exception would not be uniform and would not achieve the objective of ensuring that health care-related taxes did not effectively shift a disproportionate burden to the Federal government. Because these clarifications reflect the understanding of permissible classes and how the hold harmless provisions should apply that CMS has been applying in ongoing reviews, CMS is not aware of any approved tax programs that is not in compliance with the final rule.

D. Accounting Statement and Table

As required by OMB Circular A-4 (available at <http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf>), in the table below, we have prepared an accounting statement showing the classification of the expenditures associated with the provisions of this final regulation. This table provides our best estimate of the reduction in Federal Medicaid outlays for the years 2008 through 2012 as a result of the changes presented in this final regulation. This regulation only affects transfer payments between the Federal government and State governments.

TABLE NUMBER B.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED REDUCTION IN MEDICAID OUTLAYS FROM FY 2008 TO FY 2012

[In millions]

Category	Transfers	
	3% Units discount rate	7% Units discount rate
Annualized monetized transfers	\$87.0	\$88.0
From whom to whom?	States to Federal Government	

E. Conclusion

Due to the reduction in the statutory language lowering the maximum threshold from 6 to 5.5 percent this rule is estimated to reduce Federal Medicaid outlays by \$85 million in FY 2008 and by \$115 million per year in FY 2009 through FY 2011.

For these reasons, we are not preparing analysis for either the RFA or section 1102(b) of the Act because we have determined that this regulation will not have a direct significant economic impact on a substantial number of small entities or a direct significant impact on the operations of a substantial number of small rural hospitals.

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

List of Subjects in 42 CFR Part 433

Administrative practice and procedure, Child support, Claims, Grant programs—health, Medicaid, Reporting and recordkeeping requirements.

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

PART 433—STATE FISCAL ADMINISTRATION

■ 1. The authority citation for part 433 continues to read as follows:

Authority: Sections 1902(a)(2), 1903(a) and 1903(w) of the Social Security Act (42 U.S.C. 1302).

Subpart B—General Administrative Requirements State Financial Participation

■ 2. Section 433.54 is amended by revising paragraph (c) to read as follows:

§ 433.54 Bona fide donations.

* * * * *

(c) A hold harmless practice exists if any of the following applies:

(1) The State (or other unit of government) provides for a direct or indirect non-Medicaid payment to those providers or others making, or

responsible for, the donation, and the payment amount is positively correlated to the donation. A positive correlation includes any positive relationship between these variables, even if not consistent over time.

(2) All or any portion of the Medicaid payment to the donor, provider class, or related entity, varies based only on the amount of the donation, including where Medicaid payment is conditional on receipt of the donation.

(3) The State (or other unit of government) receiving the donation provides for any direct or indirect payment, offset, or waiver such that the provision of that payment, offset, or waiver directly or indirectly guarantees to return any portion of the donation to the provider (or other parties responsible for the donation).

* * * * *

■ 3. Section 433.56 is amended by—

A. Republishing the introductory text to paragraph (a).

■ B. Revising paragraph (a)(4).

■ C. Revising paragraph (a)(8).

The revisions read as follow:

§ 433.56 Classes of health care services and providers defined.

(a) For purposes of this subpart, each of the following will be considered as a separate class of health care items or services:

* * * * *

(4) Intermediate care facility services for the mentally retarded, and similar services furnished by community-based residences for the mentally retarded, under a waiver under section 1915(c) of the Act, in a State in which, as of December 24, 1992, at least 85 percent of such facilities were classified as ICF/MRs prior to the grant of the waiver;

* * * * *

(8) Services of managed care organizations (including health maintenance organizations, preferred provider organizations);

* * * * *

§ 433.57 [Amended]

■ 4. Section § 433.57 is amended by—

■ A. Removing paragraph (a).

■ B. Redesignating existing paragraphs (b) and (c) as paragraphs (a) and (b), respectively.

§ 433.58 [Removed and reserved]

■ 5. Section 433.58 is removed and reserved.

§ 433.60 [Removed and reserved]

■ 6. Section 433.60 is removed and reserved.

■ 7. Section 433.66 is amended by—

■ A. Revising the section heading.

■ B. Revising paragraph (a).

The revisions read as follows:

§ 433.66 Permissible provider-related donations.

(a) *General rule.* (1) Except as specified in paragraph (a)(2) of this section, a State may receive revenues from provider-related donations without a reduction in FFP, only in accordance with the requirements of this section.

(2) The provisions of this section relating to provider-related donations for outstationed eligibility workers are effective on October 1, 1992.

* * * * *

■ 8. Section 433.67 is amended by revising paragraph (a)(2) to read as follows:

§ 433.67 Limitations on level of FFP for permissible provider-related donations.

(a) * * *

(2) *Limitations on donations for outstationed eligibility workers.* Effective October 1, 1992, the maximum amount of provider-related donations for outstationed eligibility workers, as described in § 433.66(b)(2), that a State may receive without a reduction in FFP may not exceed 10 percent of a State's medical assistance administrative costs (both the Federal and State share), excluding the costs of family planning activities. The 10 percent limit for provider-related donations for outstationed eligibility workers is not included in the limit in effect through September 30, 1995, for health care-related taxes as described in § 433.70.

* * * * *

■ 9. Section 433.68 is amended by—

■ A. Revising the section heading.

■ B. Revising paragraph (a).

- C. Republishing paragraph (f) introductory text.
- D. Revising paragraphs (f)(1), (f)(2), (f)(3) introductory text, and (f)(3)(i).
- E. Removing and reserving paragraph (f)(3)(ii).
- The revisions read as follows:

§ 433.68 Permissible health care-related taxes.

(a) *General rule.* A State may receive health care-related taxes, without a reduction in FFP, only in accordance with the requirements of this section.

* * * * *

(f) *Hold harmless.* A taxpayer will be considered to be held harmless under a tax program if any of the following conditions applies:

(1) The State (or other unit of government) imposing the tax provides for a direct or indirect non-Medicaid payment to those providers or others paying the tax and the payment amount is positively correlated to either the tax amount or to the difference between the Medicaid payment and the tax amount. A positive correlation includes any positive relationship between these variables, even if not consistent over time.

(2) All or any portion of the Medicaid payment to the taxpayer varies based only on the tax amount, including where Medicaid payment is conditional on receipt of the tax amount.

(3) The State (or other unit of government) imposing the tax provides for any direct or indirect payment, offset, or waiver such that the provision of that payment, offset, or waiver directly or indirectly guarantees to hold taxpayers harmless for all or any portion of the tax amount.

(i)(A) An indirect guarantee will be determined to exist under a two prong "guarantee" test. If the health care-related tax or taxes on each health care class are applied at a rate that produces revenues less than or equal to 6 percent of the revenues received by the taxpayer, the tax or taxes are permissible under this test. The phrase "revenues received by the taxpayer" refers to the net patient revenue attributable to the assessed permissible class of health care items or services. However, for the period of January 1, 2008 through September 30, 2011, the applicable percentage of net patient service revenue is 5.5 percent. Compliance in State fiscal year 2008 will be evaluated from January 1, 2008 through the last day of State fiscal year 2008. Beginning with State fiscal year 2009 the 5.5 percent tax collection will be measured on an annual State fiscal year basis.

(B) When the tax or taxes produce revenues in excess of the applicable percentage of the revenue received by the taxpayer, CMS will consider an indirect hold harmless provision to exist if 75 percent or more of the taxpayers in the class receive 75 percent or more of their total tax costs back in enhanced Medicaid payments or other State payments. The second prong of the indirect hold harmless test is applied in the aggregate to all health care taxes applied to each class. If this standard is violated, the amount of tax revenue to be offset from medical assistance expenditures is the total amount of the taxpayers' revenues received by the State.

(ii) [Reserved]

§ 433.70 [Amended]

- 10. Section 433.70 is amended by—
- A. Revising the section heading.
- B. Removing paragraph (a)(1).
- C. Removing the paragraph designation for existing paragraph (a)(2).
- The revised heading reads as follows:

§ 433.70 Limitation on level of FFP for revenues from health care-related taxes.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: October 23, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: December 3, 2007.

Michael O. Leavitt,

Secretary.

Editorial Note: This document was received at the Office of the Federal Register on February 15, 2008.

[FR Doc. E8-3207 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

Final Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Final rule.

SUMMARY: Base (1% annual chance) Flood Elevations (BFEs) and modified BFEs are made final for the communities listed below. The BFEs and modified BFEs are the basis for the floodplain management measures that each community is required either to

adopt or to show evidence of being already in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

DATES: The date of issuance of the Flood Insurance Rate Map (FIRM) showing BFEs and modified BFEs for each community. This date may be obtained by contacting the office where the maps are available for inspection as indicated on the table below.

ADDRESSES: The final BFEs for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the table below.

FOR FURTHER INFORMATION CONTACT: William R. Blanton, Jr., Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-3151.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency (FEMA) makes the final determinations listed below for the modified BFEs for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Assistant Administrator of the Mitigation Directorate has resolved any appeals resulting from this notification.

This final rule is issued in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR part 67. FEMA has developed criteria for floodplain management in floodprone areas in accordance with 44 CFR part 60.

Interested lessees and owners of real property are encouraged to review the proof Flood Insurance Study and FIRM available at the address cited below for each community. The BFEs and modified BFEs are made final in the communities listed below. Elevations at selected locations in each community are shown.

National Environmental Policy Act. This final rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. An environmental impact assessment has not been prepared.

Regulatory Flexibility Act. As flood elevation determinations are not within the scope of the Regulatory Flexibility Act, 5 U.S.C. 601-612, a regulatory flexibility analysis is not required.

Regulatory Classification. This final rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866 of September 30,

1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 13132, Federalism. This final rule involves no policies that have federalism implications under Executive Order 13132.

Executive Order 12988, Civil Justice Reform. This final rule meets the applicable standards of Executive Order 12988.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

■ Accordingly, 44 CFR part 67 is amended as follows:

PART 67—[AMENDED]

■ 1. The authority citation for part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.11 [Amended]

■ 2. The tables published under the authority of § 67.11 are amended as follows:

Flooding source(s)	Location of referenced elevation	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground Modified	Communities affected
Williamson County, Illinois, and Incorporated Areas Docket No.: FEMA B-7733 & D-7816			
Campground Creek	Where Main Street crosses over Campground Creek	+423	Unincorporated Areas of Williamson County.
	490 feet upstream of Main Street	+424	
	1090 feet upstream of Edgewood Park	+428	
	1160 feet upstream of Edgewood Park	+428	
Crab Orchard Creek	200 feet upstream of Fosse Road	+417	Unincorporated Areas of Williamson County.
	Just Downstream of State Highway 13	+430	
East Fork Campground Creek	Where Main Street crosses East Fork Campground Creek	+423	Unincorporated Areas of Williamson County.
	865 feet upstream of Belinda Road	+426	
Lake Creek	Where Prosperity Road crosses Lake Creek	+402	Unincorporated Areas of Williamson County.
	650 feet upstream of Newton Avenue	+410	
West Fork Campground Creek.	Confluence with Campground Creek	+424	Unincorporated Areas of Williamson County.
	25 feet downstream of Honeysuckle Lane	+424	
West Fork	Confluence with Westernaire Creek	+423	Unincorporated Areas of Williamson County.
Westernaire Creek	700 feet Downstream of Bainbridge Trail	+426	
Westernaire Creek	Where Main Street crosses over Westernaire Creek	+421	Unincorporated Areas of Williamson County.
	750 feet upstream of DeYoung Street	+432	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

ADDRESSES

Unincorporated Areas of Williamson County

Maps are available for inspection at Supervisor of Assessments Office, 200 West Jefferson, Marion, IL 62959.

Breckinridge County, Kentucky, and Incorporated Areas

Docket No.: FEMA-B-7726

Ohio River	Hancock County Boundary (Approximately 6,900 feet downstream of confluence with Clover Creek).	+407	City of Cloverport, Breckinridge County (Unincorporated Areas).
	Meade County Boundary (Approximately 7,400 feet upstream of confluence with Ohio River Tributary 1).	+418	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

ADDRESSES

City of Cloverport

Maps are available for inspection at 212 West Main Street, Cloverport, KY 40111.

Breckinridge County (Unincorporated Areas)

Maps are available for inspection at 111 West Second Street, Hardinsburg, KY 40143.

Flooding source(s)	Location of referenced elevation	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground Modified	Communities affected
Rutherford County, North Carolina and Incorporated Areas Docket No.: FEMA-D-7714			
Arrowood Branch	At the confluence with McKinney Creek	+708	Unincorporated Areas of Rutherford County.
	Approximately 0.7 mile upstream of the confluence with McKinney Creek.	+723	
Beaverdam Creek (near State Road 1733).	At the confluence with First Broad River	+1,035	Unincorporated Areas of Rutherford County.
	Approximately 600 feet upstream of Old C C Road (State Road 1731).	+1,449	
Big Camp Creek	At the confluence with Second Broad River	+862	Unincorporated Areas of Rutherford County.
	Approximately 970 feet upstream of Frog Creek Road	+984	
Big Horse Creek	At the confluence with Broad River	+697	Unincorporated Areas of Rutherford County.
	Approximately 1.1 miles upstream of State Line Road (State Road 2105).	+749	
Big Spring Branch	At the confluence with Second Broad River	+815	Town of Forest City.
	Approximately 230 feet downstream of East Trade Street ...	+974	
Bills Creek	At the confluence with Cove Creek	+868	Unincorporated Areas of Rutherford County, Town of Lake Lure.
	Approximately 1,300 feet upstream of Shumont Estates Drive.	+1,206	
Bills Creek Tributary 2	At the confluence with Bills Creek	+991	Unincorporated Areas of Rutherford County.
	Approximately 800 feet upstream of Brookside Parkway	+1,243	
Bills Creek Tributary 3	At the confluence with Bills Creek	+1,056	Unincorporated Areas of Rutherford County.
	Approximately 1.4 miles upstream of Bills Creek Road (State Road 1008).	+1,239	
Bowen Branch	At the confluence with Sandy Run	+865	Unincorporated Areas of Rutherford County.
	Approximately 1,300 feet upstream of Gene Walker Road (State Road 1763).	+875	
Box Creek	At the confluence with Second Broad River	+953	Unincorporated Areas of Rutherford County.
	Approximately 0.7 mile upstream of the confluence with Second Broad River.	+1,010	
Bracketts Creek	At the confluence with Floyds Creek	+781	Town of Forest City, Unincorporated Areas of Rutherford County.
	Approximately 490 feet upstream of Withrow Road	+973	
Bracketts Creek Tributary 5 ..	At the confluence with Bracketts Creek	+902	Town of Forest City.
	Approximately 0.4 mile upstream of South Church Street ...	+941	
Bracketts Creek Tributary 8 ..	At the confluence with Bracketts Creek	+955	Town of Forest City.
	Approximately 0.4 mile upstream of Oak Street	+980	
Brier Creek	At the confluence with First Broad River	+962	Unincorporated Areas of Rutherford County.
	Approximately 1,700 feet upstream of the confluence of Pot Branch.	+1,120	
Broad River	At the Rutherford/Cleveland County boundary	+680	Village of Chimney Rock, Town of Lake Lure, Unincorporated Areas of Rutherford County.
	At the Rutherford/Henderson County boundary	+1,411	
Broad River Tributary 6	At the confluence with Broad River	+694	Unincorporated Areas of Rutherford County.
	Approximately 1,700 feet upstream of Island Ford Road	+697	
Buck Branch (into Second Broad River).	At the confluence with Second Broad River	+818	Unincorporated Areas of Rutherford County, Town of Forest City.
	Approximately 300 feet downstream of West Trade Street ..	+949	
Buck Branch (into West Fork Sandy Run).	At the Rutherford/Cleveland County boundary	+801	Unincorporated Areas of Rutherford County.
	Approximately 0.7 mile upstream of Rutherford/Cleveland County boundary.	+820	

Flooding source(s)	Location of referenced elevation	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground Modified	Communities affected
Buffalo Creek (into Lake Lure).	At the confluence with Broad River	+998	Unincorporated Areas of Rutherford County, Town of Lake Lure.
	Approximately 7.0 miles upstream of confluence with the Broad River.	+2,818	
Buffalo Creek Tributary 1	At the confluence with Buffalo Creek (Lake Lure)	+1,192	Unincorporated Areas of Rutherford County, Town of Lake Lure.
	Approximately 2.3 miles upstream of Buffalo Creek Road (State Road 1314).	+2,795	
Cane Creek	At the confluence with Second Broad River	+855	Unincorporated Areas of Rutherford County.
	At the Rutherford/McDowell County boundary	+975	
Cane Creek (into Broad River).	At the confluence with Broad River	+693	Unincorporated Areas of Rutherford County.
	Approximately 0.5 mile upstream of the confluence with Broad River.	+694	
Cane Creek (into Lake Lure)	At the confluence with Broad River	+998	Unincorporated Areas of Rutherford County, Town of Lake Lure.
	Approximately 0.5 mile upstream of Girl Scout Camp Road (State Road 1186).	+1,354	
Catheys Creek	At the confluence with Second Broad River	+829	Unincorporated Areas of Rutherford County.
	Approximately 0.5 mile upstream of Thermal City Road (State Road 1321).	+1,051	
Catheys Creek Tributary 16 ..	At the confluence with Catheys Creek	+872	Unincorporated Areas of Rutherford County.
	Approximately 0.4 mile upstream of the confluence with Catheys Creek.	+878	
Cedar Creek	At the confluence with Cove Creek	+877	Unincorporated Areas of Rutherford County.
	Approximately 1,200 feet upstream of the confluence of Taylor Creek.	+1,154	
Cedar Creek Tributary 3	At the confluence with Cedar Creek	+1,032	Unincorporated Areas of Rutherford County.
	Approximately 0.9 mile upstream of the confluence with Cedar Creek.	+1,151	
Charles Creek	At the confluence with Cleghorn Creek	+755	Unincorporated Areas of Rutherford County.
	Approximately 0.5 mile upstream of the confluence with Cleghorn Creek.	+755	
Cherry Creek	At the confluence with Catheys Creek	+913	Unincorporated Areas of Rutherford County.
	Approximately 500 feet upstream of Railroad	+951	
Cleghorn Creek	At the confluence with Broad River	+755	Unincorporated Areas of Rutherford County, Town of Rutherfordton.
	Approximately 0.5 mile upstream of Reece Street	+953	
Cleghorn Creek Tributary 10	At the confluence with Cleghorn Creek	+865	Town of Rutherfordton.
	Approximately 50 feet downstream of West 3rd Street	+910	
Cleghorn Creek Tributary 11	At the confluence with Cleghorn Creek	+868	Town of Rutherfordton.
	Approximately 20 feet downstream of Laurel Drive	+1,041	
Cleghorn Creek Tributary 12	At the confluence with Cleghorn Creek	+892	Town of Rutherfordton.
	Approximately 0.8 mile upstream of the confluence with Cleghorn Creek.	+988	
Cleghorn Creek Tributary 13	At the confluence with Cleghorn Creek	+898	Town of Rutherfordton.
	Approximately 0.4 mile upstream of North Main Street/U.S. Highway 221.	+954	
Cleghorn Creek Tributary 7 ...	At the confluence with Cleghorn Creek	+795	Unincorporated Areas of Rutherford County, Town of Rutherfordton.
	Approximately 1,000 feet upstream of Hugh Street	+990	
Cleghorn Creek Tributary 9 ...	At the confluence with Cleghorn Creek	+832	Unincorporated Areas of Rutherford County, Town of Rutherfordton.
	Approximately 150 feet downstream of NC Highway 108	+886	

Flooding source(s)	Location of referenced elevation	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground Modified	Communities affected
Copper Mine Branch	At the confluence with Morrow Creek	+804	Unincorporated Areas of Rutherford County, Town of Forest City.
Cove Creek	Approximately 800 feet upstream of Fairview Street	+953	
	At the confluence with Broad River	+836	Unincorporated Areas of Rutherford County.
	Approximately 1.0 mile upstream of Painters Gap Road (State Road 1328).	+1,129	
Crawley Branch	At the confluence with Big Camp Creek	+936	Unincorporated Areas of Rutherford County.
	Approximately 1,800 feet upstream of the confluence with Big Camp Creek.	+947	
Dills Creek	At the confluence with Broad River	+714	Unincorporated Areas of Rutherford County.
	Approximately 0.8 mile upstream of the confluence with Broad River.	+716	
Duncans Creek	At the Rutherford/Cleveland County boundary	+914	Unincorporated Areas of Rutherford County.
	Approximately 2.2 miles upstream of Duncans Creek Road (State Road 1749).	+987	
East Branch Mountain Creek	At the confluence with Mountain Creek and West Branch Mountain Creek.	+823	Unincorporated Areas of Rutherford County.
	Approximately 350 feet downstream of Piney Knob Road (State Road 1331).	+981	
First Broad River	Approximately 1,000 feet downstream of the Rutherford/Cleveland County boundary.	+931	Unincorporated Areas of Rutherford County.
	Approximately 1,400 feet upstream of Golden Valley Church Road (State Road 1726).	+1,110	
Floyds Creek	At the confluence with Broad River	+699	Unincorporated Areas of Rutherford County.
	Approximately 500 feet upstream of Sunset Memorial Road (State Road 2179).	+941	
Frasheur Creek	At the confluence with Greasy Creek	+1,125	Unincorporated Areas of Rutherford County.
	At the Rutherford/McDowell County boundary	+1,152	
Goodes Creek	At the confluence with Broad River	+695	Unincorporated Areas of Rutherford County.
	Approximately 400 feet upstream of Island Ford Road	+695	
Grab Branch	At the confluence with Floyds Creek	+886	Unincorporated Areas of Rutherford County.
	Approximately 90 feet downstream of U.S. 221S Highway ..	+943	
Grab Branch Tributary 1	At the confluence with Grab Branch	+924	Unincorporated Areas of Rutherford County.
	Approximately 900 feet upstream of Burch Hutchins Road (State Road 2171).	+944	
Grays Creek	At the confluence with Broad River	+747	Unincorporated Areas of Rutherford County.
	Approximately 1.1 miles upstream of confluence with Broad River.	+762	
Greasy Creek	At the confluence with Cove Creek	+1,125	Unincorporated Areas of Rutherford County.
	At the Rutherford/McDowell County boundary	+1,153	
Grog Creek	At the Rutherford/Cleveland County boundary	+833	Unincorporated Areas of Rutherford County.
	Approximately 600 feet upstream of U.S. Highway 74 Bypass.	+892	
Heaveners Creek	At the confluence with Roberson Creek	+902	Unincorporated Areas of Rutherford County.
	Approximately 200 feet downstream of Joe Bostic Road (State Road 1712).	+915	
Hensons Creek	At the confluence with Broad River	+720	Unincorporated Areas of Rutherford County.
	Approximately 20 feet upstream of County Line Road (State Road 1101).	+822	
Hills Creek	At the confluence with Second Broad River	+722	Unincorporated Areas of Rutherford County.
	Approximately 290 feet upstream of Dobbins Road	+825	

Flooding source(s)	Location of referenced elevation	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground Modified	Communities affected
Hinton Creek	At the Rutherford/Cleveland County boundary	+979	Unincorporated Areas of Rutherford County.
	Approximately 200 feet upstream of Hinton Creek Road (State Road 1753).	+1,054	
Holland Creek	At the confluence with Second Broad River	+792	Unincorporated Areas of Rutherford County.
	Approximately 450 feet upstream of Old Caroleen Road (State Road 1901).	+807	
Hollands Creek	At the confluence with Catheys Creek	+836	Unincorporated Areas of Rutherford County, Town of Ruth, Town of Rutherfordton, Town of Spindale.
	Approximately 1,800 feet upstream of U.S. Highway 221	+950	
Hollands Creek Tributary 4 ...	At the confluence with Hollands Creek	+909	Unincorporated Areas of Rutherford County, Town of Ruth.
	Approximately 500 feet upstream of Shady Woods Lane	+959	
Hunting Creek	At the confluence with Roberson Creek	+875	Unincorporated Areas of Rutherford County.
	Approximately 250 feet upstream of Depriest Road (State Road 1713).	+1,067	
Jarrets Creek	At the confluence with Broad River	+727	Unincorporated Areas of Rutherford County.
	Approximately 0.5 mile upstream of the confluence with Broad River.	+744	
Knob Creek (into Broad River).	At the confluence with Broad River	+816	Unincorporated Areas of Rutherford County.
	Approximately 800 feet upstream of McEntire Road (State Road 1341).	+921	
Knob Creek (into Broad River) Tributary 11.	At the confluence with Knob Creek (into Broad River)	+874	Unincorporated Areas of Rutherford County.
	Approximately 0.5 mile upstream of Pleasant Grove Road (State Road 1345).	+1,070	
Knob Creek (into Broad River) Tributary 9.	At the confluence with Knob Creek (into Broad River)	+862	Unincorporated Areas of Rutherford County.
	Approximately 0.6 mile upstream of McEntire Road (State Road 1341).	+1,006	
Little Camp Creek	At the confluence with Big Camp Creek	+870	Unincorporated Areas of Rutherford County.
	Approximately 0.4 mile upstream of Old Morganton Road (State Road 1513).	+926	
Maple Creek	At the confluence with Mountain Creek	+784	Unincorporated Areas of Rutherford County.
	Approximately 200 feet upstream of U.S. 64/74A Highway	+903	
McKinney Creek	At the confluence with Broad River	+705	Unincorporated Areas of Rutherford County.
	Approximately 1,500 feet upstream of Ted Smith Road (State Road 1104).	+789	
Mill Creek (into Catheys Creek).	At the confluence with Catheys Creek	+957	Unincorporated Areas of Rutherford County.
	Approximately 0.8 mile upstream of the confluence with Catheys Creek.	+967	
Morrow Creek	At the confluence with Second Broad River	+803	Unincorporated Areas of Rutherford County, Town of Forest City.
	Approximately 0.8 mile upstream of Pine Street (State Road 1903).	+873	
Mountain Creek	At the confluence with Broad River	+758	Unincorporated Areas of Rutherford County.
	At the confluence with East Branch Mountain Creek and West Branch Mountain Creek.	+823	
Mountain Creek Tributary 16	At the confluence with Mountain Creek	+816	Unincorporated Areas of Rutherford County.
	Approximately 1.0 mile upstream of Clearwater Parkway	+954	
Mountain Creek Tributary of Tributary 16.	At the confluence with Mountain Creek Tributary 16	+834	Unincorporated Areas of Rutherford County, Town of Rutherfordton.

Flooding source(s)	Location of referenced elevation	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground Modified	Communities affected
North Fork First Broad River	Approximately 700 feet downstream of Thompson Road (State Road 1367). At the confluence with First Broad River	+987 +1,082	Unincorporated Areas of Rutherford County.
Piney Creek	Approximately 1.5 miles upstream of the confluence of Sally Queen Creek. At the confluence with Cedar Creek	+1,397 +895	Unincorporated Areas of Rutherford County.
Piney Creek Tributary 1	Approximately 310 feet upstream of the confluence of Piney Creek Tributary 1. At the confluence with Piney Creek	+982 +967	Unincorporated Areas of Rutherford County.
Piney Knob Creek	Approximately 0.7 mile upstream of Bills Creek Road (State Road 1008). At the confluence with West Branch Mountain Creek	+1,328 +879	Unincorporated Areas of Rutherford County.
Pool Creek	Approximately 300 feet upstream of Elliott Road (State Road 1348). At the confluence with Broad River (Lake Lure)	+908 +998	Town of Lake Lure.
Pot Branch	Approximately 1,900 feet upstream of Bottomless Pools Drive. At the confluence with Brier Creek	+1,122 +1,102	Unincorporated Areas of Rutherford County.
Puzzle Creek	Approximately 2.3 miles upstream of the confluence with Brier Creek. At the confluence with Second Broad River	+1,415 +804	Unincorporated Areas of Rutherford County, Town of Bostic.
Reynolds Creek	Approximately 200 feet upstream of Piney Mountain Church Road (State Road 1007). At the confluence with Hollands Creek	+893 +897	Unincorporated Areas of Rutherford County, Town of Spindale.
Richardson Creek	Approximately 0.6 mile upstream of West Street	+1,046	Unincorporated Areas of Rutherford County.
	At the confluence with Broad River	+705	
Roberson Creek	Approximately 100 feet upstream of Sulphur Springs Church Road (State Road 1135). At the confluence with Second Broad River	+807 +825	Unincorporated Areas of Rutherford County, Town of Bostic.
Rosy Branch	Approximately 200 feet upstream of Calton Road (State Road 1745). At the confluence with Taylor Creek	+1,056 +1,962	Unincorporated Areas of Rutherford County.
Sally Queen Creek	Approximately 1.5 miles upstream of Twin Chimneys Road At the confluence with North Fork First Broad River	+2,727 +1,292	Unincorporated Areas of Rutherford County.
Sandy Run	Approximately 2.2 miles upstream of the confluence with North Fork First Broad River. At the Rutherford/Cleveland County boundary	+1,706 +835	Unincorporated Areas of Rutherford County.
Second Broad River	Approximately 150 feet upstream of Hopewell Road (State Road 1760). At the confluence with Broad River	+906 +680	Unincorporated Areas of Rutherford County, Town of Forest City.
Second Broad River Tributary 7.	Approximately 1.9 miles upstream of Box Creek Road (State Road 1500). At the confluence with Second Broad River	+990 +750	Unincorporated Areas of Rutherford County.
Second Broad River Tributary 8.	Approximately 1.4 miles upstream of Old Henrietta Road (State Road 2129). At the confluence with Second Broad River	+786 +758	Unincorporated Areas of Rutherford County.
Somey Creek	Approximately 40 feet upstream of Chime Lane	+799	Unincorporated Areas of Rutherford County.
	At the confluence with First Broad River	+1,110	

Flooding source(s)	Location of referenced elevation	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground Modified	Communities affected
South Creek	Approximately 400 feet upstream of Camp McCall Road (State Road 1749).	+1,231	Unincorporated Areas of Rutherford County.
	At the confluence with First Broad River	+1,075	
Stoney Creek	Approximately 1.3 miles upstream of Golden Valley Church Road (State Road 1726).	+1,121	Unincorporated Areas of Rutherford County.
	At the confluence with Second Broad River	+974	
Suck Creek (into Broad River).	Approximately 1,400 feet upstream of Thermal City Road (State Road 1321).	+1,001	Unincorporated Areas of Rutherford County.
	Approximately 1.1 miles downstream of Kirby Road	+769	
Taylor Creek	Approximately 300 feet upstream of Kirby Road (State Road 1978).	+779	Unincorporated Areas of Rutherford County.
	At the confluence with Cedar Creek	+1,147	
Taylor Creek Tributary 1	Approximately 0.5 mile upstream of the confluence of Rosy Branch.	+2,009	Unincorporated Areas of Rutherford County.
	At the confluence with Taylor Creek	+1,841	
Webbs Branch	Approximately 0.6 mile upstream of Bison Meadows	+2,535	Town of Forest City.
	At the confluence with Second Broad River	+805	
Webbs Creek	Approximately 0.4 mile upstream of Railroad	+907	Unincorporated Areas of Rutherford County.
	At the confluence with Second Broad River	+789	
West Branch Mountain Creek	Approximately 340 feet upstream of U.S. Highway 74	+833	Unincorporated Areas of Rutherford County.
	At the confluence with East Branch Mountain Creek and Mountain Creek.	+823	
West Fork Sandy Run	Approximately 0.6 mile upstream of Darlington Road (State Road 1351).	+884	Unincorporated Areas of Rutherford County.
	At the Rutherford/Cleveland County boundary	+801	
West Fork Sandy Run Tributary 7.	Approximately 1,000 feet upstream of Hollis Road (State Road 1749).	+901	Unincorporated Areas of Rutherford County.
	At the confluence with West Fork Sandy Run	+825	
	Approximately 0.9 mile upstream of the confluence with West Fork Sandy Run.	+842	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

ADDRESSES

Town of Bostic

Maps are available for inspection at the Bostic Town Hall, 104 Pearidge Road, Bostic, North Carolina.

Town of Forest City

Maps are available for inspection at the Forest City Town Hall, 128 North Powell Street, Forest City, North Carolina.

Town of Lake Lure

Maps are available for inspection at the Lake Lure Town Hall, 2948 Memorial Highway, Lake Lure, North Carolina.

Town of Ruth

Maps are available for inspection at the Ruth Town Hall, 199 Northview-Dorsey Street, Ruth, North Carolina.

Town of Rutherfordton

Maps are available for inspection at the Rutherfordton Town Hall, 129 North Main Street, Rutherfordton, North Carolina.

Town of Spindale

Maps are available for inspection at the Spindale Town Hall, 104 Reveley Street, Spindale, North Carolina.

Unincorporated Areas of Rutherford County

Maps are available for inspection at the Rutherford County Building Inspections and Planning Department, 141 West Third Street, Rutherfordton, North Carolina.

Village of Chimney Rock

Maps are available for inspection at the Village of Chimney Rock Office, 109 Terrace Drive, Chimney Rock, North Carolina.

Flooding source(s)	Location of referenced elevation	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Coffee County, Tennessee, and Incorporated Areas Docket No.: FEMA-B-7705				
Duck River	Approximately 740 feet downstream of U.S. Highway 41.	*999	+1001	City of Manchester.
	Approximately 263 feet downstream of U.S. Highway 41.	*999	+1001	
Duck River	Approximately 263 feet downstream of U.S. Highway 41.	*999	+1001	Coffee County (Unincorporated Areas).
	Just upstream of Interstate 24	*1013	+1012	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

ADDRESSES

City of Manchester

Maps are available for inspection at Planning and Use Department, 1329 McArthur Street, Manchester, TN 37355.

Coffee County (Unincorporated Areas)

Maps are available for inspection at Manchester City Hall, 200 West Fort Street, Manchester, TN 37355.

(Catalog of Federal Domestic Assistance No. 97.022, "Flood Insurance.")

Dated: February 12, 2008.

David I. Maurstad,

Federal Insurance Administrator of the National Flood Insurance Program, Department of Homeland Security, Federal Emergency Management Agency.

[FR Doc. E8-3347 Filed 2-21-08; 8:45 am]

BILLING CODE 9110-12-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 679

[Docket No. 070213032-7032-01]

RIN 0648-XF74

Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Vessels Catching Pacific Cod for Processing by the Inshore Component in the Central Regulatory Area of the Gulf of Alaska

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

ACTION: Temporary rule; closure.

SUMMARY: NMFS is prohibiting directed fishing for Pacific cod by vessels catching Pacific cod for processing by the inshore component in the Central Regulatory Area of the Gulf of Alaska (GOA). This action is necessary to prevent exceeding the 2008 total allowable catch (TAC) of Pacific cod

apportioned to vessels catching Pacific cod for processing by the inshore component of the Central Regulatory Area of the GOA.

DATES: Effective 1200 hrs, Alaska local time (A.l.t.), February 20, 2008, until 1200 hrs, A.l.t., September 1, 2008.

FOR FURTHER INFORMATION CONTACT:

Jennifer Hogan, 907-586-7228.

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

The A season allocation of the 2008 TAC of Pacific cod apportioned to vessels catching Pacific cod for processing by the inshore component of the Central Regulatory Area of the GOA is 15,350 metric tons (mt) as established by the 2007 and 2008 harvest specifications for groundfish of the GOA (72 FR 9676, March 5, 2007) and revision (73 FR 1554, January 9, 2008).

In accordance with § 679.20(d)(1)(i), the Administrator, Alaska Region, NMFS (Regional Administrator), has determined that the A season allocation of the 2008 TAC of Pacific cod apportioned to vessels catching Pacific cod for processing by the inshore component of the Central Regulatory Area of the GOA will soon be reached. Therefore, the Regional Administrator is

establishing a directed fishing allowance of 12,850 mt, and is setting aside the remaining 2,500 mt as bycatch to support other anticipated groundfish fisheries. In accordance with § 679.20(d)(1)(iii), the Regional Administrator finds that this directed fishing allowance has been reached. Consequently, NMFS is prohibiting directed fishing for Pacific cod by vessels catching Pacific cod for processing by the inshore component in the Central Regulatory Area of the GOA.

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 Pacific cod apportioned to vessels catching Pacific cod for processing by the inshore component of the Central Regulatory Area of the GOA. NMFS was unable to publish a notice providing time for public comment because the most

recent, relevant data only became available as of February 15, 2008.

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 § 679.20 and is exempt from review under Executive Order 12866.

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

Dated: February 15, 2008.

Emily H. Menashes,

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

[FR Doc. 08–808 Filed 2–19–08; 2:47 pm]

BILLING CODE 3510–22–S

Proposed Rules

Federal Register

Vol. 73, No. 36

Friday, February 22, 2008

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.

PEACE CORPS

22 CFR Part 309

RIN 0420-AA22

Debt Collection

AGENCY: Peace Corps.

ACTION: Proposed rule.

SUMMARY: The Peace Corps is revising its current regulations on debt collection. The revisions will clarify and simplify Peace Corps' debt collection procedures and practices. It eliminates the tax refund offset provisions of the previous regulation, and consolidates the administrative and tax refund offset provisions into one section.

DATES: Comments must be received by March 24, 2008.

ADDRESSES: Comments should be submitted to Tyler Posey, General Counsel, Office of the General Counsel, 8th Floor, 1111 20th Street, NW., Washington, DC 20526.

FOR FURTHER INFORMATION CONTACT: Suzanne B. Glasow, Associate General Counsel, 202-692-2157.

SUPPLEMENTARY INFORMATION:

Section-by-Section Analysis

Subpart A—General Provisions

The subpart announces the general purpose and scope of the regulation, provides definitions and terms used in this regulation, and this regulation's interaction with other regulations and procedures. Charges for interest, penalties and administrative expenses are addressed. Procedures for installment payments are provided. Authority to carry out the necessary duties for debt collection is delegated to the Chief Financial Officer.

Subpart B—Collection Actions

The subpart provides for aggressive collection efforts by the Peace Corps, and the timely turnover of past due collections to the Department of the Treasury. Procedures for written demand of payment and debtor review

of the debt are provided. Methods of debt collection are listed.

Subpart C—Salary Offset

The subpart provides for salary offset collection procedures. Coordination of salary offset of another Federal Agency is addressed. Notice requirements prior to salary offset are listed. Outside hearings prior to salary offset is addressed.

Executive Order 12866

This regulation has been determined to be non-significant within the meaning of Executive Order 12866.

Regulatory Flexibility Act

The Peace Corps Director, in accordance with the Regulatory Flexibility Act, (5 U.S.C. 605) has reviewed this regulation and by approving it certifies that this regulation will not have a significant economic impact on a substantial number of small entities. This regulation pertains to the administrative collection of individual debts owed to the Peace Corps, and does not affect acquisition, inter-Agency, or foreign claims.

Unfunded Mandates Reform Act of 1995

This rule will not result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of \$100,000,000 or more in any one year, and it will not significantly or uniquely affect small governments. Therefore, no actions were deemed necessary under the provisions of the Unfunded Mandates Reform Act of 1995.

List of Subjects in 22 CFR Part 303

Claims.

For the reasons stated in the preamble, Peace Corps proposes to revise 22 CFR part 303, as set forth below:

PART 309—DEBT COLLECTION

Section Contents

Subpart A—General Provisions

Sec.

- 309.1 General purpose.
- 309.2 Scope.
- 309.3 Definitions.
- 309.4 Other procedures or actions.
- 309.5 Interest, penalties, and administrative costs.
- 309.6 Collection in installments.
- 309.7 Designation.

Subpart B—Collection Actions

- 309.8 Application.
- 309.9 Notice—written demand for payment.
- 309.10 Review requirements.
- 309.11 Collection.

Subpart C—Salary Offset

- 309.12 Purpose.
- 309.13 Scope.
- 309.14 Coordinating offset with another Federal agency.
- 309.15 Notice requirements before offset.
- 309.16 Review.
- 309.17 Procedures for salary offset.
- 309.18 Voluntary repayment agreements as an alternative to salary offset.
- 309.19 Waiver.
- 309.20 Compromise.
- 309.21 Suspension of collection.
- 309.22 Termination of collection.
- 309.23 Discharge.
- 309.24 Bankruptcy.

Authority: 31 U.S.C. 3701–3719; 5 U.S.C. 5514; 22 U.S.C. 2503(b); 31 U.S.C. 3720A; 31 CFR part 285; 5 CFR 550, subpart K.

Subpart A—General Provisions

§ 309.1 General purpose.

This part prescribes the procedures to be used by the United States Peace Corps (Peace Corps) in the collection and/or disposal of non-tax debts owed to Peace Corps and to the United States.

§ 309.2 Scope.

(a) Applicability of Federal Claims Collection Standards (FCCS). Peace Corps hereby adopts the provisions of the Federal Claims Collections Standards (31 CFR parts 900–904) and, except as set forth in this part or otherwise provided by law, Peace Corps will conduct administrative actions to collect claims (including offset, compromise, suspension, termination, disclosure and referral) in accordance with the FCCS.

(b) This part is not applicable to:

(1) Peace Corps claims against another Federal agency, any foreign country or any political subdivision thereof, or any public international organization.

(2) Debts arising out of acquisitions contracts subject to the Federal Acquisition Regulation (FAR) shall be determined, collected, compromised, terminated, or settled in accordance with those regulations (see 49 CFR part 32).

(3) Claims where the Peace Corps Director (or designee) determines that the achievement of the purposes of the Peace Corps Act, as amended, 22 U.S.C. 2501 et seq., or any other provision of

law administered by the Peace Corps require a different course of action.

§ 309.3 Definitions.

As used in this part (except where the context clearly indicates, or where the term is otherwise defined elsewhere in this part) the following definitions shall apply:

(a) *Administrative offset* means withholding funds payable by the United States to, or held by the United States for, a person to satisfy a debt owed by the person to the United States.

(b) *Administrative wage garnishment* means the process by which a Federal agency orders a non-Federal employer to withhold amounts from an employee's wages to satisfy a debt the employee owes to the United States.

(c) *Compromise* means that the creditor agency accepts less than the full amount of an outstanding debt in full satisfaction of the entire amount of the debt.

(d) *Debt* or *claim* means an amount of money which has been determined by an appropriate agency official to be owed to the United States from any person. As used in this part, the terms debt and claim are synonymous.

(e) *Debtor* means a person who owes the Federal Government money.

(f) *Delinquent debt* means any debt, which has not been paid by the date specified in an agency's initial written notification or in an applicable agreement, unless other satisfactory payment arrangements have been made.

(g) *Discharge* means the release of a debtor from personal liability for a debt. Further collection action is prohibited.

(h) *Disposable pay* has the same meaning as that term is defined in 5 CFR 550.1103.

(i) *Employee* means a current employee of the Peace Corps or other Federal agency, including a member of the Armed Forces or Reserve of the Armed Forces of the United States.

(j) *FCCS* means the Federal Claims Collection Standards jointly published by the Department of the Treasury and the Department of Justice at 31 CFR parts 900–904.

(k) *Person* means an individual, corporation, partnership, association, organization, State or local government, or any other type of entity other than a Federal agency, foreign government, or public international organization.

(l) *Salary offset* means the withholding of amounts from the current pay account of a Federal employee to satisfy a debt owed by that employee to the United States.

(m) *Suspension* means the temporary cessation of an active debt collection pending the occurrence of an anticipated event.

(n) *Termination* means the cessation of all active debt collection action for the foreseeable future.

(o) *Waiver* means the decision to forgo collection of a debt owed to the United States as permitted or required by law.

§ 309.4 Other procedures or actions.

(a) Nothing contained in this regulation is intended to require Peace Corps to duplicate administrative proceedings required by contract or other laws or regulations.

(b) Nothing in this regulation is intended to preclude utilization of informal administrative actions or remedies which may be available.

(c) Nothing contained in this regulation is intended to deter Peace Corps from demanding the return of specific property or from demanding the return of the property or the payment of its value.

(d) The failure of Peace Corps to comply with any provision in this regulation shall not serve as a defense to the debt.

§ 309.5 Interest, penalties, and administrative costs.

(a) Except as otherwise provided by statute, contract or excluded in accordance with FCCS, Peace Corps will assess:

(b) Interest on unpaid debts in accordance with 31 CFR 901.9.

(c) Penalty charges at a rate of 6 percent a year or such other rate as authorized by law on any portion of a claim that is delinquent for more than 90 days.

(d) Administrative charges to cover the costs of processing and handling delinquent debts.

(e) Late payment charges shall be computed from the date of mailing or hand delivery of the notice of the claim and interest requirements.

(f) When a debt is paid in partial or installment payments, amounts received shall be applied first to outstanding penalty and administrative cost charges, second to accrued interest, and then to outstanding principal.

(g) Waiver. Peace Corps will consider waiver of interest, penalties and/or administrative costs in accordance with the FCCS, 31 CFR 901.9(g).

§ 309.6 Collection in installments.

Whenever feasible, and except as required otherwise by law, debts owed to the United States, together with interest, penalties, and administrative costs as required by this regulation, should be collected in one lump sum. This is true whether the debt is being collected under administrative offset, including salary offset, or by another

method, including voluntary payment. However, if the debtor is financially unable to pay the indebtedness in one lump sum, payment may be accepted in regular installments. If Peace Corps agrees to accept payment in installment, it may require a legally enforceable written agreement from the debtor that specifies all of the terms of the arrangement and which contains a provision accelerating the debt in the event the debtor defaults. The size and frequency of the payments should bear a reasonable relation to the size of the debt and ability of the debtor to pay. If possible, the installment payments should be sufficient in size and frequency to liquidate the Government's claim within three years.

§ 309.7 Designation.

The Chief Financial Officer is delegated authority and designated to perform all the duties for which the Director is responsible under the forgoing statutes and joint regulations.

SUBPART B—COLLECTION ACTIONS

§ 309.8 Application.

(a) Peace Corps shall aggressively collect claims and debts in accordance with these regulations and applicable law.

(b) Peace Corps will transfer to the Department of the Treasury, Financial Management Service (FMS) any past due, legally enforceable non-tax debt that has been delinquent for 180 days or more so that FMS may take appropriate action to collect the debt or take other appropriate action in accordance with applicable law and regulation.

(c) Peace Corps may transfer any past due, legally enforceable debt that has been delinquent for fewer than 180 days to FMS for collection in accordance with applicable law and regulation. (See 31 CFR part 285)

§ 309.9 Notice—written demand for payment.

(a) Upon determination that a debt is owed to Peace Corps or the United States, Peace Corps shall promptly hand deliver or send by first-class mail (to the debtor's most current address in the records of Peace Corps) at least one written notice (e.g., Bill of Collection or demand letter) informing the debtor of the consequences of failing to pay or otherwise resolve a Peace Corps debt, subject to paragraph (c) of this section. Written demand under this subpart may be preceded by other appropriate actions under this part and or the FCCS, including but not limited to actions taken under the procedures applicable to administrative offset, including salary offset.

(b) The written notice shall inform the debtor of:

(1) The nature and amount of the debt, and the facts giving rise to the debt;

(2) The date by which payment should be made to avoid the imposition of interest, penalties, and administrative costs, and the enforced collection actions described in section 309.5 of this part;

(3) The applicable standards for imposing interest, penalties and administrative costs to delinquent debts;

(4) Peace Corps' willingness to discuss alternative payment arrangements and how the debtor may enter into a written agreement to repay the debt under terms acceptable to Peace Corps;

(5) The name, address, and telephone number of a contact person or office within Peace Corps;

(6) Peace Corps' intention to enforce collection if the debtor fails to pay or otherwise resolve the debt, by taking one or more of the following actions:

(i) Offset from Federal payments otherwise due to the debtor, including income tax refunds, salary, certain benefit payments, retirement, vendor payments, travel reimbursement and advances, and other Federal payments;

(ii) Referral to private collection agency;

(iii) Report to credit bureaus;

(iv) Administrative wage garnishment;

(v) Referral to Department of Justice for litigation action;

(vi) Referral to Financial Management Service of the Department of the Treasury for collection;

(vii) Other actions as permitted by the FCCS and applicable law.

(7) How the debtor may inspect and copy records related to the debt;

(8) The debtor's opportunity for an internal review of Peace Corps' determination that the debtor owes a debt or the amount of the debt;

(9) The debtor's right, if any, to request waiver of collection of certain debts, as applicable;

(10) Requirement that the debtor advise Peace Corps of any bankruptcy proceeding of the debtor.

(c) Peace Corps may omit from a notice to a debtor one or more of the provisions contained in paragraphs (b)(6) through (b)(10) of this section if Peace Corps determines that any provision is not legally required given the collection remedies to be applied to a particular debt, or which have already been provided by prior notice, applicable agreement, or contract.

§ 309.10 Review requirements.

(a) For purposes of this section, whenever Peace Corps is required to

afford a debtor a review within the agency, Peace Corps shall provide the debtor with an opportunity for an internal review of the existence or the amount of the debt. For offset of current Federal salary under 5 U.S.C. 5514 for certain debts, debtors may also request an outside hearing. See subpart C of this part.

(b) Any request for a review must be in writing to the contact office by the payment due date stated in the initial notice sent under § 309.9(b) or other applicable provision. The debtor's request shall state the basis for the dispute and include any relevant documentation in support.

(1) Peace Corps will provide for an internal review of the debt by an appropriate agency official. The review may include examination of documents, internal discussions with relevant officials and discussion by letter or orally with the debtor, at Peace Corps' discretion.

(2) An oral hearing is not required when, in Peace Corps' determination, the matter can be decided on the documentary record. Peace Corps will provide a "paper hearing", that is, a determination based upon a review of the written record unless Peace Corps makes a determination that a debt involves issues of credibility or veracity, at which point an oral hearing may be required. Unless otherwise required by law, such oral hearing shall not be a formal evidentiary hearing.

§ 309.11 Collection.

Upon final determination of the existence and amount of a debt, unless other acceptable payment arrangements have been made or procedures under a specific statute apply, Peace Corps shall collect the debt by one or more of the methods described in § 309.9(b)(6)(i-vii) or as otherwise authorized by law and regulation.

(a) Administrative offset—

(1) Payments otherwise due the debtor from the United States shall be offset from the debt in accordance with 31 CFR 901.3. These may be funds under the control of Peace Corps or other Federal agencies. Collection may be through centralized offset by the Financial Management Service (FMS) of the Department of the Treasury.

(2) Such payments include but are not limited to vendor payments, salary, retirement, lump sum payments due upon Federal employment separation, travel reimbursements, tax refunds, loans or other assistance. Offset of Federal salary payments will be in accordance with 5 U.S.C. 5514.

(3) Before administrative offset is instituted by another Federal agency or

the FMS, Peace Corps shall certify in writing to that entity that the debt is past due and legally enforceable and that Peace Corps has complied with all applicable due process and other requirements as described in this part and other Federal law and regulations.

(b) Any other method authorized by law or regulation.

SUBPART C—SALARY OFFSET

§ 309.12 Purpose.

This subpart provides Peace Corps' policies and procedures for the collection by salary offset of a Federal employee's pay to satisfy certain past due debts owed the United States Government.

§ 309.13 Scope.

(a) The provisions of this section apply to collection by salary offset under 5 U.S.C. 5514 of debts owed to Peace Corps and debts owed to other Federal agencies by Peace Corps' employees. Peace Corps will make reasonable and lawful efforts to administratively collect amounts owed by employees prior to initiating salary offset action. This section does not apply to debts where collection by salary offset is explicitly provided for or prohibited by another statute (e.g., travel advances).

(b) References. The following statutes and regulations apply to Peace Corps' recovery of debts due the United States by salary offset:

(1) 5 U.S.C. 5514, as amended, governing the installment collection of debts;

(2) 31 U.S.C. 3716, governing the liquidation of debts by administrative offset;

(3) 5 CFR part 550, subpart K, setting forth the minimum requirements for executive agency regulations on salary offset; and

(4) 31 CFR parts 900 through 904, the Federal Claims Collection Standards.

(c) Nothing in this subpart precludes the compromise, suspension, or termination of collection actions where appropriate under the standards implementing the Federal Claims Collection Standards.

§ 309.14 Coordinating offset with another Federal agency.

(a) When Peace Corps is owed a debt by an employee of another agency, the other agency shall not initiate the requested offset until Peace Corps provides the agency with a written certification that the debtor owes Peace Corps a debt (including the amount and basis of the debt and the due date of payment) and that Peace Corps has complied with these regulations.

(b) When another agency is owed the debt, Peace Corps may use salary offset against one of its employees who is indebted to another agency, if requested to do so by that agency. Such request must be accompanied by a certification that the person owes the debt (including the amount and basis of the debt and the due date of payment) and that the agency has complied with its regulations as required by 5 U.S.C. 5514 and 5 CFR part 550, subpart K.

§ 309.15 Notice requirements before offset.

(a) Deductions under the authority of 5 U.S.C. 5514 shall not be made unless the creditor agency first provides the employee with written notice that he/she owes a debt to the Federal Government at least 30 calendar days before salary offset is to be initiated. When Peace Corps is the creditor agency this notice of intent to offset an employee's salary shall be hand-delivered or sent by certified mail to the most current address that is available. The written notice will state:

(1) That Peace Corps has reviewed the records relating to the claim and has determined that a debt is owed, its origin and nature, and the amount of the debt;

(2) The intention of Peace Corps to collect the debt by means of deduction from the employee's current disposable pay account until the debt and all accumulated interest is paid in full;

(3) The amount, frequency, approximate beginning date, and duration of the intended deductions;

(4) An explanation of the Peace Corps' policy concerning interest, penalties and administrative costs, including a statement that such assessments must be made unless excused in accordance with the FCCS (See § 309.5);

(5) The employee's right to inspect and copy all records of the Peace Corps pertaining to the debt claimed or to receive copies of such records if personal inspection is impractical;

(6) The right to a hearing conducted by a hearing official (an administrative law judge, or alternatively, an individual not under the supervision or control of the Peace Corps) with respect to the existence and amount of the debt claimed, or the repayment schedule, so long as a petition is filed by the employee as prescribed;

(7) If not previously provided, the opportunity (under terms agreeable to the Peace Corps) to establish a schedule for the voluntary repayment of the debt or to enter into a written agreement to establish a schedule for repayment of the debt in lieu of offset. The agreement must be in writing, signed by both the

employee and the creditor agency, and documented in the creditor agency's files;

(8) The name, address and telephone number of an officer or employee of the Peace Corps who may be contacted concerning procedures for requesting a hearing;

(9) The method and time period for requesting a hearing;

(10) That the timely filing of a petition for a hearing as prescribed will stay the commencement of collection proceedings;

(11) The name and address of the office to which the petition should be sent;

(12) That the Peace Corps will initiate certification procedures to implement a salary offset, as appropriate, (which may not exceed 15 percent of the employee's disposable pay) not less than 30 calendar days from the date of delivery of the notice of debt, unless the employee files a timely petition for a hearing;

(13) That a final decision on the hearing (if one is requested) will be issued at the earliest practical date, but not later than 60 calendar days after the filing of the petition requesting the hearing, unless the employee requests and the hearing official grants a delay in the proceedings;

(14) That any knowingly false or frivolous statements, representations or evidence may subject the employee to:

(i) Disciplinary procedures appropriate under the Peace Corps Act or the Foreign Service Act, Peace Corps regulations, or any other applicable statutes or regulations;

(ii) Penalties under the False Claims Act, §§ 3729–3731 of title 31, United States Code, or any other applicable statutory authority; and

(iii) Criminal penalties under 18 U.S.C. sections 286, 287, 1001, and 1002 or any other applicable authority;

(15) Any other rights and remedies available to the employee under statutes or regulations governing the program for which the collection is being made;

(16) That unless there are applicable contractual or statutory provisions to the contrary, amounts paid on or deducted for the debt which are later waived or found not owed to the United States will be promptly refunded to the employee; and

(17) That proceedings with respect to such debt are governed by 5 U.S.C. 5514.

(b) Peace Corps is not required to provide prior notice to an employee when the following adjustments are made by Peace Corps to a Peace Corps employee's pay:

(1) Any adjustment to pay arising out of an employee's election of coverage or a change in coverage under a Federal benefits program requiring periodic deductions from pay if the amount to be recovered was accumulated over four pay periods or less;

(2) A routine adjustment of pay that is made to correct an overpayment of pay attributable to clerical or administrative errors or delays in processing pay documents, if the overpayment occurred within the four pay periods preceding the adjustment, and, at the time of such adjustment, or as soon thereafter as practical, the individual is provided written notice of the nature and the amount of the adjustment and point of contact for contesting the adjustment; or

(3) Any adjustment to collect a debt of \$50 or less, if, at the time of such adjustment, or as soon thereafter as practical, the individual is provided written notice of the nature of the amount of the adjustment and a point of contact for contesting the adjustment.

§ 309.16 Review.

(a) Request for outside hearing. Except as provided in paragraph (b) of this section, an employee who desires an outside hearing concerning the existence or amount of the debt or the proposed offset schedule must send a request to the office designated in the notice of intent. See § 309.15(a)(8). The request must be received by the designated office not later than 20 calendar days after the date of delivery of the notice as provided in § 309.15(a). The request must be signed by the employee and should identify and explain with reasonable specificity and brevity the facts, evidence and witnesses which the employee believes support his or her position. If the employee objects to the percentage of disposable pay to be deducted from each check, the request should state the objection and the reasons for it. The employee must also specify whether an oral hearing or a review of the documentary evidence is requested. If an oral hearing is desired, the request should explain why the matter cannot be resolved by review of the documentary evidence alone.

(b) Failure to submit timely.

(1) If the employee files a petition for a review after the expiration of the 20 calendar day period provided for in paragraph (a) of this section, the designated office may accept the request if the employee can show that the delay was the result of circumstances beyond his or her control, or because of a failure to receive the notice of the filing

deadline (unless the employee has actual knowledge of the filing deadline).

(2) An employee waives the right to a review, and will have his or her disposable pay offset in accordance with Peace Corps' offset schedule, if the employee fails to file a request for a hearing unless such failure is excused as provided in paragraph (b)(1) of this section.

(3) If the employee fails to appear at an oral hearing of which he or she was notified, unless the hearing official determines failure to appear was due to circumstances beyond the employee's control, his or her appeal will be decided on the basis of the documents then available to the hearing official.

(c) Representation at the hearing. The creditor agency may be represented by a representative of its choice. The employee may represent himself or herself or may be represented by an individual of his or her choice and at his or her expense.

(d) Review of Peace Corps records related to the debt.

(1) An employee who intends to inspect or copy creditor agency records related to the debt in accordance with § 309.15(a)(5) must send a letter to the official designated in the notice of intent to offset stating his or her intention. The letter must be sent within 20 calendar days after receipt of the notice.

(2) In response to a timely request submitted by the debtor, the designated official will notify the employee of the location and time when the employee may inspect and copy records related to the debt.

(3) If personal inspection is impractical, copies of such records shall be sent to the employee.

(e) Oral Hearing.

(1) If an employee timely files a request for an oral hearing under § 309.16(a), the matter will be conducted by a hearing official not under the supervision or control of Peace Corps.

(2) Procedure.

(i) After the employee requests a hearing, the hearing official shall notify the employee of the form of the hearing to be provided. If the hearing will be oral, notice shall set forth the date, time and location of the hearing. If the hearing will be paper, the employee shall be notified that he or she should submit arguments in writing to the hearing official by a specified date after which the record shall be closed. This date shall give the employee reasonable time to submit documentation.

(ii) An employee who requests an oral hearing shall be provided an oral hearing if the hearing official determines that the matter cannot be

resolved by review of documentary evidence alone (e.g. when an issue of credibility or veracity is involved). The hearing is not an adversarial adjudication, and need not take the form of an evidentiary hearing.

(iii) If the hearing official determines that an oral hearing is not necessary, he or she will make a decision based upon a review of the available written record.

(iv) The hearing official must maintain a summary record of any hearing provided by this subpart. Witnesses who provide testimony will do so under oath or affirmation.

(3) Decision. The written decision shall include:

(i) A statement of the facts presented to support the origin, nature, and amount of the debt;

(ii) The hearing official's findings, analysis, and conclusions; and

(iii) The terms of any repayment schedules, or the date salary offset will commence, if applicable.

(4) Failure to appear. In the absence of good cause shown (e.g. excused illness), an employee who fails to appear at a hearing shall be deemed, for the purpose of this subpart, to admit the existence and amount of the debt as described in the notice of intent. The hearing official shall schedule a new hearing upon the request of the creditor agency representative when good cause is shown.

(5) A hearing official's decision is considered to be an official certification regarding the existence and amount of the debt for purposes of executing salary offset under 5 U.S.C. 5514 only. It does not supersede the finding by Peace Corps that a debt is owed and does not affect the Government's ability to recoup the debt through alternative collection methods under other appropriate methods.

§ 309.17 Procedures for salary offset.

Unless otherwise provided by statute or contract, the following procedures apply to salary offset:

(a) Method. Salary offset will be made by deduction at one or more officially established pay intervals from the current pay account of the employee without his or her consent.

(b) Source. The source of salary offset is current disposable pay.

(c) Types of collection.

(1) Lump sum payment. Ordinarily debts will be collected by salary offset in one lump sum if possible. However, if the amount of the debt exceeds 15 percent of disposable pay for an officially established pay interval, the collection by salary offset must be made in installment deductions.

(2) Installment deductions.

(i) The size of installment deductions must bear a reasonable relation to the size of the debt and the employee's ability to pay. If possible, the size of the deduction will be that necessary to liquidate the debt in no more than 1 year. However, the amount deducted for any period must not exceed 15 percent of the disposable pay from which the deduction is made, except as provided by other regulations or unless the employee has agreed in writing to greater amount.

(ii) Installment payments of less than \$25 per pay period will be accepted only in the most unusual circumstances.

(iii) Installment deductions will be made over a period of not greater than the anticipated period of employment.

§ 309.18 Voluntary repayment agreements as an alternative to salary offset.

(a) In response to a notice of intent, an employee may propose a written agreement to repay the debt as an alternative to salary offset. Any employee who wishes to repay a debt without salary offset shall submit in writing a proposed agreement to repay the debt. The proposal shall admit the existence of the debt and set forth a proposed repayment schedule. Any proposal under this paragraph must be received by the official designated in that notice within 20 calendar days after receipt of the notice of intent.

(b) When the Peace Corps is the creditor agency, in response to a timely proposal by the debtor the agency will notify the employee whether the employee's proposed written agreement for repayment is acceptable. It is within the agency's discretion to accept a repayment agreement instead of proceeding by offset.

(c) If the Peace Corps decides that the proposed repayment agreement is unacceptable, the employee will have 15 calendar days from the date he or she received notice of the decision to file a petition for a review.

(d) If the Peace Corps decides that the proposed repayment agreement is acceptable, the alternative arrangement must be in writing and signed by both the employee and a designated agency official.

§ 309.19 Waiver.

(a) Under certain circumstances, employees may have a statutory right to request a waiver of indebtedness. When an employee makes a request under a statutory right, further collection will be stayed pending an administrative determination on the request.

(b) Waiver of indebtedness is an equitable remedy and as such must be based on an assessment of the facts

involved in the individual case under consideration. The burden is on the employee to demonstrate that the applicable waiver standard has been met.

§ 309.20 Compromise.

Peace Corps may attempt to effect compromise in accordance with the standards set forth in the FCCS (31 CFR part 902).

§ 309.21 Suspension of collection.

Suspension of collection action shall be made in accordance with the standards set forth in the FCCS (31 CFR 903.1–903.2).

§ 309.22 Termination of collection.

Termination of collection action shall be made in accordance with the standards set forth in the FCCS (31 CFR 903.1 and 903.3–903.4).

§ 309.23 Discharge.

Once a debt has been closed out for accounting purposes and collection has been terminated, the debt is discharged. Peace Corps will report discharged debt as income to the debtor to the Internal Revenue Service per 26 U.S.C. 6050P and 26 CFR 1.6050P–1.

§ 309.24 Bankruptcy.

Peace Corps generally terminates collection activity on debts that have been discharged in bankruptcy unless otherwise provided for by bankruptcy law. The CFO will seek legal advice by the General Counsel's office if there is the belief that any claims or offset may have survived the discharge of a debtor.

Dated: February 15, 2008.

Tyler S. Posey,
General Counsel.

[FR Doc. E8–3268 Filed 2–21–08; 8:45 am]

BILLING CODE 6015–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 440

[CMS–2232–P]

RIN 0938–A048

Medicaid Program; State Flexibility for Medicaid Benefit Packages

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

ACTION: Proposed rule.

SUMMARY: This proposed rule would implement provisions of section 6044 of

the Deficit Reduction Act of 2005, Pub. L. 109–171, which amends the Social Security Act by adding a new section 1937 related to the coverage of medical assistance under approved State plans. Under this new section, States have increased flexibility under an approved State plan to define the scope of covered medical assistance by offering coverage of benchmark or benchmark-equivalent benefit packages to certain Medicaid recipients.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. March 24, 2008.

ADDRESSES: In commenting, please refer to file code CMS–2232–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four 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–2232–P, P.O. Box 8016, Baltimore, MD 21244–8016.

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–2232–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 HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and 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: Donna Schmidt, (410) 786–5532.

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–2232–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.

I. Background

Under title XIX of the Social Security Act (the Act), the Secretary is

authorized to provide funds to assist States in furnishing medical assistance to needy individuals whose income and resources are insufficient to meet the costs of necessary medical services, including families with dependent children and individuals who are aged, blind, or disabled. To be eligible for funds under this program, States must submit a State plan, which must be approved by the Secretary. Programs under title XIX are jointly financed by Federal and State governments. Within broad Federal guidelines, each State determines the design of its program, eligible groups, benefit packages, payment levels for coverage and administrative and operating procedures.

Before the passage of the Deficit Reduction Act (DRA), States were required to offer at minimum a standard benefit package to eligible populations identified in section 1902(a)(10)(A) of the Act (with some specific exceptions, for example, for certain pregnant women, who could be limited to pregnancy-related services). Under section 1902(a)(10)(A) of the Act, this standard benefit package had to include certain specific benefits identified in the definition of "medical assistance" at section 1905(a) of the Act. These identified benefits include inpatient and outpatient hospital services, physician services, medical and surgical services furnished by a dentist, rural health clinic services, federally qualified health center services, laboratory and X-ray services, nursing facility services, early and periodic screening, diagnostic and treatment services for individuals under age 21, family planning services to individuals of child-bearing age, nurse-midwife services, certified pediatric nurse practitioner, and certified family nurse practitioner services. Under section 1902(a)(10)(D) of the Act, the standard benefit package is also required to include home health services.

Section 6044 of the Deficit Reduction Act of 2005 (DRA) (Pub. L. 109–171, enacted on February 8, 2006), amended the Act by adding a new section 1937 that allows States to amend their Medicaid State plans to provide for the use of benefit packages other than the standard benefit package, namely benchmark benefit packages or benchmark-equivalent packages, for certain populations. The statute delineates what benefit packages qualify as benchmark packages and what would constitute a benchmark-equivalent package. The statute also specifies those exempt populations that may not be included or mandated in the benchmark coverages. To be eligible for funds under

this new provision, States must submit a State plan amendment, which must be approved by the Secretary.

This proposed rule would incorporate and integrate into Centers for Medicare & Medicaid Services (CMS) regulations the statutory framework for alternative benchmark packages.

II. Provisions of the Proposed Rule

[If you choose to comment on issues in this section, please include the caption "PROVISIONS OF THE PROPOSED RULE" at the beginning of your comments.]

By creating section 1937 of the Act, we believe the Congress intended to provide States unprecedented flexibility within Medicaid State Plans to provide health benefits coverage. This authority, created by section 6044 of the DRA, allows States broad flexibility to develop innovative health coverage plans for Medicaid recipients. States may create more mainstream packages like those found in the private insurance market by implementing health benefit packages mirroring employer sponsored group health plans.

These flexibilities give States new opportunities to provide benefit plans to meet the health care needs of Medicaid populations while maintaining the sustainability of the program. For the first time in the State plan, States may create innovative Medicaid programs that further strengthen and support the overall health care system. States now have the tools they need to provide person-centered care to maximize health outcomes for individuals. These tools may be used in conjunction with other title XIX and XXI authorities and other programs, to strategically align the Medicaid Program with today's healthcare environment to expand access to affordable mainstream coverage; to promote personal responsibility for health and accessing health care; and to improve quality and coordination of care.

The enactment of this provision of the DRA gave States new options to create programs that are more aligned with the needs of today's Medicaid populations and the health care environment. States may use this flexibility to capitalize on the strengths of their existing health care systems by incorporating and building upon the private insurance market. Additionally, we encourage States to use these flexibilities to shape innovations in the health care marketplace. The authority under this provision creates great opportunities for States to focus the health care system on delivering person-centered health care for all individuals. States will be able to reconnect families receiving health care

through Medicaid to the larger insurance system that serves most Americans and promote continuity of coverage. This in turn will strengthen the private market and assist in creating better access to health care in the State.

Section 1937 of the Act gives States greater control over the administration of their Medicaid programs by moving innovative programs into State plans. This in turn, provides States with ease in leveraging the private market forces to provide care to Medicaid recipients in much the same way this care is provided to those with benefits through private insurance.

We began issuing guidance about the new flexibilities available to States within months of the enactment of the DRA. For example, on March 31, 2006, we issued a State Medicaid Director letter providing guidance on the implementation of section 6044 of the DRA. This proposed rule is consistent with that guidance.

Under section 1937 of the Act, a State may require that medical assistance to individuals, within one or more groups of individuals specified by the State, be provided through enrollment in a benchmark or benchmark-equivalent benefit coverage package. A State has the option to amend its State plan to provide benchmark or benchmark-equivalent coverage without regard to comparability, statewide, freedom of choice, the assurance of transportation to medically necessary services and other requirements in order to tailor and provide the coverage to the individuals. The purpose of this section, as indicated in the title of section 6044 of the DRA, was to provide States with increased flexibility. In order to maximize that flexibility, we are proposing to interpret the statutory clause "notwithstanding any other provision of this title" to relieve States of the responsibility to assure transportation to and from providers, which is the regulatory requirement at 42 CFR 431.53 that is based on sections 1902(a)(4) and 1902(a)(19) of the Act. The statute provides benchmark options available to States that are equivalent to those found in the private health insurance market. Generally, private health insurance plans do not offer non-emergency medical transportation as a benefit to enrollees. It would be a strong disincentive for States to offer benchmark coverage through private health insurance plans if States had to supplement benchmark benefit plans with additional transportation benefits. We are therefore proposing to exempt States that elect benchmark coverage from the transportation assurance requirement. This provides maximum

flexibility to states and is consistent with the stated purpose of section 6044.

Populations Affected. Benchmark or benchmark-equivalent coverage packages may only be offered to individuals whose eligibility is based on an eligibility category of the Act that would have been covered under the State's plan on or before the enactment of the DRA on February 8, 2006. We are interpreting the statutory term "eligibility category" in this rule to mean an eligibility category listed under section 1905(a) of the Act, in order to maximize State flexibility. All recipients within a covered category would be eligible to participate in a benchmark plan at the State's option, unless specifically exempted by statute as discussed below, even when the State makes modifications to the income and resource eligibility levels for a group or groups under such an eligibility category after February 8, 2006.

A State may require recipients to obtain benefits by enrolling in benchmark or benchmark-equivalent coverage only if they are "full benefit eligibles." A full benefit eligible is an individual who would otherwise be eligible to receive the standard full Medicaid benefit package under the approved Medicaid State plan, but does not include individuals determined eligible by the State for medical assistance under section 1902(a)(10)(C) of the Act, or by reason of section 1902(f) of the Act, or otherwise eligible based on a reduction of income based on costs incurred for medical or other remedial care (medically needy and spend-down populations).

The statute also specifies other individuals who are also exempt from being required to enroll in benchmark or benchmark-equivalent benefit coverage. These individuals include:

- A pregnant woman who is required to be covered under the State plan under section 1902(a)(10)(A)(i) of the Act;

- A recipient qualifying for medical assistance under the State plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for Supplemental Security Income (SSI) benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act;

- A recipient entitled to benefits under any part of Medicare;

- A terminally ill recipient receiving benefits for hospice care under title XIX;

- A recipient who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or

other medical institution, and is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;

- A recipient who is medically frail or otherwise an individual with special medical needs (as described by the Secretary);

- A recipient qualifying based on medical condition for medical assistance for long-term care services described in section 1917 (c)(1)(C) of the Act;

- A recipient with respect to whom aid or assistance is made available under part B of title IV to children in foster care or with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age;

- A recipient qualifying for medical assistance on the basis of eligibility to receive assistance under a State plan funded under part A of title IV (as in effect on or after welfare reform effective date defined in section 1931(i) of the Act);

- Recipients eligible based on the diagnosis of breast or cervical cancer by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Act; and

- Recipients who receive limited services because they are eligible only under section 1902(a)(10)(A)(ii)(XII) of the Act because they are TB-infected, or because they are not qualified aliens (as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Pub. L. 104–193, enacted on August 22, 1996) and receive only the care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.

For purposes of the exempted populations under section 1937 of the Act, the Secretary is proposing in § 440.315(f) to define individuals with special medical needs to include those groups defined by Federal regulations at 42 CFR 438.50(d)(1) and § 438.50(d)(3) of the managed care regulations. These groups are: dual eligibles and certain children under age 19 who are eligible for Supplemental Security Income (SSI); children eligible under section 1902(e)(3) of the Act/Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) children; individuals in foster care or other out of home placement; individuals receiving foster care or adoption assistance; or individuals receiving services through a family-centered, community-based,

coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, as defined by the State in terms of either program participation or special health care needs.

There may be instances when an exempted individual may benefit from enrolling in a benchmark or benchmark-equivalent benefit package. States are permitted to offer these individuals a benchmark or benchmark-equivalent package, but may not require them to enroll in one. In any case in which a State offers an individual the option to enroll in a benchmark or benchmark-equivalent benefit package, the State must inform the individual that the enrollment is voluntary and that he or she may opt out at any time. In addition, the State must inform the individual of the benefits available under the benchmark or benchmark-equivalent benefit package, provide a comparison of how they differ from the benefits available under the regular Medicaid program, and must document that the individual was informed.

Generally, we would expect that the benchmark or benchmark equivalent plan would have sufficient enrollment capacity for eligible individuals. However, there may be circumstances when it is beneficial for the State to limit enrollment or when the benchmark or benchmark-equivalent plan would not have the capacity to enroll all interested and eligible individuals. In these instances, the State would maintain selection criteria for such plans based on factors such as geography or date of application that are not related to health status. The State would provide otherwise available benefits to individuals under the State plan, which may include the option of enrolling in another benchmark or benchmark-equivalent plan. And, if applicable, the State would have a system under which recipients already enrolled in the benchmark or benchmark equivalent plan are given priority to continue enrollment if the plan does not have the capacity to accept all those seeking enrollment under the program.

Benefit Packages. Under section 1937 of the Act, benchmark coverage is either Federal Employees Health Benefit Plan Equivalent Health Insurance Coverage; State Employee Coverage; a Health Maintenance Organization (HMO) plan that has the largest insured commercial, non-Medicaid enrollment in the State; or Secretary approved coverage. Secretary approved coverage is any other health benefits coverage that the Secretary determines, upon application by a State, provides appropriate

coverage for the population proposed to be provided this coverage.

In determining the coverage available under a benchmark coverage package, we do not consider cost sharing to be a limitation on the coverage (even when the benchmark plan itself does so). Thus, for example, if the selected benchmark plan document indicates that it provides coverage for only half of the cost of mental health services, we view that as a coinsurance requirement rather than as a limitation on coverage. Cost sharing and premiums for recipients may not exceed cost sharing limits under the State's plan with respect to sections 1916 and 1916A of the Act. The State would assure that all out of pocket costs for the recipients do not exceed the applicable limits. However, benchmark and benchmark-equivalent benefit packages may include annual coverage limitations on the numbers and types of particular services.

In determining whether a proposed health benefits coverage package should be Secretary approved because it provides appropriate health benefits coverage for the proposed population, we would require that States submit full descriptions of the proposed coverage, including comparisons to one of the benchmark plans or to the State's standard full Medicaid coverage package under section 1905(a) of the Act. In addition, the State would submit any other information that would be relevant to a determination that the proposed health benefits coverage would be appropriate for the proposed population. The scope of a Secretary-approved health benefits package will be limited to benefits within the scope of the categories available under a benchmark coverage package or the standard full Medicaid coverage under section 1905(a) of the Act.

In determining Secretary approved coverage, a State may consider a benefit package for a specific population that excludes a certain category of service. For example, a State may utilize a Secretary approved package that is benchmarked to the State employees benefit package which does not include pregnancy-related services. This would be appropriate where the targeted population is a population group that does not require such category of service—for instance non-pregnant adults. If an individual within the targeted population group enrolled in the Secretary approved benefit was initially eligible through a category targeted for the Secretary approved coverage, but later qualified for Medicaid through a group excluded from mandatory enrollment (e.g., non-

pregnant female enrolled in the Secretary approved benefit becomes pregnant and qualifies under the State plan under section 1902(a)(10)(A)(i)), such individual must have the opportunity to receive state plan services not available through the benchmark and must be given the choice to remain in the Secretary approved benchmark or revert to traditional Medicaid. In either event, the individual must be provided the State plan services not available through the benchmark through either wrap around coverage to the Secretary approved benefit or by virtue of reverting back to traditional Medicaid.

A State may elect to offer one or more benchmark coverage options. The State may also specify in the State plan criteria establishing the benchmark options, if any, available for any specific group of recipients. For example, the State plan may identify groups of recipients who receive benefits through a Federal Employees Health Benefit Plan (FEHBP) benchmark coverage plan and may identify other groups who receive benefits through a State Employee Coverage benchmark coverage plan.

A State may also elect to offer benchmark-equivalent benefit coverage. Coverage would be considered benchmark-equivalent coverage if it has an aggregate actuarial value equivalent to a benchmark plan described above, and it includes the following basic categories of service: inpatient and outpatient hospital services; physicians' surgical and medical services; laboratory and x-ray services; well-baby and well-child care, including age-appropriate immunizations; and other appropriate preventive services.

In addition to the categories of services set forth above, benchmark-equivalent coverage may include coverage of additional health benefits in categories of services included in the benchmark package or described in section 1905(a) of the Act. If the benchmark coverage package used by the State as a basis for comparison in establishing the aggregate actuarial value of the benchmark-equivalent package includes the following four categories of services: prescription drugs; mental health services; vision services; and hearing services; then the actuarial value of the coverage for each of these categories of service in the benchmark-equivalent coverage package must be at least 75 percent of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State. If the benchmark coverage package does not cover one of the additional four

categories of services, then the benchmark-equivalent coverage package may, but is not required to, include coverage for that category of service.

As a condition of approval of benchmark-equivalent coverage, the State must provide an actuarial report with an actuarial opinion that the benchmark-equivalent coverage meets the actuarial requirements.

Benchmark or benchmark-equivalent benefit coverage may be offered through employer sponsored health plans for individuals with access to private health insurance. For example, if an individual has access to employer sponsored coverage and that coverage is determined by the State to offer a benchmark or benchmark-equivalent benefit package (either alone or with the addition of wrap-around services covered separately under Medicaid), a State may elect to provide premium payments on behalf of the recipient to purchase the employer coverage. The State may also provide premium payments on behalf of the recipient to purchase private health insurance coverage. The premium payments would be considered medical assistance, the State could require the recipient to enroll in the group health plan, and the resulting coverage would comprise the Medicaid benefit. In addition, cost sharing for recipients should not exceed cost sharing limits under the State's plan with respect to sections 1916 and 1916A of the Act.

The State must make available to recipients under age 19 who are covered under the State plan under section 1902(a)(10)(A) of the Act benefits consisting of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services which are medically necessary for that individual as defined in section 1905(r) of the Act. For those individuals who are enrolled in benchmark coverage, the individual must seek coverage through the benchmark plan before seeking wrap-around benefits from the State. As always, medical necessity as determined by the State guides the delivery of EPSDT services. A State must also assure that individuals in a benchmark or benchmark-equivalent plan have access, through that coverage or otherwise, to rural health clinic services and federally qualified health center (FQHC) services.

Under section 1937(a)(1)(C) of the Act, States have the option to provide additional or wrap-around services to the benchmark or benchmark-equivalent plans. The wrap-around services do not need to include all State plan services. However, the State plan must describe the populations covered and the

procedures for assuring those services. We interpret the term “additional or wrap-around services” to mean health benefits that are of the same type as those covered under the benchmark or considered to be health benefits under the Medicaid statute. We propose in § 440.360 that additional or wrap-around services must be within the scope of categories of services covered under the benchmark plan, or described in section 1905(a) of the Act.

Generally, we would expect that the benchmark or benchmark equivalent plan would have sufficient enrollment capacity for eligible individuals. However, because benchmark and benchmark equivalent plans are not bound by comparability, statewideness, freedom of choice, the assurance of transportation to medically necessary services and other requirements of title XIX of the Act, there may be a circumstance, particularly in rural areas, when a plan is not capable of enrolling all interested and eligible individuals. In this instance, the State must have a process for enrolling the individual in an alternate option. If applicable, the State must have a system under which recipients already enrolled in the benchmark or benchmark equivalent plan are given priority to continue enrollment if the plan does not have the capacity to accept all those seeking enrollment under the program.

Program Integrity. We propose to establish in § 440.370 of this regulation that States are required to implement benchmark coverage in a cost effective and efficient manner. While section 1937 of the Act is premised with a provision that states notwithstanding any other provision of this title, we do not believe that the Congress intended to permit States to bypass efficiency and effectiveness rules that were tightened up in other sections of title XIX. Therefore, we are clarifying that States must deliver benchmark benefits in a manner that is cost effective and efficient. States may not use this provision to recycle funds or deliver services to the detriment of the Federal/State partnership. Benchmark or benchmark-equivalent coverage and any additional benefits must be provided in accordance with economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained. In other words, if benchmark coverage is provided on a fee-for-service basis, the same upper payment limits would apply to each service as to these services under standard full Medicaid coverage. Similarly, the same procurement requirements, or other economy or

efficiency principles would apply to this coverage as would apply to the purchase of managed care coverage as under the managed care rules at part 438 of our regulations.

To achieve economy and efficiency, States may use a variety of delivery systems for benchmark and benchmark-equivalent coverage. States may furnish benefits using one or more of the following: a fee-for-service delivery system, a fee-for-service delivery system operated with a primary care case management system, a managed care delivery system, or through premium assistance.

The State may use a selective procurement process to restrict the managed care entity or other provider from (or through) whom a recipient can obtain services, except in emergency situations. The selected provider must meet the reimbursement, quality and utilization standards under the State Plan. If a State chooses to selectively contract for the provider of the benchmark or benchmark equivalent plan services, it can do so without any waiver authority, but only to the extent that: (1) The selected provider complies with the reimbursement, quality, and utilization standards under the State plan; (2) the selection process does not discriminate among classes of providers on grounds unrelated to their demonstrated effectiveness and efficiency in providing the benchmark benefit package; and (3) all providers are paid on a timely basis in the same manner as health care practitioners must be paid under § 447.45. To the extent that these conditions are met, the State does not need to obtain a waiver under the authority of section 1915(b)(4) of the Act in order to selectively contract.

Requirements Not Applicable. In authorizing implementation of section 1937 of the Act “notwithstanding any other provision of this title,” we believe that the Congress intended to permit States to bypass the comparability, statewideness, freedom of choice, the assurance of transportation to medically necessary services and other requirements of title XIX of the Act in order for States to tailor benefit packages appropriate to specified groups of Medicaid recipients.

We believe that the Congress intended for States to have a great amount of flexibility in crafting programs for those populations which may be mandated into a benchmark or benchmark-equivalent plan. We also believe that the Congress intended for those individuals to have health coverage which mirrored that of the coverage millions of Americans receive through employer

sponsored plans in the private health insurance market.

Therefore, we propose in § 440.375, § 440.380, § 440.385, and § 440.390 to provide States this flexibility by allowing them to amend their State plans to provide benchmark or benchmark-equivalent coverage without regard to comparability, statewideness, freedom of choice, the assurance of transportation to medically necessary services, and/or other requirements in order to tailor and provide benefits.

Changes to Regulations Text. We propose to add a new subpart C beginning with § 440.300.

Subpart C—Benchmark Packages: General Provisions

Sections 440.300, 440.305, and 440.310
Basis, Scope, and Applicability

At proposed § 440.300 (Basis), § 440.305 (Scope), and § 440.310 (Applicability), the regulations would reflect the new statutory authority for States to provide medical assistance to recipients, within one or more groups of Medicaid eligible recipients specified by the State, through enrollment in benchmark coverage or benchmark-equivalent coverage. A State may only require that individuals obtain benefits by enrolling in that coverage if they are a “full benefit eligible” whose eligibility is based on an eligibility category under section 1905(a) of the Act that would have been covered under the State’s plan on or before February 8, 2006, and are not within exempted categories under the statute. The proposed regulatory definition of full benefit eligible individuals would include individuals who would otherwise be eligible to receive the standard full Medicaid benefit package under the approved Medicaid State plan, but would not include individuals within the statutory exceptions for individuals, who are determined eligible by the State for medical assistance under section 1902(a)(10)(C) of the Act, or by reason of section 1902(f) of the Act, or otherwise eligible based on a reduction of income based on costs incurred for medical or other remedial care (other medically needy and spend-down populations).

Section 440.315 Exempt Individuals

Proposed § 440.315 would reflect statutory limitations on mandatory enrollment of specified categories of individuals. A State may not require enrollment in a benchmark or benchmark-equivalent benefit plan by the following individuals:

- The recipient who is a pregnant woman who is required to be covered

under the State plan under section 1902(a)(10)(A)(i) of the Act.

- The recipient who qualifies for medical assistance under the State plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for SSI benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.

- The recipient who is entitled to benefits under any part of Medicare.

- The recipient who is terminally ill and is receiving benefits for hospice care under title XIX.

- The recipient who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, and is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.

- The recipient who is medically frail or otherwise an individual with special medical needs (as described by the Secretary in section 440.315(f)). For purposes of this section, we would propose that individuals with special needs includes those groups defined by Federal regulations at § 438.50(d)(1) and § 438.50(d)(3) of the managed care regulations (that is, dual eligibles and certain children under age 19 who are eligible for SSI; eligible under section 1902(e)(3) of the Act, TEFRA children; in foster care or other out of home placement; or receiving foster care or adoption assistance). We are not proposing a definition for medically frail populations but we invite public comments to assist us in defining this term in the final regulation.

- The recipient who qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Act.

- The recipient who receives aid or assistance under part B of title IV for children in foster care or an individual with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age.

- The recipient who qualifies for medical assistance on the basis of eligibility to receive assistance under a State plan funded under part A of title IV (as in effect on or after welfare reform effective date defined in section 1931(i) of the Act). This provision relates to those individuals who qualify for Medicaid solely on the basis of qualification under the Temporary

Assistance for Needy Families (TANF) rules (that is, the State links Medicaid eligibility to TANF eligibility).

- The recipient is a woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(a) of the Act. This provision relates to those individuals who are eligible for Medicaid based on the breast or cervical cancer eligibility provisions.

- The recipient qualifies for medical assistance as a TB-infected individual on the basis of section 1902(a)(10)(A)(ii)(XII) of the Act.

- The recipient is not a qualified alien (as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) and receives only care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.

Section 440.320 State Plan Requirements: Optional Enrollment for Exempt Individuals

At proposed § 440.320, we would allow States to offer exempt individuals specified in § 440.315 the option to enroll into a benchmark or benchmark-equivalent benefit plan. The State plan must identify in its State plan the exempt groups for which this coverage is available. There may be instances in which an exempted individual may benefit from enrolling in a benchmark or benchmark-equivalent benefit package. States are permitted to elect in the State plan to offer exempted individuals a benchmark or benchmark-equivalent package, but States may not require them to enroll in one. For example, in some States the State employee benchmark coverage may be more generous than the State Medicaid plan. Secretary-approved coverage may offer the opportunity for disabled individuals to obtain integrated coverage for acute care and community-based long-term care services. Additionally, States may be able to better integrate disease management programs to provide better coordinated care which targets the specific needs of individuals with special health needs.

Section 440.325 State Plan Requirements: Coverage and Benefits

At proposed § 440.325, we set forth the conditions under which a State may offer enrollment to exempt recipients specified in § 440.315. When a State offers exempt recipients the option to enroll in a benchmark or benchmark-equivalent benefit package, the State must inform the recipients that enrollment is voluntary and that the

individual may opt out of the benchmark or benchmark-equivalent benefit package at any time and regain immediate eligibility for the standard full Medicaid program under the State plan. The State must inform the recipient of the benefits available under the benchmark or benchmark-equivalent benefit package and provide a comparison of how they differ from the benefits available under the standard full Medicaid program. The State must document in the individual's eligibility file that the individual was informed in accordance with this paragraph and voluntarily chose to enroll in the benchmark or benchmark-equivalent benefit package.

At proposed § 440.325, a State would have the option to choose to specify the benchmark or benchmark-equivalent coverage packages offered under the State's Medicaid plan. A State may select one or all of the benchmark plans described in § 440.330 or establish benchmark-equivalent plans described in § 440.335, respectively.

Section 440.330 Benchmark Health Benefits Coverage

At proposed § 440.330, benchmark coverage is described as any one of the following:

- Federal Employees Health Benefit Plan Equivalent Coverage (FEHBP—Equivalent Health Insurance Coverage). A benefit plan equivalent to the standard Blue Cross/Blue Shield preferred provider option service benefit plan that is described in and offered to Federal employees under 5 U.S.C. 8903(1).

- State employee coverage. A health benefits plan that is offered and generally available to State employees in the State involved.

- Health Maintenance Organization (HMO) plan. A health insurance plan that is offered through an HMO (as defined in section 2791(b)(3) of the Public Health Service Act) that has the largest insured commercial, non-Medicaid enrollment in the State.

- Secretary approved coverage. Any other health benefits coverage that the Secretary determines, upon application by a State, provides appropriate coverage for the population proposed to be provided that coverage. States wishing to opt for Secretarial approved coverage should submit a full description of the proposed coverage and include a benefit-by-benefit comparison of the proposed plan to one or more of the three benchmark plans specified above or to the State's standard full Medicaid coverage package under section 1905(a) of the Act, as well as a full description of the

population that would be receiving the coverage. In addition, the State should submit any other information that would be relevant to a determination that the proposed health benefits coverage would be appropriate for the proposed population. The scope of a Secretary-approved health benefits package will be limited to benefits within the scope of the categories available under a benchmark coverage package or the standard full Medicaid coverage package under section 1905(a) of the Act.

A State may select one or more benchmark coverage plan options. The State may also specify the benchmark plan for any specific recipient. For example, one recipient may be enrolled in the FEHBP and another may be enrolled into State Employee Coverage at the option of the State.

Section 440.335 Benchmark-Equivalent Health Benefits Coverage

At proposed § 440.335, we would provide that if a State designs or selects a benchmark plan other than those specified in § 440.330, the State must provide coverage that is equivalent to benchmark coverage. Coverage that meets the following requirements will be considered to be benchmark-equivalent coverage:

- Required Coverage. Benchmark-equivalent coverage includes benefits for items and services within each of the following categories of basic services and must include coverage for the following categories of basic services:
 - + Inpatient and outpatient hospital services.
 - + Physicians' surgical and medical services.
 - + Laboratory and x-ray services.
 - + "Well-baby" and "well-child" care, including age-appropriate immunizations.
 - + Other appropriate preventive services, as designated by the Secretary.
- Aggregate actuarial value equivalent to benchmark coverage. Benchmark-equivalent coverage must have an aggregate actuarial value, determined in accordance with proposed § 440.340 that is at least equivalent to coverage under one of the benchmark packages outlined in § 440.330.
- Additional coverage. In addition to the categories of services set forth above, benchmark-equivalent coverage may include coverage for any additional services included in the benchmark plan or described in section 1905(a) of the Act.
- Application of actuarial value for benchmark-equivalent coverage that includes prescription drugs, mental health, vision, and hearing services.

Where the benchmark coverage package used by the State as a basis for comparison in establishing the aggregate actuarial value of the benchmark-equivalent package includes any or all of the following four categories of services: prescription drugs; mental health services; vision services; and hearing services; then the actuarial value of the coverage for each of these categories of service in the benchmark-equivalent coverage package must be at least 75 percent of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State.

If the benchmark coverage package does not cover one of the four categories of services mentioned above, then the benchmark-equivalent coverage package may, but is not required to, include coverage for that category of service.

Section 440.340 Actuarial Report for Benchmark-Equivalent Health Benefit Coverage

In accordance with 1937(a)(3) of the Act, at proposed § 440.340, we would require a State as a condition of approval of benchmark-equivalent coverage, to provide an actuarial report, with an actuarial opinion that the benchmark-equivalent coverage meets the actuarial requirements of § 440.335.

At proposed § 440.340, we would require the actuarial report to obtain approval for benchmark-equivalent health benefit coverage and to meet all the provisions of the statute. The actuarial report must state:

- The actuary issuing the opinion is a member of the American Academy of Actuaries (AAA) (and meets Academy standards for issuing an opinion).
- The actuary used generally accepted actuarial principles and methodologies of the AAA, standard utilization and price factors and a standardized population representative of the population involved.
- The same principles and factors were used in analyzing the value of different coverage (or categories of services) without taking into account differences in coverage based on the method of delivery or means of cost control or utilization used.
- The report should also state if the analysis took into account the State's ability to reduce benefits because of the increase in actuarial value of health benefits coverage offered under the State plan that results from the limitations on cost sharing (with the exception of premiums) under that coverage.
- The actuary preparing the opinion must select and specify the standardized set of utilization and pricing factors as well as the standardized population.

- The actuary preparing the opinion must provide sufficient detail to explain the basis of the methodologies used to estimate the actuarial value or, if requested by CMS, to replicate the State's result.

Section 440.345 EPSDT Services Requirement

At proposed § 440.345, we would require States to make available EPSDT services as defined in section 1905(r) of the Act that are medically necessary for those individuals under age 19 who are covered under the State plan. We expect that most benchmark or benchmark-equivalent plans will offer the majority of EPSDT services. To the extent that any medically necessary EPSDT services are not covered through the benchmark or benchmark-equivalent plan, States are required to supplement the benchmark or benchmark-equivalent plan in order to ensure access to these services. Individuals mandated into a benchmark or benchmark-equivalent plan and entitled to have access to EPSDT services cannot opt out of the benchmark or benchmark equivalent plan just to receive these services. While individuals are required to have access to such medically necessary services first under the benchmark or benchmark-equivalent plan, the State may provide wrap-around or additional coverage for medically necessary services not covered under such plan. Any wrap-around benefits must be sufficient so that, in combination with the benchmark or benchmark-equivalent benefits package, an individual would have coverage for his or her medically necessary services consistent with the requirements under 1905(r) of the Act. The State plan must include a description of how wrap-around benefits or additional services will be provided to ensure that these recipients have access to full EPSDT services under 1905(r) of the Act.

In addition, individuals must first seek coverage of EPSDT services through the benchmark or benchmark equivalent plan before seeking coverage of such through wrap-around benefits.

Section 440.350 Employer Sponsored Insurance Health Plans

At proposed § 440.350, the use of benchmark or benchmark-equivalent benefit coverage would be at the discretion of the State and may be used in conjunction with employer sponsored health plans as a coverage option for individuals with access to private health insurance. Additionally, the use of benchmark or benchmark-equivalent coverage may be used for individuals with access to private health

insurance coverage. For example, if an individual has access to employer sponsored coverage and that coverage is determined by the State to be benchmark or benchmark-equivalent, a State may, at its option, provide premium payments on behalf of the recipient to purchase the employer coverage. Additionally, a State could create a benchmark or benchmark-equivalent plan combining employer sponsored insurance and wrap-around benefits to that employer sponsored insurance benefit package. The premium payments would be considered medical assistance and the State could require the recipient to enroll in the group health plan.

Section 440.355 Payment of Premiums

At proposed § 440.355, payment of premiums by the State, net of beneficiary contributions, to obtain benchmark or benchmark-equivalent benefit coverage on behalf of beneficiaries under this section will be treated as medical assistance under 1905(a) of the Act.

Section 440.360 State Plan Requirement for Providing Additional Wrap-Around Services

At proposed § 440.360, a State may at its option provide additional wrap-around services to the benchmark or benchmark-equivalent plans. The wrap-around services do not need to include all State plan services. However, the State plan must describe the populations covered and the payment methodology for assuring those services. Such additional or wrap-around services must be within the scope of categories of services covered under the benchmark plan, or described in section 1905(a) of the Act.

Section 440.365 Coverage of Rural Health Clinic and Federally Qualified Health Center (FQHC) Services

At proposed § 440.365, a State that provides benchmark or benchmark-equivalent coverage to individuals must assure that the individual has access, through that coverage or otherwise, to rural health clinic services and FQHC services as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Act. Payment for these services must be made in accordance with the payment provisions of section 1902(bb) of the Act.

Section 440.370 Cost Effectiveness

At proposed § 440.370, benchmark or benchmark-equivalent coverage and any additional benefits must be provided in accordance with Federal upper payment limits, procurement requirements and

other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Section 440.375 Comparability

At proposed § 440.375, a State may at its option amend its State plan to provide benchmark or benchmark-equivalent coverage to recipients without regard to comparability.

Section 440.380 Statewideness

At proposed § 440.380, a State may at its option amend its State plan to provide benchmark or benchmark-equivalent coverage to recipients without regard to statewideness.

Section 440.385 Freedom of Choice

At proposed § 440.385, a State may at its option amend its State plan to provide benchmark or benchmark-equivalent coverage to recipients without regard to freedom of choice. States may restrict recipients to obtaining services from (or through) selectively procured provider plans or practitioners that meet, accept, and comply with reimbursement, quality and utilization standards under the State Plan, to the extent that the restrictions imposed meet the following requirements:

(+) Do not discriminate among classes of providers on grounds unrelated to their demonstrated effectiveness and efficiency in providing the benchmark benefit package.

(+) Do not apply in emergency circumstances.

(+) Require that all provider plans are paid on a timely basis in the same manner as health care practitioners must be paid under § 447.45 of the chapter.

Section 440.390 Assurance of Transportation

At proposed § 440.390, a State may at its option amend its State plan to provide benchmark or benchmark-equivalent coverage to recipients without regard to the assurance of transportation to medically necessary services requirement specified in section 42 CFR 431.53.

III. Collection of Information Requirements

While the following requirements are subject to the PRA, they are currently approved under OMB# 0938–0993 with an expiration date of October 31, 2009.

Section 440.320 State Plan Requirements: Optional Enrollment for Exempt Individuals

Section 440.320(a) requires a State to: (1) Inform the individuals that the enrollment is voluntary and that the individual may opt out of the benchmark or benchmark-equivalent coverage at any time and regain immediate access to standard full Medicaid coverage under the State plan; (2) Inform the exempt recipient of the benefits available under the benchmark or benchmark-equivalent benefit package and provide a comparison of how they differ from the benefits available under the standard full Medicaid program; and, (3) Document in the exempt recipient's eligibility file that the recipient was informed in accordance with this section and voluntarily chose to enroll in the benchmark or benchmark-equivalent benefit package.

Section 440.330 Benchmark Health Benefits Coverage

Section 440.330(d) requires States wishing to opt for Secretarial-approved coverage to submit a full description of the proposed coverage and include a benefit-by-benefit comparison of the proposed plan to one or more of the three other benchmark plans specified.

Section 440.340 Actuarial Report for Benchmark-Equivalent Coverage

Section 440.340 requires a State trying to obtain approval for benchmark-equivalent health benefits coverage described in 440.335 to submit, as part of its State Plan Amendment, an actuarial report. The report must provide sufficient detail to explain the basis of the methodologies used to estimate the actuarial value or, if requested by CMS, to replicate the State's result.

Section 440.345 Requirement to Provide EPSDT Services

Section 440.345(a)(2) requires a State to include a description in their State Plan of how the wrap-around benefits or additional services will be provided to ensure that recipients receive full EPSDT services. The description must describe the populations covered and the procedures for assuring those services.

Section 440.350 Employer-Sponsored Insurance Health Plans

Section 440.350(b) requires a State to set forth in the State plan the criteria it will use to identify individuals who would be required to enroll in an available group health plan to receive

benchmark or benchmark-equivalent coverage.

Section 440.360 State Plan Requirement for Providing Additional Wrap-Around Services

This section requires States opting to provide additional services to the benchmark-equivalent plans, to describe the populations covered and the payment methodology for these services in their State plan.

IV. Response to 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 the comments in the preamble to that document.

V. Regulatory Impact Analysis

A. Overall Impact

We have examined the impacts of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), 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 issued a State Medicaid Director’s letter on March 31, 2006 providing guidance on the new flexibilities available to States as a result of the enactment of the Deficit Reduction Act of 2005. This proposed rule simply codifies that guidance. States have already begun implementing this provision well in advance of this proposed rule. As a result, while we anticipate that implementation of this flexibility would be economically significant, the significance is based on the changes authorized by statute and not based on discretionary policies contained in the rule itself. The impact of the rule would be limited to ensuring uniform policies for States that implement the flexibility afforded under section 1937 of the Social Security Act, as added by the Deficit Reduction Act of 2005. The aggregate amount of Federal savings is estimated to be \$2.3 billion from FY 2006 through FY 2010.

We have estimated the impact of this rule by analyzing the potential Federal savings related to lower per capita spending that may be achieved if States choose to enroll beneficiaries in eligible populations in plans that are less costly than projected Medicaid costs. To do this, we developed estimates based on the following assumptions:

- The number of eligible beneficiaries and the Federal Medicaid costs of these beneficiaries are based on 2003 Medicaid Statistical Information System (MSIS) data;
- Projections of the number of eligible beneficiaries and their associated Federal Medicaid costs were made using assumptions from the President’s

Budget 2007, including enrollment growth rates and per capita spending growth rates;

- The relative costs of the new plans allowed under this rule to current Medicaid spending were estimated based on reviews of Medicaid spending data and the plans described in this rule. Additionally, we have assumed that not all States would immediately use the options made available through this rule; therefore, we assume that State use of these plans would continue to increase through 2011. We assume that use in 2006 will be about 10% of 2011-level of use; 40% in 2007; 60% in 2008; 80% in 2009; and 90% in 2010.”

These estimates assume that there will be a negligible impact on State administration costs. As States already have experience in dealing with alternative plan designs, including through waivers or managed care plans, we have assumed States are equipped to implement these plans and will be part of their normal administrative spending.

These estimates are subject to a substantial amount of uncertainty and actual experience may be significantly different. The range of possible experience is greater than under most other rules for the following two reasons. First, this rule provides the option for States to use alternative plans; to the extent that States participate more or less than assumed here (both the number of States that participate and the extensiveness of States’ use of these plans), Federal savings may be greater than or less than estimated. Second, this rule also provides a wide range of options for States in designing these plans; to the extent that States use plans that are relatively more or less costly than assumed here, Federal savings may be less than or greater than estimated.

ESTIMATED ANNUAL FEDERAL SAVINGS DISCOUNTED AT 0%, 3% AND 7%—FROM FY 2006 TO FY 2010
[In millions]

Discount rate	2006	2007	2008	2009	2010	Total 2006–2010
0%	\$70	\$280	\$460	\$660	\$810	\$2,280
3%	68	264	421	586	699	2,038
7%	65	245	375	504	578	1,767

We anticipate that States would phase in alternative benefit programs, and changes would not be fully realized until 2010. The majority of savings would be achieved through cost avoidance of future anticipated costs by providing appropriate benefits based on a population’s health care needs,

appropriate utilization of services, and through gains in efficiencies through contracting. States would be able to take greater advantage of marketplace dynamics within their State. We also anticipate that a number of States will use this flexibility to create programs that are more similar to their SCHIP

programs. Because States are no longer tied to statewideness and comparability rules for non-disabled, non-aged, and non-blind populations, they would be able to offer individuals and families different types of plans consistent with their needs and available delivery systems.

ESTIMATED ANNUAL STATE SAVINGS DISCOUNTED AT 0%, 3% AND 7%—FROM FY 2006 TO FY 2010
[In millions]

Discount rate	2006	2007	2008	2009	2010	Total 2006–2010
0%	\$50	\$210	\$350	\$500	\$610	\$1,720
3%	49	198	320	444	526	1,537
7%	47	183	286	381	435	1,332

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 small governmental jurisdictions. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6.5 million to \$30.5 million in any 1 year. Individuals and States are not included in the definition of a small entity. We have determined, and the Secretary certifies, that this provision applies to States only and would not affect small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Core-Based Statistical Area and has fewer than 100 beds. We have determined, and the Secretary certifies, that this proposed rule would not have a significant impact on the operations of a substantial number of small rural 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 that may result in expenditures in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$100 million, updated annually for inflation. That threshold level is currently approximately \$127 million. Because this rule does not mandate State participation in using these benchmark plans, there is no obligation for the State to make any change to their Medicaid program. Therefore, there is no mandate for the State.

We believe this proposed rule would not mandate expenditures in that amount.

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. This proposed rule would not impose direct cost on States or local government or preempt State law. The rule would provide States the option to implement alternative Medicaid benefits through a Medicaid State plan amendment.

B. Anticipated Effects

Before section 6044 of the DRA became effective on March 31, 2006, State Medicaid programs generally were required to offer at minimum the same standard benefit package to each recipient, regardless of income, eligibility category, or geographic location. Some States offered alternative benefit packages to certain recipients under section 1115 demonstration waivers approved by the Centers for Medicare & Medicaid Services. This provision allows for similar program alternatives under the State plan without the constraints of a waiver. Moreover, Medicaid families would gain continuity in coverage as family members move together from Medicaid and the State Children's Health Insurance Program (SCHIP) to, eventually, private coverage. Today, because of the lack of flexibility in Medicaid, one child may be receiving Medicaid, another in SCHIP, and the parent has access to private coverage. With benefit flexibility in State Medicaid programs, families could enroll under the same plan, with the same providers and one set of administrative rules. Administrative simplification can help families maintain health insurance coverage and give them experience with private insurance coverage that would become important when their income rises above Medicaid and SCHIP eligibility levels and to mitigate the need for dependence. States with strong employer-based coverage may emphasize family coverage premium assistance. States may form larger pools by combining Medicaid recipients with their public employees.

C. Alternatives Considered

This rule proposes requirements for States to elect alternative Medicaid

benefit programs through the adoption of a Medicaid State plan amendment. The proposed requirements in this rule were designed to maximize State flexibility while assuring that beneficiaries will get quality care that meets their needs. Under this rule, we would permit States to define the alternative benefit packages only by reference to the benchmark or benchmark-equivalent standard (with the exception of the EPSDT wrap-around benefits). We would also permit States to combine an alternative benefit package with alternative benefit delivery methods, such as through managed care, employer-based coverage, or selective contracting. An alternative might have been to require the State to document any deviation from otherwise applicable State plan requirements, such as is required under section 1115 demonstration waivers, 1915(b) waivers, 1915(c) waivers, or any combination thereof. We have not elected this alternative because it would be cumbersome for States, it would not be consistent with the statutory use of benchmark and benchmark-equivalent coverage as reference points for permissible benefit packages, and it would not improve the clarity of the State plan. Another alternative might have been to limit State flexibility under this provision to variation in the amount, duration and scope of benefits without providing authority for an integrated approach combining alternative benefits with alternative benefit delivery methods. We have not elected this alternative because an integrated approach allows greater State flexibility to tailor both benefits and delivery methods to the eligible groups of individuals being served.

D. Accounting Statement

As required by OMB Circular A–4 (available at <http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf>), in Table 15 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 decrease in Medicaid payments as a result of the changes presented in this

proposed rule. All savings are classified as transfers to the Federal Government, as well as to States.

TABLE.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED SAVINGS, FROM FY 2006 TO FY 2010
[In \$ millions]

Category	Transfers				
	Year Dollar	Units Discount Rate			Period Covered
	.....	7%	3%	0%	.....
Annualized Monetized Transfers	2006	–\$430.8	–\$445.0	–\$456.0	2006–2010
From Whom To Whom?	Federal Government to Beneficiaries, Providers				
Category	Transfers				
	2006	2007	2008	2009	2010
					
Annualized Monetized Transfers	–\$70	–\$280	–\$460	–\$660	–\$810
From Whom To Whom?	Federal Government to Beneficiaries, Providers				
Category	Transfers				
	Year Dollar	Units Discount Rate			Period Covered
	.....	7%	3%	0%	.....
Annualized Monetized Transfers	2006	–\$324.9	–\$335.7	–\$344.0	2006–2010
From Whom to Whom?	State Governments to Beneficiaries, Providers				
Category	Transfers				
	2006	2007	2008	2009	2010
					
Annualized Monetized Transfers	–\$50	–\$210	–\$350	–\$500	–\$610
From Whom to Whom?	State Governments to Beneficiaries, Providers				

Column 1: Category—Contains the description of the different impacts of the rule; it could include monetized, quantitative but not monetized, or qualitative but not quantitative or monetized impacts; it also may contain unit of measurement (such as, dollars). In this case, the only impact is the Federal annualized monetized impact of the rule.

Column 2: Primary Estimate—Contains the quantitative or qualitative impact of the rule for the respective category of impact. Monetized amounts are generally shown in real dollar terms. In this case, the federalized annualized monetized primary estimate represents the equivalent amount that, if paid (saved) each year over the period covered, would result in the same net present value of the stream of costs (savings) estimated over the period covered.

Column 3: Year Dollar—Contains the year to which dollars are normalized; that is, the first year that dollars are discounted in the estimate.

Column 4: Unit Discount Rate—Contains the discount rate or rates used to estimate the annualized monetized

impacts. In this case, three rates are used: 7 percent; 3 percent; 0 percent.

Column 5: Period Covered—Contains the years for which the estimate was made.

Rows: The rows contain the estimates associated with each specific impact and each discount rate used.

“From Whom to Whom?”—In the case of a transfer (as opposed to a change in aggregate social welfare as described in the OMB Circular), this section describes the parties involved in the transfer of costs. In this case, the costs represent a reduction in Federal Government spending on behalf of beneficiaries. The table may also contain minimum and maximum estimates and sources cited. In this case, there is only a primary estimate and there are no additional sources for the estimate.

Estimated Savings—The following table shows the discounted costs (savings) for each discount rate and for each year over the period covered. “Total” represents the net present value of the impact in the year the rule takes effect. These numbers represent the

anticipated annual reduction in Federal Medicaid spending under this rule.

E. Conclusion

We project that the use of benchmark plans under this rule will save \$2.3 billion from 2006–2010. These savings would arise as States use the plans described by this rule to manage the costs of their Medicaid program by modifying plan benefits for targeted beneficiaries. The actual savings will heavily depend on the number of States that ultimately implement these plans, the number of beneficiaries States cover with these plans, and the specific design and selection of benchmark plans.

For reasons stated above, we are not preparing analyses for either the RFA or section 1102(b) of the Act because we have determined that this rule would not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

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

List of Subjects in 42 CFR Part 440

Grant programs—health, Medicaid.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services proposes to amend 42 CFR chapter IV as set forth below:

PART 440—SERVICES: GENERAL PROVISIONS

1. The authority citation for part 440 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

2. A new subpart C, consisting of § 440.300 through § 440.390, is added to part 440 to read as follows:

Subpart C—Benchmark Benefit and Benchmark-Equivalent Coverage

Sec.

- 440.300 Basis.
- 440.305 Scope.
- 440.310 Applicability.
- 440.315 Exempt individuals.
- 440.320 State plan requirements: Optional enrollment for exempt individuals.
- 440.325 State plan requirements: Coverage and benefits.
- 440.330 Benchmark health benefits coverage.
- 440.335 Benchmark-equivalent health benefits coverage.
- 440.340 Actuarial report for benchmark-equivalent coverage.
- 440.345 EPSDT services requirement.
- 440.350 Employer-sponsored insurance health plans.
- 440.355 Payment of premiums.
- 440.360 State plan requirement for providing additional wrap-around services.
- 440.365 Coverage of rural health clinic and federally qualified health center (FQHC) services.
- 440.370 Cost-effectiveness.
- 440.375 Comparability.
- 440.380 Statewide.
- 440.385 Freedom of choice.
- 440.390 Assurance of Transportation.

Subpart C—Benchmark Benefit and Benchmark-Equivalent Coverage**§ 440.300 Basis.**

This subpart implements section 1937 of the Act, which authorizes States to provide for medical assistance to one or more groups of Medicaid-eligible recipients specified by the State under an approved State plan amendment through enrollment in coverage that provides benchmark or benchmark-equivalent health care benefit coverage.

§ 440.305 Scope.

(a) *General.* This subpart sets out requirements for States that elect to provide medical assistance to certain Medicaid eligible recipients within one or more groups of individuals specified

by the State, through enrollment of the recipients in coverage, identified as “benchmark” or “benchmark-equivalent.”

(b) *Limitations.* A State may only apply the option in paragraph (a) of this section for an individual whose eligibility is based on an eligibility category under section 1905(a) of the Act that would have been covered under the State’s plan on or before February 8, 2006.

(c) A State may not require but may offer enrollment in benchmark or benchmark-equivalent coverage to the Medicaid eligible individuals listed in § 440.315. States allowing individuals to opt in must be in compliance with the rules specified at § 440.320.

§ 440.310 Applicability.

(a) *Enrollment.* The State may require “full benefit eligible” recipients not excluded in § 440.315 to enroll in benchmark or benchmark-equivalent coverage.

(b) *Full benefit eligible.* A recipient is full benefit eligible if determined by the State to be eligible to receive the standard full Medicaid benefit package under the approved Medicaid State plan if not for the application of the option available under this subpart, but does not include individuals determined eligible as medically needy individuals, or eligible because of a reduction of income based on costs incurred for medical or other remedial care under section 1902(f) of the Act or otherwise based on incurred medical costs.

§ 440.315 Exempt individuals.

For recipients within one (or more) of the following categories, the State plan may offer, but may not require under § 440.310, the opportunity to obtain benefits through enrollment in benchmark or benchmark-equivalent coverage:

(a) The recipient is a pregnant woman who is required to be covered under the State plan under section 1902(a)(10)(A)(i) of the Act.

(b) The recipient qualifies for medical assistance under the State plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for Supplemental Security Income benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.

(c) The recipient is entitled to benefits under any part of Medicare.

(d) The recipient is terminally ill and is receiving benefits for hospice care under title XIX.

(e) The recipient is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, and is required, as a condition of receiving services in that institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual’s income required for personal needs.

(f) The recipient is medically frail or otherwise an individual with special medical needs. For these purposes, individuals with special needs are those individuals described in § 438.50(d)(1) and § 438.50(d)(3) of this chapter.

(g) The recipient qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Act.

(h) The recipient is an individual with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age.

(i) The recipient qualifies for medical assistance on the basis of eligibility to receive assistance under a State plan funded under part A of title IV (as in effect on or after welfare reform effective date defined in section 1931(i) of the Act). This provision relates to those individuals who qualify for Medicaid solely on the basis of qualification under the State’s TANF rules.

(j) The recipient is a woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(a) of the Act.

(k) The recipient qualifies for medical assistance on the basis of section 1902(a)(10)(A)(ii)(XII) of the Act.

(l) The recipient is not a qualified alien (as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) and receives care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.

§ 440.320 State plan requirements: Optional enrollment for exempt individuals.

(a) *General rule.* A State plan that offers exempt individuals as defined in § 440.315 the option to enroll in benchmark or benchmark-equivalent

coverage must identify in its State plan the exempt groups for which this coverage is available, and must comply with the following provisions:

(1) In any case in which the State offers an exempt individual the option to obtain coverage in a benchmark or benchmark-equivalent benefit package, the State must inform the individuals that the enrollment is voluntary and that the individual may opt out of the benchmark or benchmark-equivalent coverage at any time and regain immediate access to standard full Medicaid coverage under the State plan.

(2) The State must inform the exempt recipient of the benefits available under the benchmark or benchmark-equivalent benefit package and provide a comparison of how they differ from the benefits available under the standard full Medicaid program.

(3) The State must document in the exempt recipient's eligibility file that the recipient was informed in accordance with this section and voluntarily chose to enroll in the benchmark or benchmark-equivalent benefit package.

(b) [Reserved]

§ 440.325 State plan requirements: Coverage and benefits.

Subject to requirements in § 440.345 and § 440.365, States may elect to provide any of the following of types of health benefits coverage:

(a) Benchmark coverage in accordance with § 440.330.

(b) Benchmark-equivalent coverage in accordance with § 440.335.

§ 440.330 Benchmark health benefits coverage.

Benchmark coverage is health benefits coverage that is equal to the coverage under one or more of the following benefit plans:

(a) *Federal Employees Health Benefit Plan Equivalent Coverage (FEHBP—Equivalent Health Insurance Coverage)*. A benefit plan equivalent to the standard Blue Cross/Blue Shield preferred provider option service benefit plan that is described in and offered to Federal employees under 5 U.S.C. 8903(1).

(b) *State employee coverage*. Health benefits coverage that is offered and generally available to State employees in the State.

(c) *Health Maintenance Organization (HMO) plan*. A health insurance plan that is offered through an HMO, (as defined in section 2791(b)(3) of the Public Health Service Act) that has the largest insured commercial, non-Medicaid enrollment in the State.

(d) *Secretary approved coverage*. Any other health benefits coverage that the

Secretary determines, upon application by a State, provides appropriate coverage for the population proposed to be provided such coverage. States wishing to opt for Secretarial approved coverage should submit a full description of the proposed coverage, (including a benefit-by-benefit comparison of the proposed plan to one or more of the three other benchmark plans specified above or to the State's standard full Medicaid coverage package under section 1905(a) of the Act), and of the population to which the coverage would be offered. In addition, the State should submit any other information that would be relevant to a determination that the proposed health benefits coverage would be appropriate for the proposed population. The scope of a Secretary-approved health benefits package will be limited to benefits within the scope of the categories available under a benchmark coverage package or the standard full Medicaid coverage package under section 1905(a) of the Act.

§ 440.335 Benchmark-equivalent health benefits coverage.

(a) *Aggregate actuarial value*. Benchmark-equivalent coverage is health benefits coverage that has an aggregate actuarial value, as determined in § 440.340 that is at least actuarially equivalent to the coverage under one of the benchmark benefit packages described in § 440.330 for the identified Medicaid population to which it will be offered.

(b) *Required coverage*. Benchmark-equivalent health benefits coverage must include coverage for the following categories of services:

(1) Inpatient and outpatient hospital services.

(2) Physicians' surgical and medical services.

(3) Laboratory and x-ray services.

(4) Well-baby and well-child care, including age-appropriate immunizations.

(5) Other appropriate preventive services, such as emergency services as designated by the Secretary.

(c) *Additional coverage*. (1) In addition to the categories of services of this section, benchmark-equivalent coverage may include coverage for any additional services in a category included in the benchmark plan or described in section 1905(a) of the Act.

(2) If the benchmark coverage package used by the State for purposes of comparison in establishing the aggregate actuarial value of the benchmark-equivalent package includes any of the following four categories of services: Prescription drugs; mental health

services; vision services; and hearing services; then the actuarial value of the coverage for each of these categories of service in the benchmark-equivalent coverage package must be at least 75 percent of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State.

(3) If the benchmark coverage package does not cover one of the four categories of services in paragraph (c)(2) of this section, then the benchmark-equivalent coverage package may, but is not required to, include coverage for that category of service.

§ 440.340 Actuarial report for benchmark-equivalent coverage.

(a) A State plan amendment that would provide for benchmark-equivalent health benefits coverage described in § 440.335, must include an actuarial report. The actuarial report must contain an actuarial opinion that the benchmark equivalent health benefits coverage meets the actuarial requirements set forth in § 440.335. The report must also specify the benchmark coverage used for comparison.

(b) The actuarial report must state that it was prepared according to the following requirements:

(1) By an individual who is a member of the American Academy of Actuaries (AAA).

(2) Using generally accepted actuarial principles and methodologies of the AAA.

(3) Using a standardized set of utilization and price factors.

(4) Using a standardized population that is representative of the population involved.

(5) Applying the same principles and factors in comparing the value of different coverage (or categories of services).

(6) Without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used.

(7) Taking into account the ability of the State to reduce benefits by taking into account the increase in actuarial value of health benefits coverage offered under the State plan that results from the limitations on cost sharing (with the exception of premiums) under that coverage.

(c) The actuary preparing the opinion must select and specify the standardized set of factors and the standardized population to be used in paragraphs (b)(3) and (b)(4) of this section.

(d) The State must provide sufficient detail to explain the basis of the methodologies used to estimate the actuarial value or, if requested by CMS, to replicate the State's result.

§ 440.345 EPSDT services requirement.

(a) The State must assure access to early and periodic screening, diagnostic and treatment (EPSDT) services through benchmark or benchmark-equivalent plan benefits or as wrap-around benefits to those plans for any child under 19 years of age eligible in a category under the State plan.

(1) Sufficiency: Any wrap-around EPSDT benefits must be sufficient so that, in combination with the benchmark or benchmark-equivalent benefits plan, these individuals have access to the full EPSDT benefit.

(2) State Plan requirement: The State must include a description of how the wrap-around benefits will be provided to ensure that these recipients have access to the full EPSDT benefit.

(b) Individuals must first seek coverage of EPSDT services through the benchmark or benchmark equivalent plan before seeking coverage of such through wrap-around benefits.

§ 440.350 Employer-sponsored insurance health plans.

(a) A State may provide benchmark or benchmark-equivalent coverage by obtaining employer sponsored health plans (either alone or with the addition of wrap-around services covered separately under Medicaid) for individuals with access to private health insurance.

(b) The State must assure that employer sponsored plans meet the requirements of benchmark or benchmark-equivalent coverage, including the cost-effectiveness requirements at § 440.370.

(c) A State may provide benchmark or benchmark-equivalent coverage through a combination of employer sponsored health plans and additional benefit coverage provided by the State that wraps around the employer sponsored health plan which, in the aggregate, results in benchmark or benchmark-equivalent level of coverage for those recipients.

§ 440.355 Payment of premiums.

Payment of premiums by the State, net of beneficiary contributions, to obtain benchmark or benchmark-equivalent benefit coverage on behalf of beneficiaries under this section will be treated as medical assistance under section 1905(a) of the Act.

§ 440.360 State plan requirement for providing additional wrap-around services.

If the State opts to provide additional or wrap-around coverage to individuals enrolled in benchmark or benchmark-equivalent plans, the State plan must describe the populations covered and

the payment methodology for these services. Additional or wrap-around services must be in categories that are within the scope of the benchmark coverage, or are described in section 1905(a) of the Act.

§ 440.365 Coverage of rural health clinic and federally qualified health center (FQHC) services.

If a State provides benchmark or benchmark-equivalent coverage to individuals, it must assure that the individual has access, through that coverage or otherwise, to rural health clinic services and FQHC services as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Act. Payment for these services must be made in accordance with the payment provisions of section 1902(bb) of the Act.

§ 440.370 Cost-effectiveness.

Benchmark and benchmark-equivalent coverage and any additional benefits must be provided in accordance with Federal upper payment limits, procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

§ 440.375 Comparability.

States have the option to amend their State plan to provide benchmark or benchmark-equivalent coverage to recipients without regard to comparability.

§ 440.380 Statewideness.

States have the option to amend their State plan to provide benchmark or benchmark-equivalent coverage to recipients without regard to statewideness.

§ 440.385 Freedom of choice.

(a) States have the option to amend their State plan to provide benchmark or benchmark-equivalent coverage to recipients without regard to the requirements for free choice of provider in § 431.51 of this chapter.

(b) States may restrict recipients to obtaining services from (or through) selectively procured provider plans or practitioners that meet, accept, and comply with reimbursement, quality and utilization standards under the State Plan, to the extent that the restrictions imposed meet the following requirements:

(1) Do not discriminate among classes of providers on grounds unrelated to their demonstrated effectiveness and efficiency in providing the benchmark benefit package.

(2) Do not apply in emergency circumstances.

(3) Require that all provider plans are paid on a timely basis in the same manner as health care practitioners must be paid under § 447.45 of the chapter.

§ 440.390 Assurance of Transportation.

A State may at its option amend its State plan to provide benchmark or benchmark-equivalent coverage to recipients without regard to the assurance of transportation to medically necessary services requirement specified in § 431.53 of this chapter. (Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: October 11, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: November 1, 2007.

Michael O. Leavitt,

Secretary.

Editorial Note: This document was received at the Office of the Federal Register on February 15, 2008.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services****42 CFR Parts 447 and 457**

[CMS-2244-P]

RIN 0938-A047

Medicaid Program; Premiums and Cost Sharing

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

ACTION: Proposed rule.

SUMMARY: This proposed rule would implement and interpret the provisions of sections 6041, 6042, and 6043 of the Deficit Reduction Act of 2005 (DRA), and section 405(a)(1) of the Tax Relief and Health Care Act of 2006 (TRHCA). These sections amend the Social Security Act (the Act) by adding a new section 1916A to provide State Medicaid agencies with increased flexibility to impose premium and cost sharing requirements on certain Medicaid recipients. This authority is in addition to the existing authority States have to impose premiums and cost sharing under section 1916 of the Act. The DRA provisions also specifically address cost sharing for non-preferred

drugs and non-emergency care furnished in a hospital emergency department.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on March 24, 2008.

ADDRESSES: In commenting, please refer to file code CMS-2244-P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four 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-2244-P, P.O. Box 8016, Baltimore, MD 21244-8016.

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-2244-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 HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and

retaining an extra copy of the comments being filed.) Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and 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:

Donna Schmidt, (410) 786-5532.

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-2244-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.

I. Background

A. General

For more than a decade, States have been asking for the tools to modernize their Medicaid programs. With the enactment of the Deficit Reduction Act of 2005 (DRA) (Pub. L. 109-171, enacted on February 8, 2006), States now have new options to create programs that are aligned with today's Medicaid populations and the health care environment. Alternative cost sharing,

benefit flexibility through benchmark plans, and the health opportunity accounts (HOA) demonstration provide the greatest opportunities to modernize Medicaid, to make the cost of the program and health care more affordable, and to expand coverage for the uninsured. States will be able to reconnect families to the larger insurance system that serves most Americans and promote continuity of coverage. The sweeping DRA provisions on Medicaid include six chapters and 39 sections. Through a combination of new options for States and new requirements related to program integrity, the DRA will help ensure the sustainability of the Medicaid program over time.

B. Statutory Authority

Sections 6041, 6042, and 6043 of the DRA established a new section 1916A of the Social Security Act (the Act). Section 405(a)(1) of the Tax Relief and Health Care Act of 2006 (TRHCA) (Pub. L. 109-432, enacted on December 20, 2006) modified section 1916A of the Act. Section 1916A sets forth options for alternative premiums and cost sharing, including options for higher cost sharing for non-preferred prescription drugs and for non-emergency use of a hospital emergency room.

Section 6041 of the DRA established new subsections 1916A(a) and (b), of the Act, which allow States to amend their State plans to impose alternative premiums and cost sharing on certain groups of individuals, for items and services other than drugs (which are subject to a separate provision discussed below), and to enforce payment of the premiums and cost sharing. Subsections 1916A(a) and (b) set forth limitations on alternative premiums and cost-sharing that vary based on family income, and exclude some specific services from alternative cost sharing. Section 6041 also created a new section 1916(h) of the Act, which requires the Secretary to increase the "nominal" cost sharing amounts under section 1916 for each year (beginning with 2006) by the annual percentage increase in the medical care component of the consumer price index for all urban consumers (CPI-U) as rounded up in an appropriate manner. Section 405(a)(1) of the TRHCA modified subsections 1916A(a) and (b) of the Act.

Section 6042 of the DRA created section 1916A(c) of the Act, which provides States with additional options for establishing cost sharing requirements for drugs to encourage the use of preferred drugs. Section 405(a)(1) of the TRHCA also modified section 1916A(c) of the Act. Under section

1916A(c), States may amend their State plans to require increased cost sharing by certain groups of individuals for non-preferred drugs and to waive or reduce the otherwise applicable cost sharing for preferred drugs. States may also permit pharmacy providers to require the receipt of a cost sharing payment from an individual before filling a prescription. We believe the Congress intended to provide additional flexibilities to States in issuing the DRA. Thus, we have not defined preferred drugs or non-preferred drugs within a class of such drugs in this rule and we believe defining these terms should be at State discretion. We would anticipate that States would publish schedules of preferred drugs as part of, or as a supplement to, the required public schedule of cost sharing under 42 CFR 447.76.

Section 6043 of the DRA created section 1916A(e) of the Act, which permits States to amend their State plans to allow hospitals, after an appropriate medical screening examination under section 1867 (EMTALA) of the Act, to impose higher cost sharing upon certain groups of individuals for non-emergency care or services furnished in a hospital emergency department. Section 405(a)(1) of the TRHCA modified section 1916A(e) of the Act. Under this option, if the hospital determines that an individual does not have an emergency medical condition, before providing the non-emergency services and imposing cost sharing, it must inform the individual that an available and accessible alternate non-emergency services provider can provide the services without the imposition of the same cost sharing and that the hospital can coordinate a referral to that provider. After notice is given, the hospital may require payment of the cost sharing before providing the non-emergency services to the individual.

II. Provisions of the Proposed Regulations

[If you choose to comment on issues in this section, please include the caption "PROVISIONS OF THE PROPOSED REGULATIONS" at the beginning of your comments.]

A. Overview

The Department began issuing guidance about the new flexibilities available to States within months of the enactment of the DRA. We released two letters to State Medicaid directors and health officials providing guidance on sections 6041, 6042 and 6043 of the DRA, and section 405(a)(1) of the TRHCA as it relates to sections 6041 and

6042 of the DRA respectively. States and Territories have used this guidance to design and implement the new options. These regulations formalize the guidance on alternative premiums and cost sharing.

These proposed regulations would amend existing Medicaid cost sharing regulations at 42 CFR part 447 and State Children's Health Insurance Program (SCHIP) cost sharing regulations at 42 CFR part 457. We propose this approach to assist the reader in easily accessing all Medicaid and SCHIP cost sharing regulations.

B. Medicaid Regulations

1. Maximum Allowable Charges (\$ 447.54)

We are proposing to revise § 447.54 to update the existing "nominal" Medicaid cost sharing amounts, specifically the nominal deductible amount described at § 447.54(a)(1) and the nominal copayment amounts described at § 447.54(a)(3). We are also proposing to add § 447.54(a)(4) to establish a maximum copayment amount for services provided by a managed care organization (MCO).

Section 6041(b)(2) of the DRA requires the Secretary to increase the nominal cost sharing amounts under section 1916 of the Act for each year (beginning with 2006) by the annual percentage increase in the medical care component of the consumer price index for all urban consumers (U.S. city average) as rounded up in an appropriate manner. In accordance with the statute, we propose to increase the nominal amounts on the beginning of the Federal Fiscal Year (FY) (October 1) in each calendar year by the percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U) for the period of September to September ending in the preceding calendar year. We use this period to update other amounts, such as the Medicaid spousal impoverishment standards, by inflation. The first adjustment would be for FY 2007, and would be based on the CPI-U increases during the period September 2004 to September 2005. The medical care component of the CPI-U increased by 3.9 percent between September 2004 and September 2005, so we propose to update the nominal amounts by that factor and then round to the next higher 10-cent increment. We propose to round to the next higher 10-cent increment because it will simplify calculation and collection of the amounts involved. Based on this methodology, we propose a maximum deductible for \$2.10 per month per family for each period of

Medicaid eligibility. In addition, we propose the following copayment maximum amounts:

State payment for the service	Maximum copayment
\$10 or less	\$.60
\$10.01 to \$25	1.10
\$25.01 to \$50	2.10
\$50.01 or more	3.20

States should use these updated nominal amounts during FY 2007. Thereafter, these amounts will be updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding year, rounded to the next higher 10-cent increment.

In addition, we have proposed to specify a maximum copayment amount for services provided by an MCO. When we published the final Medicaid managed care rules on June 14, 2002 (67 FR 40989), we also issued at § 447.60, a requirement that contracts with MCOs limit cost sharing charges an MCO may impose on Medicaid enrollees to the amounts that could be imposed if fee-for-service payment rates were applicable. Since some States do not have fee-for-service programs, we have proposed to specify maximum copayment amounts for services provided by an MCO.

2. Premiums and Cost Sharing: Basis, Purpose and Scope (§ 447.62)

Section 1916A of the Act allows States to impose alternative premiums and cost sharing that are not subject to the limitations on premiums and cost sharing under section 1916 of the Act. Section 1916A of the Act does not affect the Secretary's existing waiver authority with regard to premiums and cost sharing. Section 447.62 of the regulations briefly describes this statutory provision which is the basis for § 447.64 through § 447.82. Section 447.62 also sets forth limitations on the scope of these regulations by indicating that they do not limit the Secretary's waiver authority, or affect existing waivers, concerning premiums or cost sharing.

Section 405(a)(1) of the TRHCA amended section 1916A by explicitly providing certain exemptions from the provisions, and other protections, for the population with family incomes at or below 100 percent of the FPL. The statute also includes protections for individuals with family incomes between 100 and 150 percent of the FPL and individuals with family incomes above 150 percent of the FPL.

3. Premiums, Enrollment Fees, or Similar Fees: State Plan Requirements (§ 447.64)

Section 1916A(a)(1) of the Act requires that the State plan specify the group or groups of individuals upon which it will impose alternate premiums. In accordance with the statute, at § 447.64(a), we propose that the State plan describe the group or groups of individuals that may be subject to such premiums, enrollment fees, or similar charges. For example, States may impose premiums upon all non-exempt childless adults (with family incomes over 150 percent of the FPL). We further propose in § 447.64(b) that the State plan must include a schedule of the premiums, enrollment fees, or similar charges and the process for informing recipients, applicants, providers, and the public of the schedule. States may vary the premiums, enrollment fees, or similar charges among the groups of individuals.

Section 1916A(b)(4) of the Act requires that the State plan specify the manner and the period for which the State determines family income. In accordance with the statute, at § 447.64(c), we propose that the State plan describe the methodology used to determine family income, including the period and periodicity of those determinations. We also propose in § 447.64(d) that the State plan describe the methodology the State will use to ensure that the aggregate amount of premiums and cost sharing imposed for all individuals in the family does not exceed 5 percent of family income as applied during the monthly or quarterly period specified by the State.

Section 1916A(d)(1) of the Act requires that the State specify the group or group of individuals for whom payment of premiums is a condition of eligibility. In accordance with the statute, at § 447.64(e), we propose that the State plan, list the group or groups of individuals. We further propose in § 447.64(f) that the State plan describe the premium payment terms for the group or groups.

4. General Premium Protections (§ 447.66)

Under section 1916A(b)(3)(A) of the Act, the State plan may not impose premiums upon the following:

- Individuals under 18 years of age who are required to be provided medical assistance under section 1902(a)(10)(A)(i) of the Act, and including individuals with respect to whom child welfare services are made available under Part B of title IV on the

basis of being a child in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of that title, without regard to age;

- Pregnant women;
- Any terminally ill individual receiving hospice care, as defined in section 1905(o) of the Act;
- Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if the individual is required, as a condition of receiving services in that institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
- Women who are receiving Medicaid on the basis of the breast or cervical cancer eligibility group under sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act; and
- Disabled children who are receiving medical assistance by virtue of the application of sections 1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act.

In accordance with the statute, at § 447.66(a), we propose that the State exclude these classes of individuals from the imposition of premiums.

Section 1916A(b)(3)(C) of the Act clarifies that a State may exempt additional classes of individuals from premiums. At proposed § 447.66(b), we would implement this section.

5. Copayments, Coinsurance, Deductibles, or Similar Cost Sharing Charges: State Plan Requirements (§ 447.68)

Section 1916A(a)(1) of the Act requires that the State plan specify the group or groups of individuals upon which it opts to impose cost sharing. In accordance with the statute, at § 447.68(a), we propose that the State plan describe the group or groups of individuals that may be subject to cost sharing. For example, States may impose cost sharing for non-exempt items and services to individuals in the section 1931 eligibility group with family incomes between 100 and 200 percent of the FPL. We further propose that the State plan must include a schedule of the copayments, coinsurance, deductibles, or similar cost sharing charges, the items or services for which the charges apply, and the process for informing recipients, applicants, providers, and the public of the schedule. States may vary cost sharing among the types of items and services.

Section 1916A(b)(4) of the Act requires that the State plan specify the

manner and the period for which the State determines family income. In accordance with the statute, at § 447.68(b), we propose that the State plan describe the methodology used to determine family income, including the period and periodicity of such determinations.

We also propose that the State plan describe the methodology the State will use to ensure that the aggregate amount of premiums and cost sharing imposed for all individuals in the family does not exceed 5 percent of family income as applied during the monthly or quarterly period specified by the State. We further propose that the State plan describe the State's methods for tracking cost sharing charges, informing recipients and providers of their liability, and notifying recipients and providers when individual recipients have reached their aggregate limit on premiums and cost sharing. States can use the same methods that SCHIP programs use to track cost sharing. For example, States can program their automated systems to track and compute recipients' cost sharing.

Finally, we propose that the State plan specify whether the State permits a provider participating under the State plan to require payment of authorized cost sharing as a condition for the provision of covered care, items, or services.

6. General Cost Sharing Protections (§ 447.70)

Under section 1916A(b)(3)(B) of the Act, the State plan may not impose alternative cost sharing under 1916A(a) for the following:

- Services furnished to individuals under 18 years of age who are required to be provided Medicaid under section 1902(a)(10)(A)(i) of the Act, and including services furnished to individuals with respect to whom child welfare services are made available under Part B of title IV on the basis of being a child in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of that title, without regard to age;
- Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age regardless of family income;
- Services furnished to pregnant women, if those services relate to pregnancy or to any other medical condition that may complicate the pregnancy;
- Services furnished to a terminally ill individual who is receiving hospice

care (as defined in section 1905(o) of the Act);

- Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if the individual is required, as a condition of receiving services in that institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;

- Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;

- Family planning services and supplies described in section 1905(a)(4)(C) of the Act;

- Services furnished to women who are receiving medical assistance by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act (breast or cervical cancer provisions); and

- Services furnished to disabled children who are receiving medical assistance by virtue of the application of sections 1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act.

In addition, section 1916A(c)(1)(B) of the Act prohibits the State plan from imposing otherwise applicable cost sharing for preferred drugs for individuals "for whom cost sharing may not otherwise be imposed under subsection (a) due to the application of 1916A(b)(3)(B) of the Act." Therefore, in accordance with the statute, at § 447.70(a)(1)(x), we propose that the State plan exclude these classes of individuals from the imposition of cost sharing for preferred drugs within a class.

Section 1916A(b)(3)(C) of the Act clarifies that a State may exempt additional individuals or services from cost sharing. At proposed § 447.70(c), we would implement this section.

Finally, section 1916A(c)(3) of the Act requires a State to charge cost sharing applicable to a preferred drug in the case of a non-preferred drug if the prescribing physician determines that the preferred drug would not be as effective for the individual or would have adverse effects for the individual or both. We would implement this section at proposed § 447.70(b). We further propose at § 447.70(b) that such overrides meet State criteria for prior authorization and be approved through the State prior authorization process.

7. Premium and Cost Sharing Exemptions and Protections for Individuals With Family Income at or Below 100 Percent of the FPL (§ 447.71)

Under section 1916A(a)(2)(A) of the Act, the State plan may not impose premiums on individuals whose family income is at or below 100 percent of the FPL. In accordance with the statute, at § 447.71(a) we propose that the State plan exclude these individuals from the imposition of premiums.

Under section 1916A(a)(2)(A) of the Act, the State plan may not impose cost sharing on individuals whose family income is at or below 100 percent of the FPL with the exception of cost sharing for non-preferred drugs and for non-emergency services furnished in a hospital emergency department. However, section 1916A(c)(2)(A)(i) of the Act prohibits a State from imposing, with respect to a non-preferred drug, cost sharing that exceeds the nominal amount as otherwise determined under section 1916 of the Act and described at § 447.54(a)(3) or (4) for those individuals. In addition, section 1916A(e)(2)(B) of the Act prohibits a State from imposing, with respect to non-emergency services furnished in a hospital emergency department, cost sharing that exceeds the nominal amount as otherwise determined under section 1916 of the Act and described at § 447.54(a)(3) or (4). Furthermore, a State may only impose nominal cost sharing with respect to non-emergency services so long as no cost sharing is imposed to receive such care through an outpatient department or other alternative health care provider in the geographic area of the hospital emergency department involved.

In accordance with the statute, we propose at § 447.71(b)(1) that cost sharing for non-preferred drugs for those individuals not exceed the nominal cost sharing amount. In addition, we propose at § 447.71(b)(2) that cost sharing for non-emergency services furnished in a hospital emergency department for those individuals not exceed the nominal cost sharing amount and be imposed only so long as no cost sharing is imposed on those individuals to receive such care through an outpatient department or other alternative non-emergency services provider in the geographic area of the hospital emergency department involved.

Section 1916A(a)(2)(B) of the Act provides that the total aggregate amount of cost sharing imposed under sections 1916A(c), 1916A(e), and/or 1916 of the Act upon individuals whose family income is at or below 100 percent of the FPL may not exceed 5 percent of the

family income of the family involved, as applied on a quarterly or monthly basis as specified by the State. In accordance with the statute, we propose at § 447.71(c) that aggregate cost sharing for individuals whose family income is at or below 100 percent of the FPL applicable to a family of the size involved not exceed the maximum permitted under § 447.78(b). At § 447.78(b), we propose that the total aggregate amount of cost sharing may not exceed 5 percent of such family's income for the monthly or quarterly period, as specified in the State plan.

8. Premium and Cost Sharing Exemptions and Protections for Individuals Whose Family Income is Above 100 Percent but Does Not Exceed 150 Percent of the FPL (§ 447.72)

Under section 1916A(b)(1)(A) of the Act, the State plan may not impose premiums on individuals whose family incomes exceeds 100 percent, but does not exceed 150 percent of the FPL applicable to a family of the size involved. In accordance with the statute, at § 447.72(a), we propose that the State plan exclude these individuals from the imposition of premiums.

Section 1916A(b)(1)(B)(i) of the Act provides that, in the case of individuals whose family income exceeds 100 percent, but does not exceed 150 percent of the FPL applicable to a family of the size involved, cost sharing imposed under the State plan may not exceed 10 percent of the cost of such item or service. However, section 1916A(c)(2)(A)(i) of the Act prohibits a State from imposing, with respect to a non-preferred drug, cost sharing that exceeds the nominal amount as otherwise determined under section 1916 of the Act and described at § 447.54(a)(3) for those individuals. In addition, section 1916A(e)(2)(A) of the Act prohibits a State from imposing, with respect to non-emergency services furnished in a hospital emergency department, cost sharing that exceeds twice the nominal amount as otherwise determined under section 1916 of the Act and described at § 447.54(a)(3) for those individuals.

Therefore, in accordance with the statute, we propose at § 447.72(b) that cost sharing for those individuals under the State plan not exceed 10 percent of the payment the agency makes for that item or service, with the exception that it not exceed the nominal cost sharing amount for non-preferred drugs or twice the nominal cost sharing amount for non-emergency services furnished in a hospital emergency department. In the case of States that do not have fee-for-service payment rates, we propose that

any copayment that the State imposes for services provided by an MCO may not exceed \$5.20 for FY 2007. This proposal would provide greater flexibility to State Medicaid programs consistent with that provided to State SCHIP programs. Thereafter, any copayment that the State imposes for services provided by an MCO may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next highest 10-cent increment.

Section 1916A(b)(1)(B)(ii) of the Act provides that the total aggregate amount of cost sharing imposed under section 1916 and 1916A of the Act may not exceed 5 percent of the family income of the family involved, as applied on a quarterly or monthly basis as specified by the State. In accordance with the statute, we propose at § 447.72(c) that aggregate cost sharing for individuals whose family income exceeds 100 percent, but does not exceed 150 percent of the FPL applicable to a family of the size involved, not exceed the maximum permitted under § 447.78(a). At § 447.78(a), we propose that the total aggregate amount of cost sharing may not exceed 5 percent of such family's income for the monthly or quarterly period, as specified in the State plan.

9. Premium and Cost Sharing Protections for Individuals With Family Income Above 150 Percent of the FPL (§ 447.74)

Under section 1916A(b)(2) of the Act, the State plan may impose premiums upon individuals whose family income exceeds 150 percent of the FPL applicable to a family of the size involved provided that, as described at section 1916A(b)(2)(A) of the Act, the total aggregate amount of premiums and cost sharing imposed under section 1916 and 1916A of the Act not exceed 5 percent of the family income. In accordance with the statute, at § 447.74(a), we state that the State plan can impose premiums upon individuals with family income above 150 percent of the FPL subject to the aggregate limit on premiums and cost sharing.

Section 1916A(b)(2)(B) of the Act provides that, in the case of individuals whose family income exceeds 150 percent of the FPL applicable to a family of the size involved, cost sharing imposed under the State plan may not exceed 20 percent of the cost of that item (including a non-preferred drug) or service. Therefore, in accordance with the statute, we propose at § 447.74(b) that cost sharing for those individuals

under the State plan not exceed 20 percent of the payment the agency makes for that item or service. In the case of States that do not have fee-for-service payment rates, we propose that any copayment that the State imposes for services provided by an MCO may not exceed \$5.20 for FY 2007. This proposal would provide greater flexibility to State Medicaid programs consistent with that provided to State SCHIP programs. Thereafter, any copayment that the State imposes for services provided by an MCO may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next highest 10-cent increment.

Section 1916A(b)(2)(A) of the Act provides that the total aggregate amount of cost sharing imposed under section 1916 and 1916A of the Act may not exceed 5 percent of the family income of the family involved, as applied on a quarterly or monthly basis as specified by the State. In accordance with the statute, we propose at § 447.74(c) that aggregate cost sharing for individuals whose family income exceeds 150 percent of the FPL applicable to a family of the size involved, not exceed the maximum permitted under § 447.78(a). At § 447.78(a), we propose that the total aggregate amount of premiums and cost sharing may not exceed 5 percent of such family's income for the monthly or quarterly period, as specified in the State plan.

10. Public Schedule (§ 447.76)

As described in this preamble, section 1916 and 1916A of the Act provides authority for States to impose premiums and cost sharing for items and services, including prescription drugs and non-emergency use of a hospital emergency department, and to require a group or groups of individuals to make payment as a condition of eligibility or of receiving that item or service. In § 447.76(a), we propose that State plans provide for schedules of premiums and cost sharing. In § 447.76(a), we propose that the public schedule contain the following information: (1) Current premiums, enrollment fees, or similar fees; (2) current cost sharing charges; (3) the aggregate limits on premiums and cost sharing or only cost sharing; (4) mechanisms for making payments for required premiums and charges; (5) the consequences for an applicant or recipient who does not pay a premium or charge; and (6) a list of hospitals charging alternative cost sharing for non-emergency use of the emergency

department. In addition, at § 447.76(b) we propose that the State make the public schedule available to recipients, at the time of enrollment and reenrollment and when charges are revised, applicants, all participating providers, and the general public.

11. Aggregate Limits on Premiums and Cost Sharing (§ 447.78)

As described above, section 1916A(b)(1)(B)(ii) of the Act provides that the total aggregate amount of cost sharing imposed under section 1916 and 1916A of the Act upon individuals with family income above 100 percent but at or below 150 percent of the FPL may not exceed 5 percent of the family income, as applied on a quarterly or monthly basis as specified by the State. Section 1916A(c)(2)(C) of the Act reiterates that this aggregate limit includes cost sharing for prescription drugs and section 1916A(e)(2)(C) of the Act reiterates that this aggregate limit includes cost sharing for non-emergency use of a hospital emergency department. Section 1916A(b)(2)(A) of the Act provides that the total aggregate amount of premiums and cost sharing imposed under section 1916 and 1916A of the Act upon individuals with family income above 150 percent of the FPL may not exceed 5 percent of the family income, as applied on a quarterly or monthly basis as specified by the State. Again, section 1916A(c)(2)(C) of the Act reiterates that this aggregate limit includes cost sharing for prescription drugs, and section 1916A(e)(2)(C) of the Act reiterates that this aggregate limit includes cost sharing for non-emergency use of a hospital emergency department. Finally, section 1916A(a)(2)(B) of the Act provides that to the extent that cost sharing under section 1916A(c) of the Act for prescription drugs, cost sharing under section 1916A(e) of the Act for non-emergency use of a hospital emergency department, and/or cost sharing under section 1916 of the Act is imposed upon individuals whose family income is at or below 100 percent of the FPL, the total aggregate amount of premiums and cost sharing imposed may not exceed 5 percent of the family income.

In accordance with these provisions, at § 447.78(a), we propose that for individuals with family income above 100 percent of the FPL the aggregate amount of premiums (when applicable) and cost sharing under section 1916 and 1916A of the Act not exceed 5 percent of a family's income for the monthly or quarterly period, as specified by the State in the State plan. At § 447.78(b), we propose that for individuals whose family income is at or below 100

percent of the FPL the aggregate amount of cost sharing under sections 1916, 1916A(c), and/or 1916A(e) of the Act not exceed 5 percent of a family's income for the monthly or quarterly period, as specified by the State in the State plan. We also propose at § 447.78(c) that family income shall be determined in a manner and for that period as specified by the State in the State plan. We clarify that States may use gross income to compute family income and that they may use a different methodology for computing family income for purposes of determining the aggregate limits than for determining income eligibility.

12. Enforceability of Premiums and Cost Sharing (§ 447.80)

Section 1916A(d)(1) of the Act permits a State to condition Medicaid eligibility upon the prepayment of premiums imposed under section 1916A of the Act or to terminate Medicaid eligibility for the failure to pay such a premium for 60 days or more. The statute provides States flexibility to implement these requirements for some or all groups of individuals as specified in the State plan. The statute also provides flexibility to waive payment of any premium in any case where the State determines that requiring that payment would create undue hardship.

In accordance with the statute, we propose at § 447.80(a) to permit a State to condition eligibility for a group or group of individuals upon prepayment of premiums, to terminate the eligibility of an individual from a group or groups of individuals for failure to pay for 60 days or more, and to waive payment in any case where requiring the payment would create undue hardship.

Section 1916A(d)(2) of the Act permits a State to allow a provider to require that an individual, as a condition of receiving an item or service, pay the cost sharing charge imposed under section 1916A of the Act. The provider is not prohibited by this authority from choosing to reduce or waive cost sharing on a case-by-case basis. However, section 1916A(a)(2)(A) specifies that section 1916A(d)(2) shall not apply in the case of an individual whose family income does not exceed 100 percent of the FPL applicable to a family of the size involved.

In accordance with the statute, at § 447.80(b) we propose that a State permit a provider, including a pharmacy, to require an individual to pay cost sharing imposed under section 1916A of the Act as a condition of receiving an item or service. However, at § 447.80(b)(1) we specify that a

provider, including a pharmacy or hospital, may not require an individual whose family income is at or below 100 percent of the FPL to pay the cost sharing charge as a condition of receiving the item or service. In addition, at § 447.80(b)(2) we propose that a hospital that has determined after an appropriate medical screening under section 1867 of the Act that an individual does not have an emergency medical condition must first provide the name and location of an available and accessible alternate non-emergency services provider, the fact that the alternate provider can provide the services without the imposition of that cost sharing, and a referral to coordinate scheduling of treatment before it can require payment of the cost sharing. Finally, at § 447.80(b)(3) we propose that a provider may reduce or waive cost sharing imposed under section 1916A of the Act on a case-by-case basis.

13. Restrictions on Payments to Providers (§ 447.82)

Proposed § 447.82 requires States to reduce the amount of State payments to providers by the amount of recipients' cost sharing obligations under section 1916A of the Act. However, States have the ability to increase total State plan rates to providers to maintain the same level of State payment when cost sharing is introduced.

C. SCHIP Regulations

1. Maximum Allowable Cost Sharing Charges on Targeted Low-Income Children in Families With Incomes From 101 to 150 Percent of the FPL (§ 457.555)

We are revising § 457.555 to update the existing "nominal" SCHIP cost sharing amounts, specifically the copayment amounts described at § 457.555(a)(1) and (2), (c), and (d) and the deductible amount described at § 447.555(a)(4). Section 6041(b)(2) of the DRA requires the Secretary to increase the nominal Medicaid cost sharing amounts under section 1916 of the Act for each year (beginning with 2006) by the annual percentage increase in the medical care component of the consumer price index for all urban consumers (U.S. city average) as rounded up in an appropriate manner. While section 6041(b)(2) of the DRA does not require the Secretary to increase the SCHIP nominal cost sharing amounts, we believe that our proposal is consistent with sections 2103(e)(3)(A)(ii) and 2103(e)(1)(B) of the SCHIP statute. Section 2103(e)(3)(A)(ii) of the Act specifies that a State SCHIP

plan may not impose a deductible, cost sharing, or similar charge that exceeds an amount that is nominal as determined consistent with Medicaid regulations at § 447.54, with an appropriate adjustment for inflation or other reasons as the Secretary determines to be reasonable. Section 2103(e)(1)(B) of the Act prohibits a State SCHIP plan from imposing cost sharing that favors children from families with higher income over children from families with lower income. By updating the existing SCHIP nominal cost sharing amounts by the annual percentage increase in the medical care component of the CPI-U by the period of September to September ending in the preceding calendar year, we would retain nominal cost sharing amounts that reflect a SCHIP recipient's ability to pay higher cost sharing. The medical care component of the CPI-U increased by 3.9 percent between September 2004 and September 2005, so we propose to update the nominal amounts by that factor and then round to the next higher 10-cent increment. We propose to round to the next higher 10-cent increment because it will simplify calculation and collection of the amounts involved. Based on this methodology, we propose the following copayment maximum amounts:

Total cost of services	Maximum amount
\$15.00 or less	\$1.10
\$15.01 to \$40	2.10
\$40.01 to \$80	3.20
\$80.01 or more	5.20

We also propose that the copayments for services provided by an MCO and for emergency services provided by an institution not exceed \$5.20 per visit and that the copayment for non-emergency services furnished in a hospital emergency room to targeted low-income children with family income from 101 to 150 percent of the FPL not exceed \$10.40. Finally, we propose that a deductible not exceed \$3.20 per family per month.

States should use these updated nominal amounts during FY 2007. Thereafter, we will update these amounts each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounding to the next higher 10-cent increment.

III. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, 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 Paperwork Reduction Act of 1995 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.

We are soliciting public comment on each of these issues for the following sections of this document that contain information collection requirements:

Section 447.64 Premiums, Enrollment Fees, or Similar Fees: State Plan Requirements

Section 447.64 requires a State imposing premiums, enrollment fees, or similar fees on individuals to describe in the State plan:

(a) The group or groups of individuals that may be subject to the premiums, enrollment fees, or similar charges.

(b) The schedule of the premiums, enrollment fees, or similar fees imposed.

(c) The methodology used to determine family income for purposes of the limitations related to family income level that are described below, including the period and periodicity of those determinations.

(d) The methodology used to ensure compliance with the requirements of § 447.78 that the aggregate amount of premiums and cost sharing imposed for all individuals in the family does not exceed 5 percent of the family income of the family involved.

(e) The process for informing the recipients, applicants, providers, and the public of the schedule of premiums, enrollment fees, or similar fees for a group or groups of individuals in accordance with § 447.76.

(f) The notice of, timeframe for, and manner of required premium payments for a group or groups of individuals and the consequences for an individual who does not pay.

The burden associated with this requirement is the time and effort it would take for a State to include this detailed description in the State plan. We estimate it would take one State approximately 20 minutes to

incorporate this information in their plan. We believe 56 States will be affected by this requirement for a total annual burden of 18.67 hours.

Section 447.68 Copayments, Coinsurance, Deductibles, or Similar Cost Sharing Charges: State Plan Requirements

Section 447.68 requires a State imposing copayments, coinsurance, deductibles, or similar cost sharing charges on individuals to describe in the State plan:

(a) The group or groups of individuals that may be subject to the cost sharing charge.

(b) The methodology used to determine family income, for purposes of the limitations on cost sharing related to family income that are described below, including the period and periodicity of those determinations.

(c) The item or service for which the charge is imposed.

(d) The methods, such as the use of integrated automated systems, for tracking cost sharing charges, informing recipients and providers of their liability, and notifying recipients and providers when individual recipients have paid the maximum cost sharing charges permitted for the period of time.

(e) The process for informing recipients, applicants, providers, and the public of the schedule of cost sharing charges for specific items and services for a group or groups of individuals in accordance with § 447.76.

(f) The methodology used to ensure that:

(1) The aggregate amount of premiums and cost sharing imposed for all individuals with family income above 100 percent of the FPL does not exceed 5 percent of the family income of the family involved.

(2) The aggregate amount of cost sharing under sections 1916, 1916A(c), and/or 1916A(e) of the Act for individuals with family income at or below 100 percent of the FPL does not exceed 5 percent of the family income of the family involved.

(g) The notice of, timeframe for, and manner of required cost sharing and the consequences for failure to pay.

The burden associated with this requirement is the time and effort it would take for a State to include this detailed description in the State plan. We estimate it would take one State approximately 20 minutes to incorporate this information in their plan. We believe 56 States will be affected by this requirement for a total annual burden of 18.67 hours.

Section 447.76 Public Schedule

Section 447.76(a) requires States to make available to the groups in paragraph (b) of this section a public schedule that contains the following information:

(1) Current premiums, enrollment fees, or similar fees.

(2) Current cost sharing charges.

(3) The aggregate limit on premiums and cost sharing.

(4) Mechanisms for making payments for required premiums and charges.

(5) The consequences for an applicant or recipient who does not pay a premium or charge.

(6) A list of hospitals charging alternative cost sharing for non-emergency use of the emergency department.

The burden associated with this requirement is the time and effort it would take the State to prepare and make available to appropriate parties a public schedule. We estimate that it would take 20 minutes per State. We believe 56 States will be affected by this requirement for an annual burden of 18.67 hours.

Section 447.80 Enforceability of Premiums and Cost Sharing

Section 447.80(b)(1) states that a hospital that has determined after an appropriate medical screening pursuant to section 489.24, that an individual does not have an emergency medical condition before imposing cost sharing on an individual must provide the name and location of an available and accessible alternate non-emergency services provider as defined in section 1916A(e)(4)(B) of the Act, the fact that the alternate provider can provide the services with the imposition of a lesser cost sharing amount or no cost sharing, and a referral to coordinate scheduling of treatment by this provider before requiring payment of cost sharing.

The burden associated with this requirement is the time and effort it would take for a hospital to provide the name and location of an alternate provider who can provide services of a lesser cost sharing amount or no cost sharing and a referral. We estimate the burden on a hospital to be 30 minutes. We believe the number of hospital visits will be 4 million; therefore, the total annual burden is 2 million hours.

We have submitted a copy of this proposed rule to OMB for its review of the information collection requirements described above. These requirements are not effective until they have been approved by OMB.

If you comment on these information collection and recordkeeping

requirements, please mail copies directly to the following:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attn: Melissa Musotto, [CMS-2244-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: Katherine Astrich, CMS Desk Officer, CMS-2244-P, katherine_astrich@omb.eop.gov. Fax (202) 395-6974.

Regulatory Impact Analysis

A. Overall Impact

We have examined the impacts of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), 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). This rule reaches the economic threshold and thus is considered a major rule.

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 small governmental jurisdictions. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6.5 million to \$31.5 million in any 1 year. Individuals and States are not included in the definition of a small entity. We have determined, and the Secretary certifies, that this rule would not have a significant economic impact on a substantial number of small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Core-Based Statistical Area and has fewer than 100 beds. We have determined, and the Secretary certifies, that this rule would not have a significant impact on the operations of

a substantial number of small rural 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 that may result in expenditures in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$100 million, updated annually for inflation. That threshold level is currently approximately \$127 million. We have determined that this rule would require new spending in excess of the threshold. Table 2 outlines the total increase to Medicaid enrollees cost sharing as a result of all the provisions of the DRA. This includes an estimated cost increase to Medicaid recipients of \$105 million in 2007, \$155 million in 2008, \$255 million in 2009, \$375 million in 2010, and \$455 million in 2011.

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. We have determined that this rule would not impose substantial direct requirement costs on State and local governments.

B. Anticipated Effects

The following chart summarizes our estimate of the anticipated effects of this rule.

TABLE 1.—ESTIMATED SAVINGS OF THE COST SHARING PROVISIONS OF THE DEFICIT REDUCTION ACT (DRA) OF 2005
[Savings in millions of dollars]

	2007	2008	2009	2010	2011
Federal Share					
Sec. 6041 Optional alternative premiums/cost sharing	65	85	135	190	220
Sec. 6042 Cost sharing for prescription drugs	40	65	120	185	240
Sec. 6043(a) Copays for non-emergency care in ER	5	10	15	20	25
State Share					
Sec. 6041 Optional alternative premiums/cost sharing	50	65	105	145	165
Sec. 6042 Cost sharing for prescription drugs	30	50	90	140	180
Sec. 6043(a) Copays for non-emergency care in ER	5	5	10	15	20

TABLE 2.—MEDICAID ENROLLEES COST SHARING IMPACT AS A RESULT OF THE PROVISIONS OF THE DEFICIT REDUCTION ACT (DRA) OF 2005
[Costs in millions of dollars]

	2007	2008	2009	2010	2011
Medicaid Enrollee Share					
Total increase in Medicaid enrollee/cost sharing for all provisions	105	155	255	375	455

These estimates are based on data regarding copayments in the Medicaid program derived from a 2004 Kaiser Family Foundation survey, and data on premiums from a 2004 report by the U.S. Government Accountability Office. In addition, we have used enrollment data from the Medicaid Statistical Information System and utilization data from the 2002 Medicaid Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality.

We assume that only States that currently charge copayments and/or premiums for some groups will take advantage of the option to expand the use of premiums and copayments under the DRA provisions. States now charging copayments are assumed to increase them on average to 75 percent of maximum possible levels by 2011, and states currently charging premiums are assumed to add premiums requirements for some groups not currently allowed, also reaching 75 percent of the maximum possible by 2011.

In addition to direct savings from increased cost sharing, we assume there

would be declines in utilization as some enrollees subject to new cost sharing requirements choose to decrease their use of services. The decline is assumed to create additional savings of 75 percent of direct savings for physician and outpatient hospital services, 100 percent for drugs, and 125 percent for dental services. These additional savings are assumed to be reduced somewhat as a result of some providers failing to collect copayments. Savings are split between Federal and State governments using an average matching rate of 57 percent.

Table 2 illustrates that the estimated impact for Medicaid enrollees as a result of all of the cost-sharing provisions of the DRA are \$105 million for 2007, \$155 million for 2008, \$255 million for 2009, \$375 million for 2010, and \$455 million for 2011. Although, these estimates reflect an increase of costs to beneficiaries, we do not believe this will pose a barrier to accessing health care. The law provides that States can impose alternative cost sharing. We believe through the use of alternative cost

sharing, States will help recipients become more educated and efficient health care consumers. We do, however, solicit comments on these assumptions.

C. Alternatives Considered

This rule is necessary to implement section 1916A of the Social Security Act, which was established by the Deficit Reduction Act of 2005 (DRA) and amended by the Tax Relief and Health Care Act of 2006 (TRHCA).

D. Accounting Statement and Table

As required by OMB Circular A-4 (available at <http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf>), in the table 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 decrease in Medicaid payment as a result of the changes presented in this proposed rule. All savings are classified as transfers to the Federal Government.

TABLE.—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES, FROM FY 2007 TO FY 2011
[In millions]

Category	Transfers				
Annualized Monetized Transfers	3% Units Discount Rate \$278.2			7% Units Discount Rate \$270.7	
From Whom To Whom?	Beneficiaries to Federal Government				
Category	Transfers				
Year	2007	2008	2009	2010	2011
Annualized Monetized Transfers	\$110	\$160	\$270	\$395	\$485
From Whom To Whom?	Beneficiaries to Federal Government				
Category	Transfers				
Annualized Monetized Transfers	3% Units Discount Rate \$210.6			7% Units Discount Rate \$205.0	
From Whom To Whom?	Beneficiaries to Federal Government				
Category	Transfers				
Year	2007	2008	2009	2010	2011
Annualized Monetized Transfers	\$85	\$120	\$205	\$300	\$365
From Whom To Whom?	Beneficiaries to Federal Government				

E. Conclusion

We expect that this rule would promote the modernization of the Medicaid program. The proposed rule would provide a new option to States to create programs that are aligned with today's Medicaid populations and the health care environment. Through alternative cost sharing, States would

help recipients become more educated and efficient health care consumers. Thus, this rule would help ensure the sustainability of the Medicaid program over time.

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

List of Subjects

42 CFR Part 447

Accounting, Administrative practice and procedure, Drugs, Grant programs—Health, Health facilities, Health professions, Medicaid, Reporting and recordkeeping requirements, Rural areas.

42 CFR Part 457

Administrative practice and procedure, Grant programs—Health, Health insurance, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services propose to amend 42 CFR chapter IV as set forth below:

PART 447—PAYMENTS FOR SERVICES

1. The authority citation for part 447 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

2. Section 447.54 is amended by—
 a. Republishing the introductory text to paragraph (a).
 b. Revising paragraphs (a)(1) and (a)(3).
 c. Adding new paragraph (a)(4).

The republication, revisions, and additions read as follows:

§ 447.54 Maximum allowable and nominal charges.

(a) *Non-institutional services.* Except as specified in paragraph (b) of this section, for non-institutional services, the plan must provide that the following requirements are met:

(1) For Federal Fiscal Year 2007, any deductible it imposes does not exceed \$2.10 per month per family for each period of Medicaid eligibility. For example, if Medicaid eligibility is certified for a 3-month period, the maximum deductible which may be imposed on a family for the period of eligibility is \$6.30. Thereafter, any deductible should not exceed these amounts as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year, and then rounded to the next higher 10-cent increment.

* * * * *

(3)(i) For Federal Fiscal Year 2007, any copayments it imposes under a fee-for-service delivery system do not exceed the amounts shown in the following table:

State payment	Maximum copayment
\$10 or less	\$.60
\$10.01 to \$25	1.10
\$25.01 to \$50	2.10
\$50.01 or more	3.20

(ii) Thereafter, any copayments should not exceed these amounts as updated each October 1 by the percentage increase in the medical care

component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next higher 10-cent increment.

(4) For Federal Fiscal Year 2007, any copayment it imposes for services provided by an MCO may not exceed \$5.20 per visit. Thereafter, any copayment should not exceed these amounts as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next higher 10-cent increment.

* * * * *

3. Section 447.55 is amended by revising paragraph (b) to read as follows:

§ 447.55 Standard copayment.

* * * * *

(b) This standard copayment amount for any service may be determined by applying the maximum copayment amounts specified in § 447.54(a) and (b) to the agency's average or typical payment for that service. For example, if the agency's typical payment for prescribed drugs is \$4 to \$5 per prescription, the agency might set a standard copayment of \$.60 per prescription. This standard copayment may be adjusted based on updated copayments as permitted under § 447.54(a)(3).

4. New §§ 447.62, 447.64, 447.66, 447.68, 447.70, 447.71, 447.72, 447.74, 447.76, 447.78, 447.80, and § 447.82, and a new undesignated center heading are added to read as follows:

ALTERNATIVE PREMIUMS AND COST SHARING UNDER SECTION 1916A**§ 447.62 Alternative premiums and cost sharing: Basis, purpose and scope.**

(a) Section 1916A of the Act sets forth options for alternative premiums and cost sharing, which are premiums and cost sharing that are not subject to the limitations under section 1916 of the Act as described in § 447.51 through § 447.56. For States that impose alternative premiums, § 447.64 through § 447.66, § 447.72, § 447.74, § 447.78, and § 447.80 prescribe State plan requirements and options for alternative premiums and the standards and conditions under which States may impose them. For States that impose alternative cost sharing, § 447.68 through § 447.72, § 447.74, § 447.78, and § 447.80 prescribe State plan requirements and options for alternative cost sharing and the standards and conditions under which States may

impose alternative cost sharing. For other individuals, premiums and cost sharing must comply with the requirements described in § 447.50 through § 447.60.

(b) Neither section 1916A of the Act nor the regulations referenced in paragraph (a) of this section affect the following:

(1) The Secretary's authority to waive limitations on premiums and cost sharing under this subpart.

(2) Existing waivers with regard to the imposition of premiums and cost sharing.

§ 447.64 Alternative premiums, enrollment fees, or similar fees: State plan requirements.

When a State imposes alternative premiums, enrollment fees, or similar fees on individuals, the State plan must describe the following:

(a) The group or groups of individuals that may be subject to the premiums, enrollment fees, or similar charges.

(b) The schedule of the premiums, enrollment fees, or similar fees imposed.

(c) The methodology used to determine family income for purposes of the limitations related to family income level that are described below, including the period and periodicity of those determinations.

(d) The methodology used to ensure compliance with the requirements of § 447.78 that the aggregate amount of premiums and cost sharing imposed for all individuals in the family do not exceed 5 percent of the family income of the family involved.

(e) The process for informing the recipients, applicants, providers, and the public of the schedule of premiums, enrollment fees, or similar fees for a group or groups of individuals in accordance with § 447.76.

(f) The notice of, time frame for, and manner of required premium payments for a group or groups of individuals and the consequences for an individual who does not pay.

§ 447.66 General alternative premium protections.

(a) States may not impose alternative premiums upon the following individuals:

(1) Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i) of the Act, and including individuals with respect to whom child welfare services are made available under Part B of title IV on the basis of being a child in foster care and individuals with respect to whom adoption or foster care assistance is made available under Part E of that title, without regard to age.

(2) Pregnant women.

(3) Any terminally ill individual receiving hospice care, as defined in section 1905(o) of the Act.

(4) Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if the individual is required, as a condition of receiving services in that institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.

(5) Women who are receiving Medicaid on the basis of the breast or cervical cancer eligibility group under sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

(6) Disabled children who are receiving medical assistance by virtue of the application of sections 1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act.

(b) States may exempt additional classes of individuals from premiums.

§ 447.68 Alternative copayments, coinsurance, deductibles, or similar cost sharing charges: State plan requirements.

When a State imposes alternative copayments, coinsurance, deductibles, or similar cost sharing charges on individuals, the State plan must describe the following:

(a) The group or groups of individuals that may be subject to the cost sharing charge.

(b) The methodology used to determine family income, for purposes of the limitations on cost sharing related to family income that are described below, including the period and periodicity of those determinations.

(c) The item or service for which the charge is imposed.

(d) The methods, such as the use of integrated automated systems, for tracking cost sharing charges, informing recipients and providers of their liability, and notifying recipients and providers when individual recipients have paid the maximum cost sharing charges permitted for the period of time.

(e) The process for informing recipients, applicants, providers, and the public of the schedule of cost sharing charges for specific items and services for a group or groups of individuals in accordance with § 447.76.

(f) The methodology used to ensure that:

(1) The aggregate amount of premiums and cost sharing imposed for all individuals with family income above 100 percent of the FPL does not exceed 5 percent of the family income of the family involved.

(2) The aggregate amount of cost sharing under sections 1916, 1916A(c),

and/or 1916A(e) of the Act for individuals with family income at or below 100 percent of the FPL does not exceed 5 percent of the family income of the family involved.

(g) The notice of, time frame for, and manner of required cost sharing and the consequences for failure to pay.

§ 447.70 General alternative cost sharing protections.

(a)(1) States may not impose alternative cost sharing for the following items/services. Except as indicated, these limits do not apply to alternative cost sharing for non-preferred prescription drugs within a class of such drugs or non-emergency use of the emergency room.

(i) Services furnished to individuals under 18 years of age who are required to be provided Medicaid under section 1902(a)(10)(A)(i) of the Act, and including services furnished to individuals with respect to whom child welfare services are made available under Part B of title IV on the basis of being a child in foster care and individuals with respect to whom adoption or foster care assistance is made available under Part E of that title, without regard to age.

(ii) Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age regardless of family income.

(iii) Services furnished to pregnant women, if those services relate to pregnancy or to any other medical condition which may complicate the pregnancy.

(iv) Services furnished to a terminally ill individual who is receiving hospice care (as defined in section 1905(o) of the Act).

(v) Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if the individual is required, as a condition of receiving services in that institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.

(vi) Emergency services as defined at § 447.53(b)(4), except charges for services furnished after the hospital has determined, based on the screening and any other services required under § 489.24 of this chapter, that the individual does not have an emergency medical condition consistent with the requirements of paragraph (a)(2) of this section and § 447.80(b)(1).

(vii) Family planning services and supplies described in section 1905(a)(4)(C) of the Act.

(viii) Services furnished to women who are receiving medical assistance by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act (breast or cervical cancer provisions).

(ix) Services furnished to disabled children who are receiving medical assistance by virtue of the application of sections 1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act.

(x) Preferred drugs within a class for individuals for whom cost sharing may not otherwise be imposed as described in paragraphs (a)(1)(i) through (a)(1)(ix) of this section.

(2) A State may impose nominal cost sharing as defined in § 447.54 for services furnished in a hospital emergency department, other than those required under § 489.24 of this chapter, if the hospital has determined based on the screening required under § 489.24 that the individual does not have an emergency medical condition, the requirements of § 447.80(b)(1) are met, and no cost sharing is imposed to receive the care through an outpatient department or another alternative health care provider in the geographic area of the hospital emergency department involved.

(b) In the case of a drug that is a preferred drug within a class, cost sharing may not exceed the levels permitted under section 1916 of the Act. Cost sharing can be imposed that exceeds section 1916 levels only for drugs that are not preferred drugs within a class in accordance with section 1916A(c).

(c) In the case of a drug that is not a preferred drug, the cost sharing is limited to the amount imposed for a preferred drug if the following conditions are met:

(1) The prescribing physician determines that the preferred drug would be less effective or would have adverse effects for the individual or both.

(2) State criteria for prior authorization, if any, are met.

(d) States may exempt additional individuals, items, or services from cost sharing.

§ 447.71 Alternative premium and cost sharing exemptions and protections for individuals with family incomes at or below 100 percent of the FPL.

(a) The State may not impose premiums under the State plan on individuals whose family income is at or below 100 percent of the FPL.

(b) The State may not impose cost sharing under the State plan on

individuals whose family income is at or below 100 percent of the FPL, with the following exceptions:

(1) The State may impose cost sharing for non-preferred drugs that does not exceed the nominal amount as defined in § 447.54.

(2) The State may impose cost sharing for non-emergency services furnished in a hospital emergency department that does not exceed the nominal amount as defined in § 447.54 so long as no cost sharing is imposed to receive such care through an outpatient department or other alternative non-emergency services provider in the geographic area of the hospital emergency department involved.

(c) Aggregate cost sharing of the family under sections 1916, 1916A(c), and/or 1916A(e) may not exceed the maximum permitted under § 447.78(b).

§ 447.72 Alternative premium and cost sharing exemptions and protections for individuals with family incomes above 100 percent but at or below 150 percent of the FPL.

(a) The State may not impose premiums under the State plan on individuals whose family income exceeds 100 percent, but does not exceed 150 percent, of the FPL.

(b) Cost sharing may not exceed 10 percent of the payment the agency makes for the item or service, with the following exceptions:

(1) Cost sharing for non-preferred drugs cannot exceed the nominal amount as defined in § 447.54.

(2) Cost sharing for non-emergency services furnished in the hospital emergency department cannot exceed twice the nominal amount as defined in § 447.54. A hospital must meet the requirements described at § 447.80 before the cost sharing can be imposed.

(3) In the case of States that do not have fee-for-service payment rates, any copayment that the State imposes for services provided by an MCO may not exceed \$5.20 for Federal Fiscal Year 2007. Thereafter, any copayment may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next highest 10-cent increment.

(c) Aggregate cost sharing of the family may not exceed the maximum permitted under § 447.78(a).

§ 447.74 Alternative premium and cost sharing protections for individuals with family incomes above 150 percent of the FPL.

(a) States may impose premiums consistent with the aggregate limits set forth in § 447.78(a).

(b) Cost sharing may not exceed 20 percent of the payment the agency makes for the item (including a non-preferred drug) or service, with the following exception: In the case of States that do not have fee-for-service payment rates, any copayment that the State imposes for services provided by an MCO may not exceed \$5.20 for Federal Fiscal Year 2007. Thereafter, any copayment may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next highest 10-cent increment.

(c) Aggregate premiums and cost sharing of the family may not exceed the maximum permitted under § 447.78(a).

§ 447.76 Public schedule.

(a) The State must make available to the groups in paragraph (b) of this section a public schedule that contains the following information:

(1) Current premiums, enrollment fees, or similar fees.

(2) Current cost sharing charges.

(3) The aggregate limit on premiums and cost sharing or just cost sharing.

(4) Mechanisms for making payments for required premiums and charges.

(5) The consequences for an applicant or recipient who does not pay a premium or charge.

(6) A list of hospitals charging alternative cost sharing for non-emergency use of the emergency department.

(b) The State must make the public schedule available to the following:

(1) Recipients, at the time of their enrollment and reenrollment after a redetermination of eligibility, and when premiums, cost sharing charges, and the aggregate limits are revised.

(2) Applicants, at the time of application.

(3) All participating providers.

(4) The general public.

§ 447.78 Aggregate limits on alternative premiums and cost sharing.

(a) If a State imposes alternative premiums or cost sharing, the total aggregate amount of premiums and cost sharing under section 1916, 1916A(c) or 1916A(e) for individuals with family income above 100 percent of the FPL may not exceed 5 percent of the family's

income for the monthly or quarterly period, as specified by the State in the State plan

(b) The total aggregate amount of cost sharing under sections 1916, 1916A(c), and/or 1916A(e) of the Act for individuals with family income at or below 100 percent of the FPL may not exceed 5 percent of the family's income for the monthly or quarterly period, as specified in the State plan.

(c) Family income shall be determined in a manner and for that period as specified by the State in the State plan.

(1) States may use gross income or any other methodology.

(2) States may use a different methodology for determining the aggregate limits than they do for determining income eligibility.

§ 447.80 Enforceability of alternative premiums and cost sharing.

(a) With respect to alternative premiums, a State may do the following:

(1) Require a group or groups of individuals to pay.

(2) Terminate an individual from medical assistance on the basis of failure to pay for 60 days or more.

(3) Waive payment of a premium in any case where it determines that requiring the payment would create an undue hardship.

(b) With respect to alternative cost sharing, a State may permit a provider, including a pharmacy, to require an individual, as a condition for receiving the item or service, to pay the cost sharing charge, except as specified below.

(1) A provider, including a pharmacy and a hospital, may not require an individual whose family income is at or below 100 percent of the FPL to pay the cost sharing charge as a condition of receiving the service.

(2) A hospital that has determined after an appropriate medical screening pursuant to § 489.24, that an individual does not have an emergency medical condition, before imposing cost sharing on an individual, must provide the name and location of an available and accessible alternate non-emergency services provider as defined in section 1916A(e)(4)(B), the fact that the alternate provider can provide the services with the imposition of a lesser cost sharing amount or no cost sharing, and a referral to coordinate scheduling of treatment by this provider before requiring payment of cost sharing.

(3) The provider is not prohibited by this authority from choosing to reduce or waive cost sharing on a case-by-case basis.

§ 447.82 Restrictions on payments to providers.

The plan must provide that the agency reduces the payment it makes to any provider by the amount of a recipient's cost sharing obligation, regardless of whether the provider successfully collects the cost sharing.

PART 457—ALLOTMENTS AND GRANTS TO STATES

5. The authority citation for part 457 continues to read as follows:

Authority: Section 1102 of the Social Security Act (42 U.S.C. 1302).

6. Section 457.555 is amended by—
a. Republishing paragraph (a) introductory text.

b. Revising paragraphs (a)(1), (a)(2), and (a)(4).

c. Revising paragraph (c).

d. Revising paragraph (d).

The republication and revisions read as follows:

§ 457.555 Maximum allowable cost sharing charges on targeted low-income children in families with income from 101 to 150 percent of the FPL.

(a) *Non-institutional services.* For targeted low-income children whose family income is from 101 to 150 percent of the FPL, the State plan must provide that for non-institutional services, including emergency services, the following requirements must be met:

(1)(i) For Federal Fiscal Year 2007, any copayment or similar charge the State imposes under a fee-for-service delivery system may not exceed the following amounts:

Total cost	Maximum amount
\$15.00 or less	\$1.10
\$15.01 to \$40	2.10
\$40.01 to \$80	3.20
\$80.01 or more	5.20

(ii) Thereafter, any copayments may not exceed these amounts as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next higher 10-cent increment.

(2) For Federal Fiscal Year 2007, any copayment that the State imposes for services provided by a managed care organization may not exceed \$5.20 per visit. Thereafter, any copayment may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding

calendar year and then rounded to the next higher 10-cent increment.

* * * * *

(4) For Federal Fiscal Year 2007, any deductible the State imposes may not exceed \$3.20 per month, per family for each period of eligibility. Thereafter, any deductible may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next higher 10-cent increment.

* * * * *

(c) *Institutional emergency services.* For Federal Fiscal Year 2007, any copayment that the State imposes on emergency services provided by an institution may not exceed \$5.20. Thereafter, any copayment may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next higher 10-cent increment.

(d) *Non-emergency use of the emergency room.* For Federal Fiscal Year 2007, for targeted low-income children whose family income is from 101 to 150 percent of the FPL, the State may charge up to twice the charge for non-institutional services, up to a maximum amount of \$10.40, for services furnished in a hospital emergency room if those services are not emergency services as defined in § 457.10. Thereafter, any charge may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI-U for the period of September to September ending in the preceding calendar year and then rounded to the next higher 10-cent increment.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: October 5, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: November 1, 2007.

Michael O. Leavitt,

Secretary.

[FR Doc. E8-3211 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HOMELAND SECURITY**Federal Emergency Management Agency****44 CFR Part 67**

[Docket No. FEMA-B-7763]

Proposed Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Proposed rule.

SUMMARY: Comments are requested on the proposed Base (1 percent annual-chance) Flood Elevations (BFEs) and proposed BFE modifications for the communities listed in the table below. The purpose of this notice is to seek general information and comment regarding the proposed regulatory flood elevations for the reach described by the downstream and upstream locations in the table below. The BFEs and modified BFEs are a part of the floodplain management measures that the community is required either to adopt or show evidence of having in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP). In addition, these elevations, once finalized, will be used by insurance agents, and others to calculate appropriate flood insurance premium rates for new buildings and the contents in those buildings.

DATES: Comments are to be submitted on or before May 22, 2008.

ADDRESSES: The corresponding preliminary Flood Insurance Rate Map (FIRM) for the proposed BFEs for each community are available for inspection at the community's map repository. The respective addresses are listed in the table below.

You may submit comments, identified by Docket No. FEMA-B-7763, to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-3151, or (e-mail) bill.blanton@dhs.gov.

FOR FURTHER INFORMATION CONTACT:

William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-3151 or (e-mail) bill.blanton@dhs.gov.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency (FEMA) proposes to make

determinations of BFEs and modified BFEs for each community listed below, in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67.4(a).

These proposed BFEs and modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State, or regional entities. These proposed elevations are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

Comments on any aspect of the Flood Insurance Study and FIRIM, other than the proposed BFEs, will be considered.

A letter acknowledging receipt of any comments will not be sent.

Administrative Procedure Act Statement. This matter is not a rulemaking governed by the Administrative Procedure Act (APA), 5 U.S.C. 553. FEMA publishes flood elevation determinations for notice and comment; however, they are governed by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and the National Flood Insurance Act of 1968, 42 U.S.C. 4001, *et seq.*, and do not fall under the APA.

National Environmental Policy Act. This proposed rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. An environmental impact assessment has not been prepared.

Regulatory Flexibility Act. As flood elevation determinations are not within the scope of the Regulatory Flexibility Act, 5 U.S.C. 601–612, a regulatory flexibility analysis is not required.

Executive Order 12866, Regulatory Planning and Review. This proposed rule is not a significant regulatory action

under the criteria of section 3(f) of Executive Order 12866, as amended.

Executive Order 13132, Federalism. This proposed rule involves no policies that have federalism implications under Executive Order 13132.

Executive Order 12988, Civil Justice Reform. This proposed rule meets the applicable standards of Executive Order 12988.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

Accordingly, 44 CFR part 67 is proposed to be amended as follows:

PART 67—[AMENDED]

1. The authority citation for part 67 continues to read as follows:

Authority: 42 U.S.C. 4001, *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.4 [Amended]

2. The tables published under the authority of § 67.4 are proposed to be amended as follows:

Flooding source(s)	Location of referenced elevation **	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Alameda County, California, and Incorporated Areas				
Arroyo Las Positas	Approximately 1,155 feet downstream of North Livermore Avenue.	None	+444	City of Livermore.
	Approximately 1,040 feet downstream of North Livermore Avenue.	None	+445	
Arroyo Las Positas (Shallow Flooding).	Approximately 530 feet east of the intersection of Airway Boulevard and Terminal Court.	#1.5	#2	City of Livermore.
Arroyo del Valle	Approximately 0.7 mile downstream of Arroyo Road ..	None	+514	Unincorporated Areas of Alameda County.
	Approximately 1,700 feet downstream of Arroyo Road	None	+531	
Dublin Creek	Approximately 60 feet upstream of the confluence with Line J-1.	None	+332	City of Pleasanton.
	Approximately 255 feet upstream of San Ramon Road.	None	+369	
Line B	At the confluence of Line B and Line D	+13	+11	City of Newark.
	At the crossing of Line B and Mowry Avenue	+13	+11	
San Francisco Bay	Along Oakland Inner Harbor, Alameda Harbor, Brooklyn Basin, Alaska Basin, Fartmann Basin, Tidal Canal, San Leandro Bay, and San Leandro Channel.	None	+9	City of Alameda.
San Francisco Bay	Area approximately 350 feet south of Neil Armstrong Way and Edward White Way.	+9	+10	City of Oakland.
San Francisco Bay	Approximately 1,600 feet northwest of Marshlands Road and Thornton Avenue.	None	+11	City of Fremont.
	Approximately 400 feet east of Quarry Road and SH 84.	None	+11	
San Lorenzo Creek (Shallow Flooding).	Shallow flooding areas between the San Francisco Bay and Center Street.	None	#1	City of San Leandro, City of Hayward, Unincorporated Areas of Alameda County.
Tassajara Creek (Zone 7)	Approximately 450 feet southwest of Tassajara Road and Shadow Hill Drive.	None	+404	Unincorporated Areas of Alameda County.

Flooding source(s)	Location of referenced elevation **	*Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
	Approximately 320 feet southwest of Tassajara Road and Shadow Hill Drive.	None	+406	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472.

ADDRESSES

City of Alameda

Maps are available for inspection at City of Alameda Public Works Department, 950 West Mall Square, Room 110, Alameda, CA.

City of Fremont

Maps are available for inspection at City of Fremont Development and Environmental Services Department, Engineering Division, 39550 Liberty Street, Fremont, CA.

City of Hayward

Maps are available for inspection at City of Hayward Engineering and Transportation Division, 777 B Street, Hayward, CA.

City of Livermore

Maps are available for inspection at City of Livermore Community Development Department, 1052 South Livermore Avenue, Livermore, CA.

City of Newark

Maps are available for inspection at City of Newark Administration Building, Building Inspection Division, 37101 Newark Boulevard, Newark, CA.

City of Oakland

Maps are available for inspection at City of Oakland Community and Economic Development Department, One Frank Ogawa Plaza, Oakland, CA.

City of Pleasanton

Maps are available for inspection at Pleasanton City Hall, 123 Main Street, Pleasanton, CA.

City of San Leandro

Maps are available for inspection at City of San Leandro Building Department, 835 East 14th Street, San Leandro, CA.

Unincorporated Areas of Alameda County

Maps are available for inspection at Alameda County Public Works Agency, 399 Elmhurst Street, Hayward, CA.

Monterey County, California, and Incorporated Areas

Calera Creek	At the confluence with El Toro Creek	+231	+236	Unincorporated Areas of Monterey County.
	Approximately 1.2 miles upstream of Robley Road	None	+469	
	Approximately 500 feet west of the intersection of Robley Road and Corral de Tierra.	None	#1	
Carmel River	Approximately 370 feet above the mouth of the river ..	+12	+16	Unincorporated Areas of Monterey County.
	Approximately 170 feet downstream of San Clemente Dam.	None	+470	
Carmel River Garland Ranch Overbank.	At the convergence with Carmel River main channel ..	None	+180	Unincorporated Areas of Monterey County.
	At the divergence from Carmel River main channel	None	+194	
Carmel River Hacienda Overbank.	At the convergence with Carmel River main channel ..	None	+49	Unincorporated Areas of Monterey County.
	At the divergence from Carmel River main channel	None	+59	
Carmel River North Highway 1 Overbank.	Approximately 600 feet downstream of State Highway 1.	+28	+25	Unincorporated Areas of Monterey County, City of Carmel By The Sea.
	At the divergence from Carmel River main channel	+40	+39	
Carmel River Schulte Overbank.	At the convergence with Carmel River main channel ..	None	+90	Unincorporated Areas of Monterey County.
	At the divergence from Carmel River main channel	None	+102	
Carmel River South Highway 1 Overbank.	Approximately 1,100 feet upstream of confluence with Carmel River main channel.	+17	+16	Unincorporated Areas of Monterey County.
	Approximately 500 feet downstream of divergence from Carmel River main channel.	+36	+38	
El Toro Creek	Approximately 650 feet downstream of Highway 68 ...	+221	+222	Unincorporated Areas of Monterey County.
	Approximately 300 feet upstream of Highway 68	+231	+236	
Harper Creek	At the confluence with San Benancio Gulch	None	+371	Unincorporated Areas of Monterey County.

Flooding source(s)	Location of referenced elevation **	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Pacific Ocean	Approximately 0.6 mile upstream of Rimrock Canyon Road.	None	+605	Unincorporated Areas of Monterey County, City of Monterey.
	Approximately 400 feet north of the intersection of Camino Aguajito and Del Monte Avenue.	None	+22	
San Benancio Gulch	At the confluence with El Toro Creek	+231	+236	Unincorporated Areas of Monterey County.
Watson Creek	Approximately 0.7 mile upstream of Ridge Back Road	None	+839	Unincorporated Areas of Monterey County.
	At the confluence with Calera Creek	+406	+408	
	Approximately 1.1 miles upstream of Calle Viejo	None	+886	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472.

ADDRESSES

City of Carmel By The Sea

Maps are available for inspection at Carmel-by-the-Sea City Hall, East Side of Monte Verde between Ocean and 7th Avenues, Carmel-by-the-Sea, CA.

City of Monterey

Maps are available for inspection at City of Monterey Building and Safety Division, 580 Pacific Street, Monterey, CA.

Unincorporated Areas of Monterey County

Maps are available for inspection at Monterey County Water Resources Agency, 893 Blanco Circle, Salinas, CA.

Tulare County, California, and Incorporated Areas

Kaweah River	At Mill Creek/Packwood Creek Split	None	+363	Unincorporated Areas of Tulare County.
Shallow Flooding (extensive area covering 19 map panels).	At downstream side of Southern Pacific Railroad	None	+390	Unincorporated Areas of Tulare County, City of Farmersville, City of Visalia.
	Approximately 1,000 feet southeast of intersection of State Highway 99 and Goshen Avenue.	None	+282	
St. Johns River	Approximately 350 feet southwest of intersection of Lort Drive and Railroad.	#2	+391	Unincorporated Areas of Tulare County, City of Visalia.
	Approximately 0.5 mile upstream of Avenue 328 Bridge.	None	+317	
	Approximately 220 feet downstream of Southern Pacific Railroad.	None	+378	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472.

ADDRESSES

City of Farmersville

Maps are available for inspection at Farmersville City Hall, 909 West Visalia Road, Farmersville, CA.

City of Visalia

Maps are available for inspection at Visalia City Hall East, 315 East Acequia, Visalia, CA.

Unincorporated Areas of Tulare County

Maps are available for inspection at Tulare County Resource Management Agency, 5961 South Mooney Boulevard, Visalia, CA.

Avery County, North Carolina, and Incorporated Areas

Linville River (upstream)	Approximately 50 feet downstream of Highland Mist Road.	None	+3695	Grandfather Village, Unincorporated Areas of Avery County.
	At the confluence of Big Grassy Creek	None	+3834	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Flooding source(s)	Location of referenced elevation **	*Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	

Depth in feet above ground.

**BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472.

ADDRESSES

Grandfather Village

Maps are available for inspection at Village of Grandfather Village, 2120 Highway 105, Linville, NC.

Unincorporated Areas of Avery County

Maps are available for inspection at Avery County Courthouse, 200 Montezuma Street, Newland, NC.

Wilkes County, North Carolina, and Incorporated Areas

Beaver Creek	At the confluence with Yadkin River	None	+1079	Unincorporated Areas of Wilkes County.
	Approximately 750 feet upstream of Caldwell/Wilkes County boundary.	None	+1228	
Beaver Creek Tributary 1	At the confluence with Beaver Creek	None	+1084	Unincorporated Areas of Wilkes County.
	Approximately 0.7 mile upstream of the confluence with Beaver Creek.	None	+1100	
Beaver Creek Tributary 2	At the confluence with Beaver Creek	None	+1153	Unincorporated Areas of Wilkes County.
	Approximately 590 feet upstream of Livingston Road (State Road 1130).	None	+1169	
Beaver Creek Tributary 3	At the confluence with Beaver Creek	None	+1159	Unincorporated Areas of Wilkes County.
	Approximately 0.7 mile upstream of the confluence with Beaver Creek.	None	+1190	
Big Branch	At the confluence with Middle Prong Roaring River	None	+1300	Unincorporated Areas of Wilkes County.
	Approximately 1,080 feet upstream of Moxley Road (State Road 1735).	None	+1350	
Big Bugaboo Creek	At the confluence with Yadkin River	None	+926	Unincorporated Areas of Wilkes County.
	Approximately 0.9 mile upstream of the confluence of Big Bugaboo Creek Tributary 1.	None	+1213	
Big Bugaboo Creek Tributary 1.	At the confluence with Big Bugaboo Creek	None	+1183	Unincorporated Areas of Wilkes County.
	Approximately 2,000 feet upstream of the confluence with Big Bugaboo Creek.	None	+1207	
Big Sandy Creek	At the confluence with East Prong Roaring River	None	+1226	Unincorporated Areas of Wilkes County.
	Approximately 1,270 feet upstream of Traphill-Brown Road (State Road 1741).	None	+1323	
Big Warrior Creek	At the confluence with Warrior Creek	None	+1085	Unincorporated Areas of Wilkes County.
	Approximately 1.8 miles upstream of the confluence of Big Warrior Creek Tributary 1.	None	+1275	
Big Warrior Creek Tributary 1	At the confluence with Big Warrior Creek	None	+1128	Unincorporated Areas of Wilkes County.
	Approximately 0.8 mile upstream of the confluence with Big Warrior Creek.	None	+1237	
Blood Creek	At the confluence with Warrior Creek	None	+1075	Unincorporated Areas of Wilkes County.
	Approximately 1,990 feet upstream of Walsh Town Road (State Road 1119).	None	+1081	
Brier Creek	At the confluence with Yadkin River	None	+933	Unincorporated Areas of Wilkes County.
	Approximately 1,370 feet upstream of Rance Staley Road (State Road 2325).	None	+1039	
Brier Creek Tributary 1	At the confluence with Brier Creek	None	+933	Unincorporated Areas of Wilkes County.
	Approximately 1.1 miles upstream of Red White & Blue Road (State Road 2324).	None	+981	
Brushy Creek	Approximately 300 feet downstream of the Iredell/Wilkes County boundary.	None	+905	Unincorporated Areas of Wilkes County.
	Approximately 100 feet upstream of the Iredell/Wilkes County boundary.	None	+908	

Flooding source(s)	Location of referenced elevation **	*Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Cane Creek	At the confluence with West Prong Roaring River	None	+1173	Unincorporated Areas of Wilkes County.
	Approximately 1.7 miles upstream of Dehart Church Road (State Road 1715).	None	+1325	
Cub Creek	At the confluence with Yadkin River	+962	+963	Unincorporated Areas of Wilkes County, Town of Wilkesboro.
	Approximately 0.6 mile upstream of Pennell Road (State Road 2493).	None	+1084	
Darnell Creek	At the confluence with North Fork Reddies River	None	+1290	Unincorporated Areas of Wilkes County.
	Approximately 1.2 miles upstream of State Road 1567.	None	+1413	
Double Creek	At the confluence with Middle Prong Roaring River	None	+1293	Unincorporated Areas of Wilkes County.
	Approximately 100 feet upstream of confluence of Double Creek Tributary 1.	None	+1371	
Double Creek Tributary 1	The confluence with Double Creek	None	+1370	Unincorporated Areas of Wilkes County.
	Approximately 0.5 mile upstream of confluence with Double Creek.	None	+1396	
Dugger Creek	At the confluence with Elk Creek	None	+1278	Unincorporated Areas of Wilkes County.
	Approximately 1,170 feet upstream of Elk Creek Darby Road (State Road 1162).	None	+1323	
East Prong Roaring River	At the confluence with Roaring River	None	+1009	Unincorporated Areas of Wilkes County.
	Approximately 2.8 miles upstream of Longbottom Road (State Road 1737).	None	+1389	
East Swan Creek	At the confluence with Swan Creek	None	+911	Unincorporated Areas of Wilkes County.
	Approximately 0.9 mile upstream of the confluence with Swan Creek.	None	+927	
Elk Creek	At the confluence with Yadkin River	None	+1090	Unincorporated Areas of Wilkes County.
	At the Watauga/Wilkes County boundary	None	+1349	
Elk Creek Tributary 1	At the confluence with Elk Creek	None	+1235	Unincorporated Areas of Wilkes County.
	Approximately 0.8 mile upstream of Elk Creek Darby Road (State Road 1162).	None	+1626	
Elk Creek Tributary 2	At the confluence with Elk Creek	None	+1237	Unincorporated Areas of Wilkes County.
	Approximately 1,030 feet upstream of Meadow Road	None	+1358	
Elkin Creek	Approximately 1,700 feet downstream of the Wilkes/Surry County boundary.	None	+938	Unincorporated Areas of Wilkes County.
	Approximately 700 feet upstream of Union Community Road (State Road 1919).	None	+1293	
Elkin Creek Tributary 1	At the confluence with Elkin Creek	None	+1185	Unincorporated Areas of Wilkes County.
	Approximately 0.7 mile upstream of State Road 1910	None	+1213	
Fishing Creek	At the confluence with Yadkin River	None	+942	Unincorporated Areas of Wilkes County.
	Approximately 100 feet downstream of Speedway Road (State Road 2355).	None	+1063	
Fishing Creek Tributary 1	At the confluence with Fishing Creek	None	+945	Unincorporated Areas of Wilkes County.
	Approximately 1.9 miles upstream of Old NC 60 Highway (State Road 2318).	None	+997	
Fishing Creek Tributary 2	At the confluence with Fishing Creek	None	+1023	Unincorporated Areas of Wilkes County.
	Approximately 250 feet downstream of U.S. Highway 421.	None	+1129	
Fishing Creek Tributary 2A ...	At the confluence with Fishing Creek Tributary 2	None	+1119	Unincorporated Areas of Wilkes County.
	Approximately 0.5 mile upstream of the confluence with Fishing Creek Tributary 2.	None	+1153	
Fletcher Creek	At the confluence with South Prong Lewis Fork	None	+1399	Unincorporated Areas of Wilkes County.
	Approximately 0.4 mile upstream of Shady Walk Lane	None	+1517	

Flooding source(s)	Location of referenced elevation **	*Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Gambill Creek	At the confluence with West Prong Roaring River	None	+1343	Unincorporated Areas of Wilkes County.
	Approximately 0.6 mile upstream of the confluence with West Prong Roaring River.	None	+1401	
Gladys Fork	At the confluence with Stony Fork	None	+1092	Unincorporated Areas of Wilkes County.
	Approximately 0.5 mile upstream of Mount Pleasant Road (State Road 1135).	None	+1141	
Grassy Creek West	At the confluence with Elkin Creek	None	+980	Unincorporated Areas of Wilkes County.
	At Wilkes/Surry County boundary	None	+987	
Grassy Fork	At the confluence with Elkin Creek	None	+1112	Unincorporated Areas of Wilkes County.
	Approximately 1,990 feet upstream of the confluence with Elkin Creek.	None	+1119	
Grays Creek	At the confluence with the Yadkin River	None	+921	Unincorporated Areas of Wilkes County.
	Approximately 0.9 mile upstream of State Road 2321	None	+929	
Harris Creek	At the confluence with Double Creek	None	+1318	Unincorporated Areas of Wilkes County.
	Approximately 0.6 mile upstream of Longbottom Road (State Road 1730).	None	+1425	
Hoopers Branch	At the confluence with Reddies River	None	+997	Unincorporated Areas of Wilkes County, Town of North Wilkesboro.
	Approximately 1,580 feet upstream of Hackett Street	None	+1088	
Huffman Branch	At the confluence with North Prong Lewis Fork	None	+1278	Unincorporated Areas of Wilkes County.
	Approximately 0.6 mile upstream of Parsonville Road (State Road 1300).	None	+1324	
Hunting Creek	Approximately 100 feet downstream of the Wilkes/Iredell County boundary.	None	+895	Unincorporated Areas of Wilkes County.
	Approximately 1.4 miles upstream of Balls Mill Road (State Road 2474).	None	+1176	
Joshua Creek	At the confluence with Mulberry Creek	None	+1453	Unincorporated Areas of Wilkes County.
	Approximately 890 feet upstream of Longbottom Road (State Road 1728).	None	+1528	
Left Prong Stony Fork	At the confluence with Stony Fork	None	+1332	Unincorporated Areas of Wilkes County.
	At the Watauga/Wilkes County boundary	None	+1639	
Lewis Fork	At the confluence with Yadkin River	None	+1075	Unincorporated Areas of Wilkes County.
	At the confluence of North Prong Lewis Fork and South Prong Lewis Fork.	None	+1077	
Little Bugaboo Creek	At the confluence with Big Bugaboo Creek	None	+1035	Unincorporated Areas of Wilkes County.
	Approximately 620 feet upstream of Hoots Road (State Road 2014).	None	+1074	
Little Elkin Creek	The confluence with Yadkin River	None	+905	Unincorporated Areas of Wilkes County.
	Approximately 0.6 mile upstream of Greenhorn Road (State Road 1931).	None	+1177	
Little Fork Creek	At the confluence with North Prong Lewis Fork	None	+1304	Unincorporated Areas of Wilkes County.
	Approximately 1.4 miles upstream of Benny Parsons Road (State Road 1359).	None	+1664	
Little Hunting Creek	At the confluence with Hunting Creek	None	+915	Unincorporated Areas of Wilkes County.
	Approximately 2.0 miles upstream of Mountain View Church Road (State Road 2503).	None	+1281	
Little Sandy Creek	At the confluence with East Prong Roaring River	None	+1084	Unincorporated Areas of Wilkes County.
	Approximately 0.5 mile upstream of Longbottom Road (State Road 1737).	None	+1280	
Little Warrior Creek	At the confluence with Warrior Creek	None	+1075	Unincorporated Areas of Wilkes County.
	Approximately 0.6 mile upstream of Thankful Church Road (State Road 1125).	None	+1170	

Flooding source(s)	Location of referenced elevation **	*Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Long Branch North	At the Wilkes/Yadkin County boundary	None	+1075	Unincorporated Areas of Wilkes County.
	Approximately 50 feet upstream of the Wilkes/Yadkin County boundary.	None	+1075	
Middle Fork Reddies River ...	At the confluence with Reddies River	None	+1202	Unincorporated Areas of Wilkes County.
Middle Prong Roaring River	Approximately 0.7 mile upstream of State Road 1580	None	+1326	Unincorporated Areas of Wilkes County.
	At the confluence with Roaring River	None	+1009	
Mill Creek	Approximately 2.1 miles upstream of Moxley Road (State Road 1735).	None	+1442	Unincorporated Areas of Wilkes County, Town of Wilkesboro.
	At the confluence with Cub Creek	None	+964	
Mill Creek North	Approximately 1,000 feet downstream of Country Club Road (State Road 2462).	None	+1052	Unincorporated Areas of Wilkes County.
	At the confluence with North Fork Reddies River	None	+1258	
Moravian Creek	Approximately 0.6 mile upstream of Mertie Road (State Road 1570).	None	+2115	Unincorporated Areas of Wilkes County, Town of Wilkesboro.
	At the confluence with Yadkin River	+969	+968	
Moravian Creek Tributary 1 ..	At the confluence of Moravian Creek Tributary 1	None	+1233	Unincorporated Areas of Wilkes County.
	At the confluence with Moravian Creek	None	+1233	
Mulberry Creek	Approximately 0.5 mile upstream of Lowe Creek Road (State Road 2488).	None	+1311	Unincorporated Areas of Wilkes County, Town of North Wilkesboro.
	At the confluence with Yadkin River	+955	+952	
Mulberry Creek Tributary 1 ...	At the confluence of Joshua Creek	None	+1453	Unincorporated Areas of Wilkes County.
	At the confluence with Mulberry Creek	None	+1294	
Naked Creek	Approximately 0.6 mile upstream of Sparta Road/NC Highway 18.	None	+1405	Unincorporated Areas of Wilkes County.
	At the confluence with Lewis Fork	None	+1075	
North Fork Reddies River	Approximately 110 feet downstream of Dr. Miles Road (State Road 1152).	None	+1172	Unincorporated Areas of Wilkes County.
	At the confluence with Reddies River	None	+1167	
North Little Hunting Creek	Approximately 200 feet downstream of Vannoy Road (State Road 1575).	None	+1460	Unincorporated Areas of Wilkes County.
	At the Wilkes/Yadkin County boundary	None	+1024	
North Little Hunting Creek Tributary 3.	Approximately 1,410 feet upstream of Somers Road (State Road 2400).	None	+1119	Unincorporated Areas of Wilkes County.
	At the confluence with North Little Hunting Creek	None	+1039	
North Little Hunting Creek Tributary 4.	Approximately 610 feet upstream of the U.S. Highway 421 East ramp.	None	+1069	Unincorporated Areas of Wilkes County.
	At the confluence with North Little Hunting Creek	None	+1069	
North Prong Lewis Fork	Approximately 410 feet upstream of Somers Road (State Road 2400).	None	+1098	Unincorporated Areas of Wilkes County.
	At the confluence with Lewis Fork	None	+1077	
Osborn Creek	Approximately 2.0 miles upstream of Big Ivy Road (State Road 1360).	None	+1698	Unincorporated Areas of Wilkes County.
	At the confluence with Hunting Creek	None	+895	
Pumpkin Creek	Approximately 1.1 miles upstream of Hunting Creek Road (State Road 2412).	None	+1044	Unincorporated Areas of Wilkes County.
	At the confluence with Warrior Creek	None	+1075	
	Approximately 0.4 mile upstream of Pumpkin Creek Road (State Road 1303).	None	+1163	

Flooding source(s)	Location of referenced elevation **	*Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Pumpkin Run	At the confluence with South Prong Lewis Fork	None	+1298	Unincorporated Areas of Wilkes County.
	Approximately 1.0 mile upstream of Pumpkin Run Road (State Road 1303).	None	+1400	
Reddies River	At the confluence with Yadkin River	+963	+964	Unincorporated Areas of Wilkes County, Town of North Wilkesboro.
	At the confluence of Middle Fork Reddies River and South Fork Reddies River.	None	+1202	
Roaring River	At the confluence with Yadkin River	None	+936	Unincorporated Areas of Wilkes County.
	At the confluence of East Prong Roaring River	None	+1009	
Rocky Creek	At the Wilkes/Alexander County boundary	None	+1192	Unincorporated Areas of Wilkes County.
	Approximately 1.0 mile upstream of the confluence of Rocky Creek Tributary 1.	None	+1287	
Rocky Creek Tributary 1	At the confluence with Rocky Creek	None	+1255	Unincorporated Areas of Wilkes County.
	Approximately 1,500 feet upstream of the confluence with Rocky Creek.	None	+1263	
Shell Creek	At the confluence with Stony Fork	None	+1164	Unincorporated Areas of Wilkes County.
	Approximately 870 feet upstream of Mt. Zion Road (State Road 1155).	None	+1197	
South Fork Reddies River	At the confluence with Reddies River	None	+1202	Unincorporated Areas of Wilkes County.
	Approximately 50 feet upstream of White Oak Road (State Road 1355).	None	+1388	
South Prong Lewis Fork	At the confluence with Lewis Fork	None	+1077	Unincorporated Areas of Wilkes County.
	Approximately 1.2 miles upstream of the confluence of Fletcher Creek.	None	+1478	
South Prong Lewis Fork Tributary 1.	At the confluence with South Prong Lewis Fork	None	+1195	Unincorporated Areas of Wilkes County.
	Approximately 2.4 miles upstream of the confluence with South Prong Lewis Fork.	None	+1536	
Sparks Creek	At the confluence with Little Sandy Creek	None	+1108	Unincorporated Areas of Wilkes County.
	Approximately 800 feet downstream of Cook-Lyon Road.	None	+1200	
Stony Fork	At the confluence with Yadkin River	None	+1078	Unincorporated Areas of Wilkes County.
	At the Watauga/Wilkes County boundary	None	+1975	
Swan Creek	At the confluence with Yadkin River	None	+911	Unincorporated Areas of Wilkes County.
	At the confluence of East Swan Creek and West Swan Creek.	None	+911	
Tributary M-1-1	Approximately 50 feet upstream of the confluence with Tributary M-1.	None	+1071	Unincorporated Areas of Wilkes County, Town of North Wilkesboro.
	Approximately 0.5 mile upstream of Elkin Highway/NC Highway 268.	None	+1160	
Tributary R-1	Approximately 1,360 feet upstream of Finley Street	None	+1090	Town of North Wilkesboro.
	Approximately 0.4 mile upstream of Finley Street	None	+1126	
Tributary R-1-1	Approximately 100 feet upstream of the confluence with Tributary R-1.	None	+1047	Town of North Wilkesboro.
	Approximately 0.4 mile upstream of the confluence with Tributary R-1.	None	+1153	
Tributary Y-1	At the confluence with Yadkin River	+959	+957	Town of North Wilkesboro.
	Approximately 0.6 mile upstream of the confluence of Tributary Y-1-1.	None	+1088	
Tributary Y-1-1	At the confluence with Tributary Y-1	None	+959	Town of North Wilkesboro.
	Approximately 0.4 mile upstream of the confluence with Tributary Y-1.	None	+1072	
Tributary Y-2	At the confluence with Yadkin River	+960	+962	Town of North Wilkesboro.
	Approximately 0.7 mile upstream of 2nd Street/U.S. Highway 421.	None	+1078	
Tributary Y-3	At the confluence with Yadkin River	+960	+963	Town of North Wilkesboro.
	Approximately 100 feet downstream of D Street	+991	+996	

Flooding source(s)	Location of referenced elevation **	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Warrior Creek	At the confluence with Yadkin River	None	+1075	Unincorporated Areas of Wilkes County.
West Prong Moravian Creek	Approximately 830 feet upstream of NC Highway 18 ..	None	+1107	Unincorporated Areas of Wilkes County.
	At the confluence with Moravian Creek	None	+1068	
West Prong Moravian Creek Tributary 1.	Approximately 1.3 miles upstream of Falls Road (State Road 1108).	None	+1184	Unincorporated Areas of Wilkes County.
	At the confluence with West Prong Moravian Creek ...	None	+1075	
West Prong Roaring River	Approximately 510 feet downstream of Falls Road (State Road 1108).	None	+1100	Unincorporated Areas of Wilkes County.
	At the confluence with Middle Prong Roaring River	None	+1091	
West Swan Creek	Approximately 2.4 miles upstream of State Road 1731.	None	+1561	Unincorporated Areas of Wilkes County.
	At the confluence with Swan Creek	None	+911	
Whites Creek	Approximately 0.8 mile upstream of Bethel Road	None	+944	Unincorporated Areas of Wilkes County.
	At the confluence with Yadkin River	None	+1075	
Yadkin River	Approximately 1.1 miles upstream of NC Highway 268.	None	+1094	Unincorporated Areas of Wilkes County, Town of North Wilkesboro, Town of Ronda, Town of Wilkesboro.
	Approximately 200 feet downstream of the Yadkin/Wilkes County boundary.	None	+903	
Yadkin River Tributary 14	At the Caldwell/Wilkes County boundary	None	+1090	Unincorporated Areas of Wilkes County.
	At the confluence with Yadkin River	None	+903	
Yadkin River Tributary 15	Approximately 0.9 mile upstream of State Road 2306	None	+917	Unincorporated Areas of Wilkes County.
	At the confluence with Yadkin River	None	+919	
	Approximately 1.7 miles upstream of the confluence with Yadkin River.	None	+942	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472.

ADDRESSES

Town of North Wilkesboro

Maps are available for inspection at North Wilkesboro Town Hall, 832 Main Street, North Wilkesboro, NC.

Town of Ronda

Maps are available for inspection at Ronda Town Hall, 123 Chatham Street, Ronda, NC.

Town of Wilkesboro

Maps are available for inspection at Wilkesboro Town Hall, 203 West Main Street, Wilkesboro, NC.

Unincorporated Areas of Wilkes County

Maps are available for inspection at Wilkes County Office Building, 110 North Street, Wilkesboro, NC.

(Catalog of Federal Domestic Assistance No. 97.022, "Flood Insurance.")

Dated: February 12, 2008.

David I. Maurstad,

Federal Insurance Administrator of the National Flood Insurance Program, Department of Homeland Security, Federal Emergency Management Agency.

[FR Doc. E8-3362 Filed 2-21-08; 8:45 am]

BILLING CODE 9110-12-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

[Docket No. FEMA-B-7762]

Proposed Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Proposed rule.

SUMMARY: Comments are requested on the proposed Base (1 percent annual-chance) Flood Elevations (BFEs) and proposed BFE modifications for the communities listed in the table below. The purpose of this notice is to seek general information and comment regarding the proposed regulatory flood elevations for the reach described by the downstream and upstream locations in the table below. The BFEs and modified BFEs are a part of the floodplain management measures that the community is required either to adopt or show evidence of having in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP). In addition, these elevations, once finalized, will be used by insurance agents, and others to calculate appropriate flood insurance premium rates for new buildings and the contents in those buildings.

DATES: Comments are to be submitted on or before May 22, 2008.

ADDRESSES: The corresponding preliminary Flood Insurance Rate Map (FIRM) for the proposed BFEs for each community are available for inspection

at the community's map repository. The respective addresses are listed in the table below.

You may submit comments, identified by Docket No. FEMA-B-7762, to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-3151, or (e-mail) bill.blanton@dhs.gov.

FOR FURTHER INFORMATION CONTACT:

William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-3151 or (e-mail) bill.blanton@dhs.gov.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency (FEMA) proposes to make determinations of BFEs and modified BFEs for each community listed below, in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67.4(a).

These proposed BFEs and modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State, or regional entities. These proposed elevations are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

Comments on any aspect of the Flood Insurance Study and FIRM, other than the proposed BFEs, will be considered. A letter acknowledging receipt of any comments will not be sent.

Administrative Procedure Act Statement. This matter is not a

rulemaking governed by the Administrative Procedure Act (APA), 5 U.S.C. 553. FEMA publishes flood elevation determinations for notice and comment; however, they are governed by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and do not fall under the APA.

National Environmental Policy Act. This proposed rule is categorically excluded from the requirements of 44 CFR part 10, Environmental Consideration. An environmental impact assessment has not been prepared.

Regulatory Flexibility Act. As flood elevation determinations are not within the scope of the Regulatory Flexibility Act, 5 U.S.C. 601-612, a regulatory flexibility analysis is not required.

Executive Order 12866, Regulatory Planning and Review. This proposed rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866, as amended.

Executive Order 13132, Federalism. This proposed rule involves no policies that have federalism implications under Executive Order 13132.

Executive Order 12988, Civil Justice Reform. This proposed rule meets the applicable standards of Executive Order 12988.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

Accordingly, 44 CFR part 67 is proposed to be amended as follows:

PART 67—[AMENDED]

1. The authority citation for part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.4 [Amended]

2. The tables published under the authority of § 67.4 are proposed to be amended as follows:

State	City/town/county	Source of flooding	Location **	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground	
				Existing	Modified
Unincorporated Areas of Siskiyou County, California					
California	Unincorporated Areas of Siskiyou County.	Panther Creek (Shallow Flooding).	Shallow flooding areas between Squaw Valley Creek and McCloud River Railroad.	None	# 1
			Shallow flooding areas between Squaw Valley Creek and McCloud River Railroad.	None	# 3
California	Unincorporated Areas of Siskiyou County.	Squaw Valley Creek.	At the downstream side of Cemetery Road.	None	* 3090
			Approximately 100 feet upstream of McCloud River Railroad.	None	* 3400
California	Unincorporated Areas of Siskiyou County.	Squaw Valley Creek (Shallow Flooding).	Shallow flooding areas between Cemetery Road and McCloud River Railroad.	None	# 1
			Shallow flooding areas between Cemetery Road and McCloud River Railroad.	None	# 3

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472.

ADDRESSES

Unincorporated Areas of Siskiyou County

Maps are available for inspection at the Siskiyou County Planning Department, 305 Butte Street, Yreka, CA.

Unincorporated Areas of Trinity County, California					
California	Unincorporated Areas of Trinity County.	Carter Gulch	At the confluence with Hayfork Creek.	* 2319	* 2304
			Approximately 960 feet upstream of Highway 3.	None	* 2340
California	Unincorporated Areas of Trinity County.	Ewing Gulch	At the confluence with Hayfork Creek.	* 2321	* 2305
			Approximately 780 feet upstream of State Highway 3.	None	* 2343
California	Unincorporated Areas of Trinity County.	Hayfork Creek	Approximately 260 feet downstream of the confluence of Salt Creek.	None	* 2280
			Approximately 300 feet upstream of Oak Avenue.	None	* 2322
California	Unincorporated Areas of Trinity County.	Kellogg Gulch	At the confluence with Hayfork Creek.	* 2317	* 2302
			Approximately 980 feet upstream of State Highway 3.	None	2343

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+ North American Vertical Datum.

Depth in feet above ground.

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Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472.

ADDRESSES

Unincorporated Areas of Trinity County

Maps are available for inspection at the Trinity County Planning Department and Planning Commission, 60 Glen Road, Weaverville, CA.

Flooding source(s)	Location of referenced elevation**	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
Tehama County, California, and Incorporated Areas				
Grasshopper Creek	Approximately 1,500 feet upstream of the confluence with Red Bank Creek.	None	*275	Unincorporated Areas of Tehama County, City of Red Bluff.
	Approximately 0.4 mile upstream of South Jackson Street.	None	*312	
Highway 99W Overflow	Approximately 150 feet upstream of the confluence with Red Bank Creek.	None	*282	Unincorporated Areas of Tehama County.
	Approximately 0.5 mile upstream of the confluence with Red Bank Creek.	None	*291	
Spyglass Drive Overflow	At the confluence with Grasshopper Creek	None	*300	City of Red Bluff.
	At the upstream side of South Jackson Street	None	*308	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472.

ADDRESSES

City of Red Bluff

Maps are available for inspection at Red Bluff City Hall, 555 Washington Street, Red Bluff, CA.

Unincorporated Areas of Tehama County

Maps are available for inspection at Tehama County Planning Department, 444 Oak Street, Red Bluff, CA.

Tippecanoe County, Indiana, and Incorporated Areas				
Cole Ditch	At its confluence with Burnett Creek	None	+627	Unincorporated Areas of Tippecanoe County.
	Approximately 4,000 feet upstream of County Road 150.	None	+669	
Cole Ditch Unnamed Tributary 1.	At its confluence with Cole Ditch	None	+647	Unincorporated Areas of Tippecanoe County, City of West Lafayette.
	Approximately 1,250 feet upstream of Kalberger Road	None	+694	
Cole Ditch Unnamed Tributary 2.	At its confluence with Cole Ditch	None	+628	Unincorporated Areas of Tippecanoe County.
	Approximately 1,340 feet upstream of County Road 500.	None	+655	
Cuppy Ditch	At its confluence with Cole Ditch	None	+649	Unincorporated Areas of Tippecanoe County.
	Approximately 50 feet upstream of Morehouse Road	None	+655	
East Branch Wea Creek	At its confluence with Wea Creek	None	+684	Unincorporated Areas of Tippecanoe County.
	Approximately 50 feet upstream of County Road 500	None	+756	
Indian Creek	Approximately 2,900 feet downstream of County Road 400.	None	+631	Unincorporated Areas of Tippecanoe County.
	Approximately 1,775 feet upstream of U.S. Highway 52.	None	+654	
Tippecanoe River	At its confluence with the Wabash River	None	+538	Unincorporated Areas of Tippecanoe County.
	At the County Boundary	None	+544	

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+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472.

ADDRESSES

City of West Lafayette

Flooding source(s)	Location of referenced elevation**	*Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	

Maps are available for inspection at Area Plan Commission of Tippecanoe County, 20 North Third Street, Lafayette, IN 47901.

Unincorporated Areas of Tippecanoe County

Maps are available for inspection at Area Plan Commission of Tippecanoe County, 20 North Third Street, Lafayette, IN 47901.

Camden County, New Jersey, and Incorporated Areas

Mason Run	At a point located approximately 1,700 feet upstream of the confluence with North Branch Big Timber Creek.	+19	+20	Borough of Lindenwold, Borough of Pine Hill, Township of Gloucester.
	At a point located approximately 100 feet upstream of Blackwood-Clementon Road/County Route 534.	None	+35	
North Branch Big Timber Creek.	At a point approximately 400 feet upstream from the confluence of Mason Run.	+19	+18	Borough of Clementon, Borough of Laurel Springs, Borough of Lindenwold, Borough of Stratford.
	At a point located approximately 2,240 feet upstream of East Atlantic Avenue/State Route 727.	None	+43	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472.

ADDRESSES

Borough of Clementon

Maps are available for inspection at Clementon Borough Hall, 101 Gibbsboro Road, Clementon, NJ.

Borough of Laurel Springs

Maps are available for inspection at Laurel Springs Borough Hall, 135 Broadway Avenue, Laurel Springs, NJ.

Borough of Lindenwold

Maps are available for inspection at Lindenwold Borough Construction Office, 2001 Egg Harbor Road, Lindenwold, NJ.

Borough of Pine Hill

Maps are available for inspection at Pine Hill Borough Hall, 45 West 7th Avenue, Pine Hill, NJ.

Borough of Stratford

Maps are available for inspection at Stratford Borough Hall, 307 Union Avenue, Stratford, NJ.

Township of Gloucester

Maps are available for inspection at Township of Gloucester Municipal Building, 1261 Chews Landing Road, Blackwood, NJ.

Monmouth County, New Jersey, and Incorporated Areas

Manalapan Brook	At County boundary	+75	+76	Township of Manalapan, Township of Millstone.
	Approximately 500 feet upstream of Moonlight Court	None	+181	

* National Geodetic Vertical Datum.

+ North American Vertical Datum.

Depth in feet above ground.

** BFEs to be changed include the listed downstream and upstream BFEs, and include BFEs located on the stream reach between the referenced locations above. Please refer to the revised Flood Insurance Rate Map located at the community map repository (see below) for exact locations of all BFEs to be changed.

Send comments to William R. Blanton, Jr., Chief, Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472.

ADDRESSES

Township of Manalapan

Maps are available for inspection at Manalapan Township Municipal Building, 120 Route 522, Manalapan, NJ.

Township of Millstone

Maps are available for inspection at Millstone Township Municipal Building, 470 Stagecoach Road, Millstone, NJ.

(Catalog of Federal Domestic Assistance No. 97.022, "Flood Insurance.")

Dated: February 8, 2008.

David I. Maurstad,

*Federal Insurance Administrator of the
National Flood Insurance Program,
Department of Homeland Security, Federal
Emergency Management Agency.*

[FR Doc. E8-3366 Filed 2-21-08; 8:45 am]

BILLING CODE 9110-12-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 67

[Docket No. FEMA-D-7808]

Proposed Flood Elevation Determinations; Correction

AGENCY: Federal Emergency
Management Agency, DHS.

ACTION: Proposed rule; correction.

SUMMARY: This document corrects the table to a proposed rule published in the **Federal Register** of July 25, 2007. This correction clarifies the table

representing the flooding source(s), location of referenced elevation, the effective and modified elevation in feet and the communities affected for Henderson County, North Carolina, and Incorporated Areas; specifically, for flooding source "Boylston Creek," than was previously published.

FOR FURTHER INFORMATION CONTACT:

William R. Blanton, Jr., Engineering Management Branch, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472, (202) 646-2903.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency (FEMA) publishes proposed determinations of Base (1-percent-annual-chance) Flood Elevations (BFEs) and modified BFEs for communities participating in the National Flood Insurance Program (NFIP), in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67.4(a).

These proposed BFEs and modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any

existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State, or regional entities. These proposed BFEs are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

Correction

In proposed rule FR Doc. 07-3615, beginning on page 40791 in the issue of July 25, 2007, make the following corrections, in the table published under the authority of 44 CFR 67.4. On page 40791, in § 67.4, in the table with center heading Henderson County, North Carolina, and Incorporated Areas, the flooding source, location of referenced elevation, the effective and modified elevation in feet and the communities affected for flooding source "Boylston Creek", needs to be corrected to read as follows:

Flooding source(s)	Location of referenced elevation**	* Elevation in feet (NGVD) + Elevation in feet (NAVD) # Depth in feet above ground		Communities affected
		Effective	Modified	
*	*	*	*	*
Henderson County, North Carolina, and Incorporated Areas				
*	*	*	*	*
Boylston Creek	Approximately 50 feet downstream of Banner Farm Road.	+2,173	+2,072	Town of Mills River.
	Approximately 230 feet upstream of Turkey Pen Gap Road.	None	+2,190	
*	*	*	*	*

Dated: February 12, 2008.

David I. Maurstad,

Federal Insurance Administrator of the
National Flood Insurance Program,
Department of Homeland Security, Federal
Emergency Management Agency.

[FR Doc. E8-3368 Filed 2-21-08; 8:45 am]

BILLING CODE 9110-12-P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 17

[FWS-R2-ES-2008-0031; 92220-1113-
0000-C3]

RIN 1018-AU68

Endangered and Threatened Wildlife and Plants; Establishment of a Nonessential Experimental Population of Rio Grande Silvery Minnow in the Big Bend Reach of the Rio Grande in Texas

AGENCY: Fish and Wildlife Service,
Interior.

ACTION: Proposed rule; notice of
availability of draft environmental
assessment; reopening of public
comment period.

SUMMARY: We, the U.S. Fish and
Wildlife Service (Service), announce the
reopening of the public comment period
on the proposed rule and draft
environmental assessment regarding our
proposal to establish a nonessential
experimental population of Rio Grande
silvery minnow (*Hybognathus amarus*),
a Federally listed endangered fish, into
its historic habitat in the Big Bend reach
of the Rio Grande in Presidio, Brewster,
and Terrell counties, Texas.

Comments previously submitted on
the proposed rule or draft EA need not
be resubmitted as they have been
incorporated into the public record and
will be fully considered in preparation
of the final rule and final environmental
assessment.

DATES: We will accept public comments
received or postmarked on or before
March 10, 2008.

ADDRESSES: You may submit comments
by one of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the
instructions for submitting comments.

- *U.S. mail or hand-delivery:* Public
Comments Processing, Attn: RIN 1018-
AU68; Division of Policy and Directives
Management; U.S. Fish and Wildlife
Service; 4401 N. Fairfax Drive, Suite
222; Arlington, VA 22203.

We will not accept e-mail or faxes. We
will post all comments on [http://](http://www.regulations.gov)

www.regulations.gov. This generally
means that we will post any personal
information you provide us (see the
Public Comments Solicited section
below for more information).

FOR FURTHER INFORMATION CONTACT:

Adam Zerrenner, Field Supervisor,
Austin Ecological Services Field Office,
10711 Burnet Road, Suite 200, Austin,
TX 78758; telephone 512/490-0057;
facsimile 512/490-0974. If you use a
telecommunications device for the deaf
(TDD), call the Federal Information
Relay Service (FIRS) at 800-877-8339.

SUPPLEMENTARY INFORMATION:

Background and Additional Information

We propose to reestablish the Rio
Grande silvery minnow under section
10(j) of the Endangered Species Act of
1973, as amended (Act), and to classify
it as a nonessential experimental
population (NEP) (72 FR 50918). On the
Rio Grande, the geographic boundaries
of the NEP would extend from Little
Box Canyon downstream of Fort
Quitman, Hudspeth County, Texas,
through Big Bend National Park and the
Rio Grande Wild and Scenic River, to
Amistad Dam and the nearby railroad
bridge (Big Bend reach of the Rio
Grande). On the Pecos River, the
geographic boundaries of the NEP
would extend from the river's
confluence with Independence Creek to
its confluence with the Rio Grande. This
proposed reestablishment is part of the
recovery actions that the Service,
Federal and State agencies, and other
partners are conducting throughout the
species' historic range. The proposed
rule provides a plan for establishing the
NEP and provides for limited allowable
legal taking of Rio Grande silvery
minnows within the defined NEP area.
A draft environmental assessment (EA)
has been prepared on this proposed
action and is available for comment (see
ADDRESSES section below).

For background and other information
on the proposed rule and draft EA, refer
to our notice published in the **Federal
Register** on September 5, 2007 (72 FR
50918).

Public Comments Solicited

On September 5, 2007, we published
a proposed rule, notice of availability of
a draft environmental assessment, and
notice of a public hearing regarding our
proposal to establish a nonessential
experimental population of the Rio
Grande silvery minnow in the Big Bend
reach of the Rio Grande in Texas (72 FR
50918). We accepted public comments
regarding the proposed rule and draft
environmental assessment for 60 days,

ending November 5, 2007. During the
comment period, we held a public
hearing on October 10, 2007, in Alpine,
Texas. In response to requests from
interested parties, we are reopening the
comment period for an additional 15
days (see **DATES**) to offer all interested
parties an opportunity to submit data
and information to be considered in
developing a final rule and final EA.

We want the final rule to be as
effective as possible and the final EA on
the proposed action to evaluate all
potential issues associated with this
action. Therefore, we invite the public,
Tribal and government agencies, the
scientific community, industry, and
other interested parties to submit
comments or recommendations not
previously submitted concerning any
aspect of the proposed rule and the draft
EA. Comments should be as specific as
possible.

To issue a final rule to implement this
proposed action and to determine
whether to prepare a finding of no
significant impact or an environmental
impact statement, we will take into
consideration all comments and any
additional information we receive. Such
communications may lead to a final rule
that differs from this proposal.

You may submit your comments and
materials concerning the proposed rule
and draft EA by one of the methods
listed in the **ADDRESSES** section. We will
not accept comments sent by e-mail or
fax or to an address not listed in the
ADDRESSES section. We will not accept
anonymous comments; your comments
must include your first and last name,
city, State, country, and postal (zip)
code. Finally, we will not consider
hand-delivered comments that we do
not receive, or mailed comments that
are not postmarked by the date specified
in the **DATES** section. Comments must be
submitted to

<http://www.regulations.gov> before
midnight (Eastern Standard Time) on
the date specified in the **DATES** section.

We will post your entire comment—
including your personal identifying
information—on [http://](http://www.regulations.gov)
www.regulations.gov. If you provide
personal identifying information in
addition to the required items specified
on the previous paragraph, such as your
street address, phone number, or e-mail
address, you may request at the top of
your document we withhold this
information from public review.
However, we cannot guarantee that we
will be able to do so.

Comments and materials we receive,
as well as supporting documentation we
used in preparing this proposed rule,
will be available for public inspection
on <http://www.regulations.gov>, or by

appointment, during normal business hours, at the U.S. Fish and Wildlife Service, Austin Ecological Services Field Office, 10711 Burnet Road, Suite 200, Austin, TX 78758; telephone 512/490-0057.

You may obtain copies of the original proposed rule and the draft EA from the Austin Ecological Services Field Office at the address listed above or by visiting

our Web site at <http://www.fws.gov/southwest/es/AustinTexas/>.

Author

The primary author of this notice is the staff of the U.S. Fish and Wildlife Service's Austin Ecological Services Field Office.

Authority

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

Dated: February 14, 2008.

Kenneth Stansell,

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

[FR Doc. E8-3385 Filed 2-21-08; 8:45 am]

BILLING CODE 4310-55-P

Notices

Federal Register

Vol. 73, No. 36

Friday, February 22, 2008

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.

ADVISORY COUNCIL ON HISTORIC PRESERVATION

Notice of Meeting

AGENCY: Advisory Council on Historic Preservation.

ACTION: Notice of meeting.

SUMMARY: Notice is hereby given that the Advisory Council on Historic Preservation (ACHP) will meet on Friday, February 29, 2008. The meeting will be held in the Cash Room of the Department of the Treasury, 1500 Pennsylvania Ave., NW., Washington, DC at 9:45 a.m.

The ACHP was established by the National Historic Preservation Act of 1966 (16 U.S.C. 470 *et seq.*) to advise the President and Congress on national historic preservation policy and to comment upon Federal, federally assisted, and federally licensed undertakings having an effect upon properties listed in or eligible for inclusion in the National Register of Historic Places. The ACHP's members are the Architect of the Capitol; the Secretaries of the Interior, Agriculture, Defense, Housing and Urban Development, Commerce, Education, Veterans Affairs, and Transportation; the Administrator of the General Services Administration; the Chairman of the National Trust for Historic Preservation; the President of the National Conference of State Historic Preservation Officers; a Governor; a Mayor; a Native American; and eight non-Federal members appointed by the President.

The agenda for the meeting includes the following:

Call to Order—9:45 a.m.

I. Chairman's Welcome

II. Preservation Awards Presentation

III. Native American Activities

A. Native American Advisory Group

B. Native American Program Report

IV. National Academy of Public

Administration's Review of the National Historic Preservation Program

A. Response of the National Park Service
B. Recommendations for ACHP Action

V. Preservation Initiatives Committee

A. Legislative Update

B. Planning for the Future of Preserve America

C. Heritage Tourism Activities

VI. Federal Agency Programs Committee

A. Alternate Procedures of Corps of Engineers' Appendix C

B. Section 106 Users Survey

C. Standard Treatments Update

D. Executive Order 13287 Section 3 Reporting

VII. Communications, Education, and Outreach Committee

A. 2008 Preserve America Presidential Award Nominations

B. Charting a Course for the Future of CEO

VIII. Implementation of ACHP

Recommendations from the Preserve America Summit

A. Agency Progress

B. Recommendations Implemented by the ACHP

C. Preserve America/Save America's Treasures Authorizing Legislation

IX. Chairman's Report

A. ACHP Alumni Foundation

B. ACHP FY 2009 Budget Request

X. Executive Director's Report

XI. New Business

Adjourn

Note: The meetings of the ACHP are open to the public. The Treasury building is part of the White House complex, so a government-issued photo ID will be required for admission into the building. If you plan to attend, you must call Kiani Morris, 202-606-8512 or e-mail at kmorris@achp.gov with the following information: Name, Birth Date, and Social Security Number. Entry to the building is at the Lafayette Park entrance.

If you need special accommodations due to a disability, please contact the Advisory Council on Historic Preservation, 1100 Pennsylvania Avenue, NW., Room 803, Washington, DC, 202-606-8503, at least seven (7) days prior to the meeting. For further information: Additional information concerning the meeting is available from the Executive Director, Advisory Council on Historic Preservation, 1100 Pennsylvania Avenue, NW., #803, Washington, DC 20004.

Dated: February 15, 2008.

John Fowler,

Executive Director.

[FR Doc. 08-789 Filed 2-21-08; 8:45 am]

BILLING CODE 4310-K6-M

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

Agency Information Collection Activities: Proposed Collection; Comment Request—WIC Farmers' Market Nutrition Program (FMNP) Financial Report (Form FNS-683); WIC Farmers' Market Nutrition Program Recipient Report (Form FNS-203); and WIC Farmers' Market Nutrition Program Regulations

AGENCY: Food and Nutrition Service (FNS), USDA.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the intention of FNS to request revisions to currently approved information collections in the WIC Farmers' Market Nutrition Program Financial Report (Form FNS-683); WIC Farmers' Market Nutrition Program Recipient Report (Form FNS-203); and WIC Farmers' Market Nutrition Program Regulations.

DATES: Written comments must be received by April 22, 2008.

ADDRESSES: Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of 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.

FNS invites interested persons to submit comments on this notice. Comments may be submitted by any of the following methods:

- **Mail:** Send comments to Debra R. Whitford, Chief, Policy and Program Development Branch, Supplemental Food Programs Division, Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Room 528, Alexandria, Virginia 22302.

- *Web site:* Go to <http://www.fns.usda.gov/wic>. Follow the online instructions for submitting comments through the link at the Supplemental Food Programs Division Web site.

- *E-Mail:* Send comments to WICHQ-SFPD@fns.usda.gov. Include title in the subject line of the message.

- *Federal eRulemaking Portal:* Go to <http://www.regulations.gov>. Follow the online instructions for submitting comments.

In all cases, including when comments are sent via e-mail, please label your comments as “Proposed Collection of Information: WIC Farmers’ Market Nutrition Program.”

All written comments will be open for public inspection at the office of the Food and Nutrition Service during regular business hours (8:30 a.m. to 5 p.m. Monday through Friday) at 3101 Park Center Drive, Room 522, Alexandria, Virginia 22302.

All responses to this notice will be summarized and included in the request for OMB approval, and will become a matter of public record.

FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the information collection form and instructions should be directed to: Debra Whitford, (703) 305–2746.

SUPPLEMENTARY INFORMATION:

Title: The WIC Farmers’ Market Nutrition Program (FMNP) Forms and Regulations.

OMB Number: 0584–0447.

Form Numbers: Form FNS–683 and FNS–203.

Expiration Date: April 30, 2008.

Type of Request: Revision to a Currently Approved Information Collection.

Abstract: Pursuant to Section 17(m)(8) of the Child Nutrition Act of 1966, 42 U.S.C. § 1786(m)(8), 7 CFR 248.23 of the WIC Farmers’ Market Nutrition Program (FMNP) regulations requires that certain Program-related information be compiled and submitted to FNS. Each State agency administering the FMNP is required to use FNS–683 and FNS–203 to report financial and participation data to the Secretary as required by 7 CFR Part 3016. FNS will use this

information for funding and program management decisions. Based on the previous submission of reporting and recordkeeping requirements for the FMNP, 44 State agencies administered the program, including the authorization of 2,259 farmers’ markets, 15,241 farmers, and 1,339 roadside stands to accept FMNP coupons. Due to program growth, currently 45 State agencies administer the program, including the authorization of 2,896 farmers’ markets, 14,259 farmers, and 2,136 roadside stands authorized to accept FMNP coupons (for a total of 19,291 authorized entities). An adjustment has been made to the burden to include a requirement not previously identified and due to an increase in the number of state agencies reporting, FNS is requesting a revision to this previously approved information collection.

Affected Public: State Agencies administering the FMNP and participating farmers, farmers’ markets, and roadside stands.

Information Collection Burden
WIC Farmer's Market Nutrition Program (FMNP)
OMB No. 0584-0447

Affected Public	Citation	Requirement	No. Respondents	Avg. No. Responses Per Respondent	Total Annual Responses	Hours Per Response	Total Burden
Reporting							
State Agency	248.4	State Plan	46	1.00	46.00	40.00	1,840.00
	248.10(a)(2)&(3)	Authorization	46	142.88	6,572.48	1.00	6,572.48
	240.10(e)	Monitoring/Review	46	42.86	1,971.56	2.00	3,943.12
	240.10(f)	Coupon Management System	46	1.00	46.00	5.00	230.00
	248.11	Financial Management System	46	1.00	46.00	10.00	460.00
	248.17(b)(2)(ii)	State Agency Corrective Action Plan	9	1.00	9.00	10.00	90.00
	248.18(b)	Audit Responses	13	1.00	13.00	15.00	195.00
	248.23(b)	Annual Financial Report FNS-683	46	1.00	46.00	3.00	138.00
		Annual Report on Recipients, Farmers, Farmer's Markets, Roadside Stands FNS 203	46	1.00	46.00	1.00	46.00
		Total SA Reporting burden	46	191.22	8,796.04	1.54	13,514.60
Recordkeeping							
	248.9	Nutrition Education	46	1	46.00	1.00	46.00
	248.9	Farmer/Farmers Market/Roadside Stand Agreement and Authorization	46	1.00	46.00	2.00	92.00
	248.10(e)	Summary of Farmer/Farmers' Market/Roadside Stand Monitoring	46	1.00	46.00	2.00	92.00
	248.11(c)	Record of Financial Expenditures	46	1.00	46.00	2.00	92.00
		Total SA Recordkeeping Burden	46	3.00	138.00	2.00	276.00
		TOTAL SA BURDEN	46	191.22	8,796.04	1.57	13,790.60
Reporting							
Farmer's/ Farmer's Market	248.10(a)(2)(3)&(b)	Farmer's Market Agreement and Authorization	6,430	1	6,430.00	1	6,430.00
		TOTAL FM BURDEN	6,430	1	6,430.00	1	6,430.00
SUMMARY OF BURDEN FOR THIS COLLECTION							
			6,476	2.32	15,226.04	1.32	20,221

Estimated Number of Respondents: 6,476.

Estimated Number of Responses: 15,226.

Total Annual Burden: 20,221 hours.

Dated: February 15, 2008.

Roberto Salazar,

Administrator, Food and Nutrition Service.
[FR Doc. E8-3318 Filed 2-21-08; 8:45 am]

BILLING CODE 3410-30-P

DEPARTMENT OF AGRICULTURE

Forest Service

Information Collection; Understanding Value Trade-offs Regarding Fire Hazard Reduction Programs in the Wildland-Urban Interface

AGENCY: Forest Service, USDA.

ACTION: Notice; request for comment.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, the Forest Service is seeking comments from all interested individuals and organizations on the extension with no revision of a currently approved information collection, Understanding Value Trade-offs regarding Fire Hazard Reduction Programs in the Wildland-Urban Interface.

DATES: Comments must be received in writing on or before April 22, 2008 to be assured of consideration. Comments received after that date will be considered to the extent practicable.

ADDRESSES: Comments concerning this notice should be addressed to Armando González-Cabán, Pacific Southwest Research Station, Forest Service, USDA, 4955 Canyon Crest Drive, Riverside, CA 92507.

Comments also may be submitted via facsimile to (909) 680-1501, or by e-mail to: agonzalezcaban@fs.fed.us.

The public may inspect comments received at 4955 Canyon Crest Drive, Riverside, CA 92507, building one reception area during normal business hours. Visitors are encouraged to call ahead to (909) 680-1500 to facilitate entry to the building.

FOR FURTHER INFORMATION CONTACT: Armando González-Cabán, Pacific Southwest Research Station, Forest Service, USDA, (909) 680-1525. Individuals who use telecommunication devices for the deaf (TDD) may call the Federal Relay Service (FRS) at 1-800-877-8339 twenty-four hours a day, every day of the year, including holidays.

SUPPLEMENTARY INFORMATION:

Title: Understanding Value Trade-offs regarding Fire Hazard Reduction

Programs in the Wildland-Urban Interface.

OMB Number: 0596-0189.

Expiration Date of Approval:

September 30, 2008.

Type of Request: Extension with no revision.

Abstract: Forest Service and university researchers will contact recipients of a phone-mail questionnaire to help forest and fire managers understand value trade-offs regarding fire hazard reduction programs in the wildland-urban interface. Through those contacts, researchers will evaluate the responses of Florida residents to different scenarios related to fire-hazard reduction programs, determine how effective residents think the programs are, and calculate how much residents would be willing to pay to implement the alternatives presented to them. This information will help researchers provide better information to natural resource, forest, and fire managers when they are contemplating the kind and type of fire-hazard reduction program to implement to achieve forestland management planning objectives.

A random sample of Florida residents are contacted via random-digit dialed telephone calls and asked to participate in the research study. Those agreeing to participate then answer a minimal set of questions to determine pre-existing knowledge of fuels reduction treatments and provide a mailing address, as well as agreeing to a date and time for an in-depth interview related to the questionnaire. After completion of the in-depth interview, no further contact with the participants will occur.

A university research-survey center collects the information. A Forest Service researcher and a researcher at a cooperating university analyze the data collected. Both researchers are experienced in applied economic non-market valuation research and survey research.

The Forest Service, Bureau of Land Management, Bureau of Indian Affairs, National Park Service, Fish and Wildlife Service, as well as many state agencies with fire protection responsibilities will benefit from this.

At present the Forest Service, Bureau of Land Management, Bureau of Indian Affairs, National Park Service, Fish and Wildlife Service, and many State agencies with fire protection responsibilities are planning to embark on an ambitious and costly fuels reduction program for fire risk reduction and will benefit from public opinion on which treatments are most effective or desirable.

Estimate of Annual Burden: 30 minutes.

Type of Respondents: Members of the public.

Estimated Annual Number of Respondents: 2,500.

Estimated Annual Number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 1,250 hours.

Comment is Invited

Comment is invited on: (1) Whether this collection of information is necessary for the stated purposes and the proper performance of the functions of the agency, including whether the information will have practical or scientific utility; (2) the accuracy of the agency's estimate of the burden of the 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 the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

All comments received in response to this notice, including names and addresses when provided, will be a matter of public record. Comments will be summarized and included in the submission request toward Office of Management and Budget approval.

Dated: February 15, 2008.

Ann M. Bartuska,

Deputy Chief for Research and Development.
[FR Doc. E8-3373 Filed 2-21-08; 8:45 am]

BILLING CODE 3410-11-P

DEPARTMENT OF AGRICULTURE

Forest Service

Rangeland Allotment Management Planning on the Fall River West and Oglala Geographic Areas, Fall River and Pine Ridge Ranger Districts, Nebraska National Forest

AGENCY: Forest Service, USDA.

ACTION: Notice of intent to prepare an environmental impact statement.

SUMMARY: The USDA, Forest Service, will prepare an environmental impact statement (EIS) analyzing the management of rangeland vegetation resources, which includes livestock grazing, on the National Forest System (NFS) lands within the Oglala Geographic Area (OGA) of the Oglala National Grassland on the Pine Ridge Ranger District and the West Geographic Area (WGA) of the Buffalo Gap National

Grassland on the Fall River Ranger District of the Nebraska National Forest (Analysis Area).

Proposed management actions would be implemented beginning in the year 2009. The agency gives notice of the full environmental analysis and decision-making process that will occur on the proposal so interested and affected people may become aware of how they may participate in the process and contribute to the final decision.

DATES: Comments concerning the scope of the analysis must be received within 30 days after publication in the **Federal Register**. The draft environmental impact statement is expected January 26, 2009 and the final environmental impact statement is expected April 24, 2009.

ADDRESSES: Send written comments pertaining to this project on the Oglala Geographic Area to Charles R. Marsh, District Ranger, Pine Ridge Ranger District, 1240 W. 16th Street, Chadron, Nebraska 69337; send written comments pertaining to the Fall River West Geographic Area to Michael E. McNeill, District Ranger, Fall River Ranger District, P.O. Box 732, Hot Springs, SD 57747.

FOR FURTHER INFORMATION CONTACT: For further information about the Oglala Geographic Area on the Oglala National Grassland, mail correspondence to Lora O'Rourke, Co-Interdisciplinary Team Leader, Pine Ridge Ranger District, 1240 W. 16th Street, Chadron, Nebraska 69337, Phone 308-432-4475. For further information about the West Geographic Area on the Buffalo Gap National Grassland, mail correspondence to Robert Novotny, Co-Interdisciplinary Team Leader, Fall River Ranger District, P.O. Box 732, Hot Springs, SD 57747.

SUPPLEMENTARY INFORMATION: Vegetation resources on approximately 94,000 acres of NFS lands lying within the Oglala National Grassland in Sioux and Dawes Counties of northwest Nebraska, and approximately 117,000 acres of NFS lands lying within the Buffalo Gap National Grassland in Fall River County of southwest South Dakota, are being analyzed to determine if and how existing conditions differ from desired conditions outlined in the 2001 Nebraska National Forest Land and Resource Management Plan (Forest Plan).

Vegetation in the Analysis Area is characteristic of mixed-grass prairie and lesser amounts of ponderosa pine/juniper habitats. Short-grass species include blue grama, buffalograss, and upland sedges. Mid-grass species include western wheatgrass, green

needlegrass, and to a lesser extent sideoats grama. Shrubs include Wyoming big sagebrush, greasewood, and yucca glauca. Some creeks transverse the area and support plains cottonwood, green ash, and willow.

A large portion of the Analysis Area evolved under a history of homesteading in the early twentieth century, and a prolonged drought period combined with the economic depression of the late 1920s and early 1930s caused many of these homesteads to fail. Starting in 1930s, land was purchased through the northwestern Nebraska and southwestern South Dakota under the Land Utilization Project initiated by the Agricultural Adjustment Administration. This continued with the Bankhead Jones Farm Tenant Act of 1937, which was designed to develop a program of land conservation. Administration of these lands was turned over to the Soil Conservation Service the following year and transferred to the United States Forest Service in 1954.

Today the Oglala and Buffalo Gap National Grasslands support and provide a variety of multiple resource uses and values. Livestock ranching operations in the area depend on National Grassland acreage to create logical and efficient management units. Cattle and sheep, in accordance with 10-year term and/or annual temporary livestock grazing permits, are currently authorized to graze the allotments within the Analysis Area. In order to determine how existing resource conditions compare to desired conditions, data from monitoring and analysis (historical and present) will be used. During the past 5-7 years, drought conditions have impacted plant vigor, canopy, and litter cover in most parts of the Analysis Area.

Purpose and Need for Action

Two primary influences help to shape the need for this project.

The Rescission Act of 1995 (Pub. L. 104-19, Section 504), directed the Forest Service to complete National Environmental Policy Act (NEPA) analysis on all grazing allotments. This analysis will comply with that direction.

The 2001 Forest Plan established goals, objectives, standards, and guidelines for resource management on the Nebraska National Forest and Associated Units. The Forest Plan identifies livestock grazing as an appropriate multiple use under certain conditions.

The Forest Service will evaluate the existing authorized livestock use, livestock management, and rangeland

vegetative conditions within the Analysis Area and will assess the relationship with the desired vegetative conditions identified within the Forest Plan. Any differences between the two will establish *the need* for any livestock management adjustments to meet or move existing vegetative conditions toward Forest Plan desired conditions.

The purpose of the project is to address any need for adjustments by determining whether to continue to permit livestock grazing on all, or part, of the Analysis Area and under what conditions and management strategies.

Proposed Action: Implement vegetation management strategies through an adaptive management process, which includes authorizing livestock grazing within the Analysis Area that will meet or move toward desired vegetative conditions as identified in the Forest Plan. Adaptive management is defined as a process where land managers implement management practices that are designed to meet Forest Plan standards and guidelines and that would likely achieve the desired conditions in a timely manner. If monitoring shows that desired conditions, as described by Forest Plan Direction, are not being met, then an alternate set of management actions would be implemented to achieve the desired results. The proposal may generate the need to develop new or update existing allotment management plans (AMPs).

The AMPs will be prepared for individual allotments and implemented in the 2009 grazing season and beyond.

The Forest Plan identifies lands within the OGA and FRWGA as containing lands that are capable and suitable for grazing by domestic livestock. These lands are to be monitored to evaluate both implementation and effectiveness of management actions.

In all cases, vegetation management tools will be used that meet Forest Plan objectives, standards, and guidelines and that will maintain or move existing resource conditions toward desired conditions for that geographic area. If monitoring indicates that practices are being properly implemented and that resource trends are moving toward meeting desired conditions in a timely manner, management may continue unchanged. If monitoring indicates that there is a need to modify management practices, adaptive options as analyzed in the EIS will be selected and implemented.

The Analysis Area provides habitat for many wildlife species (game and non-game) including three management indicator species (MIS) and their

habitats. These MIS species are the sharp-tailed grouse, sage grouse, and black-tailed prairie dog. Habitat for the swift fox, a Forest Service Region 2 sensitive species, also exists.

Consultation with the U.S. Fish and Wildlife Service, as required by the Endangered Species Act (ESA), will be completed on all proposed activities.

An interdisciplinary team has been selected to do the environmental analysis, as well as prepare and accomplish scoping and public involvement activities.

Possible Alternatives: Potential alternatives include:

1. No action, No change from authorized grazing use or current situation.
2. No Grazing.
3. Livestock grazing incorporating adaptive management to meet the Forest Plan goals, objectives, standards, and guidelines.

Responsible Officials: Charlie R. Marsh, District Ranger at the Pine Ridge Ranger District, 1240 W. 16th Street, Chadron, Nebraska 69337; and Michael E. McNeill, District Ranger at the Fall River Ranger District, P.O. Box 732, Hot Springs, South Dakota 57747–0732 are the Responsible Officials for making the decision on this action. They will document their decision and rationale in a Record of Decision.

The Responsible Officials will consider the results of the analysis and its findings and then document their decisions in two separate Records of Decision (ROD), one for the OGA and one for the FRWGA. The decisions will determine whether or not to authorize livestock grazing on all, part, or none of the Analysis Area, and if so, what adaptive management design criteria, adaptive options, and monitoring will be implemented so as to meet or move toward the desired conditions as specified in the Forest Plan.

Nature of Decision To Be Made: The EIS is not a decision document. The purpose of the EIS document is to disclose the direct, indirect, and cumulative effects of the proposed action and other alternatives that are analyzed. After providing the public an opportunity to comment on the specific activities described in the alternatives, the Responsible Officials will review all alternatives and the anticipated environmental consequences of each in order to make the following decisions:

1. Whether or not to authorize livestock grazing within the Analysis Area in whole or in part.
2. If grazing is to be Authorized, (a) what grazing systems and prescribed livestock use would be implemented; (b) what structural and non-structural range

improvements would be necessary; and (c) what type of monitoring program would be proposed.

3. Identify any “mitigation measure” needed to implement the decision.

Individual Allotment Management Plans (AMPs) would then be developed to incorporate conditions outlined in the Record of Decision. These AMPs will become part of each associated term grazing permit issued.

Scoping Process: Concurrent with this notice of intent, letters requesting comments will be sent to interested parties. Anyone who provides comments to the draft EIS or expresses interest during the comment period will have standing in the process.

Public involvement will be especially important at several points during the analysis, beginning with the scoping process. The Forest Service will seek information, comments, and assistance from Federal, State, local agencies, tribes, and other individuals or organizations who may be interested in, or affected by, the proposal. The scoping activities will include: (1) Engaging potentially affected or interested parties by written correspondence, (2) contacting those on our Forest media list, and (3) hosting public information meeting(s).

Preliminary Issues: Preliminary issues include:

1. Effects of proposed management strategies on natural ecosystems. This includes elements such as native and desirable nonnative plant and animal communities, black-tailed prairie dog management, riparian areas, upland grasslands, wooded draws, ponderosa pine forested areas, areas of hazardous fuels, and threatened, endangered, sensitive, and management indicator species.
2. Social-economic effects (positive or negative) on livestock grazing permittees and the local economy from changes in livestock management.
3. Effects of proposed livestock grazing strategies on recreational activities and/or experiences.

Comment Requested: This notice of intent initiates the formal scoping process that guides the development of the environmental impact statement.

Early Notice of Importance for Public Participation in Subsequent Environmental Review: A draft environmental impact statement (DEIS) will be prepared for comment. The comment period on the draft environmental impact statement will be 45 days from the date the Environmental Protection Agency publishes the notice of availability in the **Federal Register**.

The Forest Service believes, at this early stage, it is important to give reviewers notice of several court rulings related to public participation in the environmental review process. First, reviewers of draft environmental impact statements must structure their participation in the environmental review of the proposal so that it is meaningful and alerts an agency to the reviewer's position and contentions. *Vermont Yankee Nuclear Power Corp. v. NRDC*, 435 U.S. 519, 553 (1978). Also, environmental objections that could be raised at the draft environmental impact statement stage but that are not raised until after completion of the final environmental impact statement may be waived or dismissed by the courts. *City of Angoon v. Hodel*, 803 F.2d 1016, 1022 (9th Cir. 1986) and *Wisconsin Heritages, Inc. v. Harris*, 490 F. Supp. 1334, 1338 (E.D. Wis. 1980). Because of these court rulings, it is very important that those interested in this proposed action participate by the close of the 45-day comment period so that substantive comments and objections are made available to the Forest Service at a time when it can meaningfully consider them and respond to them in the final environmental impact statement.

To assist the Forest Service in identifying and considering issues and concerns on the proposed action, comments on the draft environmental impact statement should be as specific as possible. It is also helpful if comments refer to specific pages or chapters of the draft statement. Comments may also address the adequacy of the draft environmental impact statement or the merits of the alternatives formulated and discussed in the document. Reviewers may wish to refer to the Council on Environmental Quality Regulations for implementing the procedural provisions of the National Environmental Policy Act at 40 CFR 1503.3 in addressing these points.

Comments received, including the names and addresses of those who comment, will be considered part of the public record on this proposal and will be available for public inspection.

(Authority: 40 CFR 1501.7 and 1508.22; Forest Service Handbook 1909.15, Section 21)

Dated: February 7, 2008.

Charles R. Marsh,
District Ranger, Pine Ridge Ranger District.

Dated: February 7, 2008.

Michael E. McNeill,
District Ranger, Fall River Ranger District.

[FR Doc. E8–2880 Filed 2–21–08; 8:45 am]

BILLING CODE 3410–11–P

DEPARTMENT OF AGRICULTURE**Forest Service****Notice of New Fee; Federal Lands Recreation Enhancement Act, (Title VIII, Pub. L. 108–447)**

AGENCY: Sumter National Forest, USDA Forest Service.

ACTION: Notice of New Fee Site.

SUMMARY: The Sumter National Forest proposes to begin charging a \$3.00 fee per vehicle per day and \$25.00 per vehicle for annual pass for the use of the FORKS Mountain Bike Trail. Continued interest in mountain bike trails, especially in this area, have shown the public's interest in this activity will be appreciated and well received. Funds derived from this fee will be used for the continued maintenance of the trail, provide cleaning of the bathrooms, provide drinking water to meet DHEC standards and maintain the trailhead. This project was made possible through a cooperative effort between the Forest Service, South Carolina Parks Recreation and Tourism, Southern Off Road Biking Association, Long Cane Trails, Michelin and Upper Savannah Land Trust.

DATES: The proposed fee would be initiated October 1, 2008. Comments, concerns or questions about this new fee must be submitted by August 11, 2008.

ADDRESS: Submit comments, concerns or questions about the new fee associated with FORKS Mountain Bike Trail to: Forest Supervisor, Sumter National Forest, 4931 Broad River Road, Columbia, SC 29212–3530.

FOR FURTHER INFORMATION CONTACT: Libby Meadows, Outdoor Recreation Planner, 864–746–6120.

SUPPLEMENTARY INFORMATION: The Federal Recreation Lands Enhancement Act (Title VIII, Pub. L. 108–447) directed the Secretary of Agriculture to publish a six-month advance notice in the **Federal Register** whenever new recreation fee areas are established. The Sumter National Forest, Long Cane Ranger District, currently has a large mountain biking community. The Recreation Resource Advisory Committee will review consideration for a new fee at least three months prior to proposed initiation date.

Dated: February 8, 2008.

Glen Kansanback,

District Ranger, Long Cane Ranger District
[FR Doc. 08–760 Filed 2–21–08; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE**Natural Resources Conservation Service****Notice of Availability of a Finding of No Significant Impact (FONSI) for the Kaycee Flood Protection Project, Middle Fork Powder River Watershed, Johnson County, Wyoming**

AGENCY: Natural Resources Conservation Service (NRCS), USDA.

ACTION: Notice of availability of a Finding of No Significant Impact for the Kaycee Flood Protection Project, Middle Fork Powder River Watershed, Johnson County, Wyoming.

SUMMARY: Pursuant to Section 102(2)(c) of the National Environmental Policy Act of 1969; Public Law 91–190, as amended (42 U.S.C. 4321, *et seq.*), the Council on Environmental Quality Regulations (40 CFR Part 1500); and the Natural Resources Conservation Service Regulations (7 CFR Part 650); the Natural Resources Conservation Service, U.S. Department of Agriculture, gives notice that an Environmental Impact Statement is not being prepared for the Kaycee Flood Protection Project, Middle Fork Powder River Watershed, Johnson County, Wyoming.

FOR FURTHER INFORMATION CONTACT: J. Xavier Montoya, State Conservationist, Natural Resources Conservation Service, 100 East B Street, Room 3124, PO Box 33124, Casper, Wyoming 82602–5011, telephone (307) 233–6750.

SUPPLEMENTARY INFORMATION: The Environmental Assessment (EA) of this federally assisted action indicates that the project will not cause significant local, regional, or national impacts on the human environment. As a result of these findings, J. Xavier Montoya, State Conservationist, has determined that the preparation and review of an Environmental Impact Statement are not needed for this project.

The project purpose is flood control. The need for the recommended plan is for the protection of life and property by reducing the threat of future flooding to Kaycee's residential, business, and community structures up to a 100-year storm frequency event on the Middle Fork Powder River, Johnson County, Wyoming. The recommended plan is to construct flood control dikes, a flood wall, and strengthen some existing rock rip-rap along the north side, and dikes and grade work on the south side of the Middle Fork Powder River through the town of Kaycee, Wyoming.

The Notice of a Finding of No Significant Impact has been forwarded to the Environmental Protection Agency

and to various federal, state, county, and local agencies, and interested parties. A limited number of copies of the FONSI are available to fill single copy requests at the above address. Basic data developed during the assessment are on file and may be reviewed by contacting J. Xavier Montoya.

No administrative action on implementation of the proposal will be taken until 30 days after the date of this publication in the **Federal Register**.

Dated: February 11, 2008.

Jay T. Mar,

Acting State Conservationist.

(This activity is listed in the Catalog of Federal Domestic Assistance under NO. 10.904, Watershed Protection and Flood Prevention, and is subject to the provisions of Executive Order 12372, which requires intergovernmental consultation with state and local officials.)

Finding of No Significant Impact for Kaycee Flood Protection Project, Middle Fork Powder River Watershed, Johnson County, Wyoming**Introduction**

The Kaycee Flood Protection Project, Middle Fork Powder River Watershed, is a federally assisted action authorized for planning under Public Law 83–566, the Watershed Protection and Flood Prevention Act. An Environmental Assessment (EA) was undertaken in conjunction with the development of the watershed project plan. This assessment was conducted in consultation with federal, state, county, and local agencies, including section 7(a)(2) of the Endangered Species Act of 1973, as amended (50 CFR 402.13) consultation, as well as with interested organizations and individuals. Data developed during the assessment is available for public review at the following location:

U.S. Department of Agriculture, Natural Resources Conservation Service, 100 East B Street, Room 3124, P.O. Box 33124, Casper, Wyoming 82602–5011.

Recommended Action

The recommended action, Alternative 2—Dikes/Flood Wall/Relocation, will provide safety to the residents of Kaycee and protect the residential, business, and community structures from flooding of a 100-year storm frequency event. The recommended plan is to construct flood control dikes and a flood wall along the north side, and dikes and grade work on the south side of the Middle Fork Powder River through the town of Kaycee, Wyoming. There will be one property buyout and eleven structures relocated along the river to allow for the construction of the dike

locations. The area between the dikes will become the 100-year floodplain. The proposed dikes would be constructed adjacent to the stream channel and will not affect wetlands adjacent to the stream in the project area or downstream outside of the project area.

Effect of Recommended Action

The recommended action will improve human health and safety and maintain wildlife habitat. The affected environment of this project is the community of Kaycee and the area within and downstream of Kaycee that is impacted under the 100-year floodplain. Water quality would remain unchanged if the recommended plan is implemented. Sediment from upstream will continue to flow through the project area, with no effect to the current sediment loads. Downstream effects will not be changed from existing conditions.

The recommended action will have little or no effect on wetlands. Small areas of wetlands adjacent to the channel would not be impacted by the action of the recommended plan. There are 16.2 acres of wetlands, of which 10.0 acres are water. The remaining 6.2 acres of wetlands are 0.041 percent of the project area.

A file search of the State Historic Preservation Office (SHPO) records was conducted for the project area. Three sections showed known sites, eligibility unknown, or noncontributing segment. Most of the sites reported are connected with the Bozeman Trail. As there are very few segments of the Bozeman Trail that are identifiable, any trace or records found of the trail will require an evaluation by either the NRCS and/or the U.S. Army Corps of Engineers (COE) archeologists. The NRCS State Archeologist conducted a reconnaissance survey of the proposed dike locations for possible cultural resources. No sites were identified within the town of Kaycee boundaries. The survey and file search concludes that no significant adverse impacts will occur to cultural resources in the project area should the recommended plan be implemented. However, construction of the dikes and flood wall do have the potential to disrupt possible individual sites. Therefore, caution shall be exercised in planning and installing the recommended plan to avoid serious disruption of areas having potential as individual cultural sites. NRCS cultural resource procedures, as described in the NRCS Northern Plains Region procedures, will be followed when ground disturbances are planned.

Significant cultural resources identified during implementation will be avoided or otherwise preserved in place to the fullest practical extent. If significant cultural resources cannot be avoided or preserved, pertinent information will be recovered before construction. If there is a significant cultural resource discovery during construction, appropriate notice will be made by NRCS to the State Historic Preservation Officer. Consultation and coordination have been, and will continue to be, used to ensure the provisions of Section 106 of Public Law 89-665 have been met and to include provisions of Public Law 89-523, as amended by Public Law 93-291. NRCS will take necessary action to be in compliance with National Environmental Policy Act (NEPA) protection rules and will follow the procedures in the NRCS General Manual, section 190 and 420, respectively.

No wilderness areas are in the watershed.

There are no known resident threatened or endangered animals within the project area. This determination was arrived at with section 7(a)(2) of the Endangered Species Act of 1973, as amended (50 CFR 402.13) consultation with the U.S. Fish and Wildlife Service. The recommended action will increase vegetative cover suitable for wildlife and reduce noxious and invasive Russian olive. Fish habitat will not be affected. The recommended action will not disproportionately affect any protected groups.

No significant adverse environmental impacts will result from installation of the recommended action.

Alternatives

All alternatives brought forward through the assessment process were analyzed for four criteria: Completeness, effectiveness, efficiency, and acceptability and against the following five factors: Satisfaction of purpose and needs statement, relative costs, technological feasibility, logistics, and environmental consequences. Alternatives that failed to meet the criteria were eliminated from further study.

The No Action Alternative and Alternative 2-Dikes/Flood Wall/Relocation were evaluated and studied in detail as presented in the EA. The recommended action meets the four criteria and five factors listed above and is the most practical means of protecting the citizens of the town of Kaycee, Wyoming.

Consultation—Public participation

A Letter of Request was received on November 13, 2002, from the Project Sponsors for the development of a watershed planning effort to construct flood protection under the authority of the Watershed Protection and Flood Prevention Act, Public Law (Pub. L.) 83-566, as amended (126 U.S.C. 10011008).

In August 2004, the Wyoming Board of Agriculture reviewed the Public Law 83-566 Application for Federal Assistance, ranked the project as a high priority, and recommended the project for planning assistance.

Through a collaborative effort the NRCS and the COE completed the Flood Damage Reduction Preliminary Investigation Report (PIR) in December 2004.

Scoping meetings were held in March 2005 and March 2006 and interdisciplinary efforts were used in the scoping process. Several federal, state, county, and local agencies were involved in part, or all, of the scoping and planning process.

Specific consultation was conducted with the State Historic Preservation Officer concerning cultural resources in the project area of the watershed.

The draft Watershed Project Plan—EA was distributed or made available to all participating and interested agencies, groups, and individuals for review and comment from November 5 to December 20, 2007. On December 6, 2007, the Sponsors held a public meeting to identify concerns of the local citizens regarding the draft Watershed Project Plan—EA.

Agency consultation and public participation to date have shown no unresolved conflicts with the implementation of the selected plan.

Conclusion

The EA summarized above indicates that this federal action will not cause significant local, regional, or national impacts on the environment. Therefore, based on the above findings, I have determined that an Environmental Impact Statement for the Kaycee Flood Protection Project, Middle Fork Powder River Watershed, Johnson County, Wyoming, is not required.

Additional Information or questions can be directed to:

J. Xavier Montoya, State Conservationist, USDA—Natural Resources Conservation Service, 100 East B Street, Room 3124, P.O. Box 33124, Casper, WY 82602-5011, Phone: 307-233-6750, E-mail: xavier.montoya@wy.usda.gov.

Dated: February 11, 2008.

Jay T. Mar,

Acting State Conservationist.

[FR Doc. E8-3296 Filed 2-21-08; 8:45 am]

BILLING CODE 3410-16-P

DEPARTMENT OF AGRICULTURE

Natural Resources Conservation Service

Notice of Proposed Change to Section IV of the North Carolina State Technical Guide

AGENCY: Natural Resources Conservation Service (NRCS), U.S. Department of Agriculture.

ACTION: Notice of availability of proposed changes in the North Carolina NRCS State Technical Guide for review and comment.

SUMMARY: It has been determined by the NRCS State Conservationist for North Carolina that changes must be made in the NRCS State Technical Guide specifically in practice standard #330, Contour Farming to account for improved technology. This practice can be used in systems that treat highly erodible land.

DATES: Comments will be received for a 30-day period commencing with this date of publication.

ADDRESSES: Address all requests and comments to Mary K. Combs, State Conservationist, Natural Resources Conservation Service (NRCS), 4405 Bland Rd., Ste. 205, Raleigh, NC 27609. Copies of this standard will be available online for viewing at ftp://ftp-fc.sc.egov.usda.gov/NC/NCweb/Technical/draft-standards/Draft_NC330ContourFarming.pdf. You may submit electronic requests and comments to evelyn.whitesides@nc.usda.gov.

FOR FURTHER INFORMATION, CONTACT: Mary K. Combs, State Conservationist, Natural Resources Conservation Service, 4405 Bland Rd., Ste. 205, Raleigh, NC 27609; 919-873-2101; 919-873-2156.

SUPPLEMENTARY INFORMATION: Section 343 of the Federal Agriculture Improvement and Reform Act of 1996 states that revisions made after enactment of the law to NRCS State technical guides used to carry out highly erodible land and wetland provisions of the law shall be made available for public review and comment. For the next 30 days the NRCS will receive comments relative to the proposed changes. Following that period a determination will be made by the NRCS regarding disposition of those

comments and a final determination of change will be made to the subject standard(s).

Dated: February 4, 2008.

Mary K. Combs,

State Conservationist.

[FR Doc. E8-3382 Filed 2-21-08; 8:45 am]

BILLING CODE 3410-16-P

DEPARTMENT OF AGRICULTURE

Natural Resources Conservation Service

Notice of Proposed Change to Section IV of the Virginia State Technical Guide

AGENCY: Natural Resources Conservation Service (NRCS), U.S. Department of Agriculture.

ACTION: Notice of Availability of proposed changes in the Virginia NRCS State Technical Guide for review and comment.

SUMMARY: It has been determined by the NRCS State Conservationist for Virginia that changes must be made in the NRCS State Technical Guide specifically to add practice standard: #395, Stream Habitat Improvement and Management. This practice will be used to maintain, improve or restore stream habitat necessary for meeting the life history requirements of desired aquatic species.

DATES: Comments will be received for a 30-day period commencing with the date of this publication.

FOR FURTHER INFORMATION CONTACT: Inquire in writing to John A. Bricker, State Conservationist, Natural Resources Conservation Service (NRCS), 1606 Santa Rosa Road, Suite 209, Richmond, Virginia 23229-5014; Telephone number (804) 287-1691; Fax number (804) 287-1737. Copies of the practice standards will be made available upon written request to the address shown above or on the Virginia NRCS Web site: <http://www.va.nrcs.usda.gov/technical/draftstandards.html>.

SUPPLEMENTARY INFORMATION: Section 343 of the Federal Agriculture Improvement and Reform Act of 1996 states that revisions made after enactment of the law to NRCS State technical guides used to carry out highly erodible land and wetland provisions of the law shall be made available for public review and comment. For the next 30 days, the NRCS in Virginia will receive comments relative to the proposed changes. Following that period, a determination will be made by the NRCS in Virginia regarding disposition of those comments

and a final determination of change will be made to the subject standards.

Dated: February 13, 2008.

W. Ray Dorsett,

Acting State Conservationist, Natural Resources Conservation Service, Richmond, Virginia.

[FR Doc. E8-3384 Filed 2-21-08; 8:45 am]

BILLING CODE 3410-16-P

DEPARTMENT OF AGRICULTURE

Natural Resources Conservation Service

Webber Pond Fish Passage, Webber Pond Watershed, Vassalboro, ME

AGENCY: Natural Resources Conservation Service, USDA.

ACTION: Notice of availability of Finding of No Significant Impact.

SUMMARY: The Natural Resources Conservation Service (NRCS) has prepared an Environmental assessment (EA) for the Webber Pond Fish Passage Project, Vassalboro, Maine. NRCS has found that the installation of an Alaska Steep Pass Fishway, American eel passage ladder and water control structure would not result in a significant impact on the quality of the human environment, particularly when focusing on the significant adverse effects that National Environmental Policy Act (NEPA) is intended to help decision makers avoid and mitigate. Therefore, NRCS has prepared a Finding of No Significant Impact (FONSI) in compliance with the (NEPA), as amended, and gives notice that an environmental impact statement is not being prepared.

FOR FURTHER INFORMATION CONTACT: Single copies of the EA and FONSI documents, may be obtained by contacting Amanda Burton, Soil Conservationist, USDA-NRCS, 21 Enterprise Drive, Suite 1, Augusta, ME 04330, (207) 622-7847 ext. 3. For additional information related to this notice, contact Dianne C. Guidry, Acting State Conservationist, Natural Resources Conservation Service, 967 Illinois Avenue, Suite 3, Bangor, Maine 04401-2700; telephone (207) 990-9100 ext. 3. **DATES:** Effective Date: Comments on the EA and FONSI must be received on or before the effective date on March 28, 2008.

SUPPLEMENTARY INFORMATION: The sponsoring local organization, Maine Department of Marine Resources (MDMR), concurs with this determination and agrees with carrying forward the proposed project. The

objective of the sponsoring local organization is to create fish passage and water control structure in the Webber Pond Dam in order to provide passage for migrating anadromous fish.

The FONSI has been forwarded to the Federal Energy Regulatory Agency and to various Federal, State and local agencies and interested parties.

No administrative action on implementation of the proposed action will be taken until 30 days after the date of this publication in the **Federal Register**.

Dated: February 6, 2008.

Dianne C. Guidry,

Acting State Conservationist.

[FR Doc. 08-801 Filed 2-21-08; 8:45 am]

BILLING CODE 3410-16-M

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List: Proposed Additions and Deletion

ACTION: Proposed Additions to and Deletion from the Procurement List.

SUMMARY: The Committee is proposing to add to the Procurement List a product and services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities, and to delete a service previously furnished by such agencies.

Comments Must Be Received On or Before: March 23, 2008.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202-3259.

For Further Information or to Submit Comments Contact: Kimberly M. Zeich, Telephone: (703) 603-7740, Fax: (703) 603-0655, or e-mail CMTEFedReg@jwod.gov.

SUPPLEMENTARY INFORMATION: This notice is published pursuant to 41 U.S.C. 47(a)(2) and 41 CFR 51-2.3. Its purpose is to provide interested persons an opportunity to submit comments on the proposed actions.

Additions

If the Committee approves the proposed additions, the entities of the Federal Government identified in this notice for each product or service will be required to procure the services listed below from nonprofit agencies employing persons who are blind or have other severe disabilities.

Regulatory Flexibility Act Certification

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. If approved, the action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the product and services to the Government.

2. If approved, the action will result in authorizing small entities to furnish the product and services to the Government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46-48c) in connection with the product and services proposed for addition to the Procurement List.

Comments on this certification are invited. Commenters should identify the statement(s) underlying the certification on which they are providing additional information.

End of Certification

The following product and services are proposed for addition to the Procurement List for production by the nonprofit agencies listed:

Product

Tray, Mess Compartmented

NSN: 7350-01-012-8787.

Coverage: B-List for the broad Government requirement as specified by the General Services Administration.

NPA: The Light House for the Blind in New Orleans, New Orleans, LA.

Contracting Activity: General Services Administration, Southwest Supply Center, Fort Worth, TX.

Services

Service Type/Location(s): Administrative & Mailroom Support Services, U.S. Department of Housing and Urban Development (5 Locations):

Fort Worth Regional Office, 801 Cherry Street, Room 2500, Fort Worth, TX.

Lubbock Office, 1205 Texas Avenue, Suite 511, Lubbock, TX.

Memphis Field Office, 200 Jefferson Avenue, Suite 300, Memphis, TN.

San Antonio Field Office, One Alameda Center, 106 S. St. Mary's Street, Suite 405, San Antonio, TX.

Shreveport Field Office, 401 Edwards Street, Suite 1510, Shreveport, LA.

NPA: Nobis Enterprises, Inc., Marietta, GA.

Contracting Activity: U.S. Department of Housing and Urban Development, Office of Field Administrative Resources (OFAR), Atlanta, GA.

Service Type/Location: Base Supply Center,

Naval Station Newport, Newport, RI
NPA: Central Association for the Blind and

Visually Impaired, Utica, NY.

Contracting Activity: Fleet and Industrial Supply Center (FISC), Norfolk

Contracting Department, Groton, CT.

Service Type/Location: Custodial Services, U.S. Army Corps of Engineers, Lake Michigan Area Office, 307 South Harbor Street, Grand Haven, MI.

NPA: Goodwill Industries of West Michigan, Inc., Muskegon, MI.

Contracting Activity: U.S. Army Corps of Engineers—Detroit, Detroit, MI.

Deletion

Regulatory Flexibility Act Certification

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. If approved, the action should not result in additional reporting, recordkeeping or other compliance requirements for small entities.

2. If approved, the action may result in authorizing small entities to furnish the service to the Government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46-48c) in connection with the service proposed for deletion from the Procurement List.

Comments on this certification are invited. Commenters should identify the statement(s) underlying the certification on which they are providing additional information.

End of Certification

The following service is proposed for deletion from the Procurement List:

Service

Service Type/Location: Janitorial/Custodial, Fort Bliss Exchange, Main Store—Building 1735, Fort Bliss, TX.

NPA: Goodwill Industries of El Paso, El Paso, TX.

Contracting Activity: Departments of Army and Air Force—Dallas, Dallas, TX.

Kimberly M. Zeich,

Director, Program Operations.

[FR Doc. E8-3328 Filed 2-21-08; 8:45 am]

BILLING CODE 6353-01-P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List: Additions and Deletions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Additions to and Deletions from the Procurement List.

SUMMARY: This action adds to the Procurement List a product and service to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities, and deletes from the Procurement List a product and service previously furnished by such agencies.

EFFECTIVE DATE: March 23, 2008.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202-3259.

FOR FURTHER INFORMATION CONTACT: Kimberly M. Zeich, Telephone: (703) 603-7740, Fax: (703) 603-0655, or e-mail CMTEFedReg@jwod.gov.

SUPPLEMENTARY INFORMATION:

Additions

On December 7 and December 21, 2007, the Committee for Purchase From People Who Are Blind or Severely Disabled published notice (72 FR 69181; 72666) of proposed additions to the Procurement List.

After consideration of the material presented to it concerning capability of qualified nonprofit agencies to provide the product and service and impact of the additions on the current or most recent contractors, the Committee has determined that the product and service listed below are suitable for procurement by the Federal Government under 41 U.S.C. 46-48c and 41 CFR 51-2.4.

Regulatory Flexibility Act Certification

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the product and service to the Government.

2. The action will result in authorizing small entities to furnish the product and service to the Government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46-48c) in connection with the product and service proposed for addition to the Procurement List.

End of Certification

Accordingly, the following product and service are added to the Procurement List:

Product

Pallet, Demo Sideboard

NSN: 3990CAAA9243—30" x 44"

Coverage: C-List for the requirements of the Crane Army Ammunition Activity, Crane, IN

NPA: Bona Vista Programs, Inc., Kokomo, IN

Contracting Activity: U.S. Department of the Defense, Crane Army Ammunition Activity, Crane, IN

Service

Service Type/Location: Supply Store Operation

U.S. Nuclear Regulatory Commission, Rockville, MD

NPA: Blind Industries & Services of Maryland, Baltimore, MD

Contracting Activity: U.S. Nuclear Regulatory Commission, Washington, DC

Comments were received from a reseller of office products in the Washington, DC area. The commenter objected to the opening of the supply store because existing supply stores operated under the AbilityOne (formerly JWOD) Program at other Federal agencies or installations have already reduced commercial resellers' ability to compete for the Government's business. The commenter said that announcements and guidance issued by Federal agencies or installations with such stores often emphasize that the use of AbilityOne products is mandatory, which leaves an impression that use of the store is mandatory or that failure to use the store may result in loss of purchasing authority. The commenter said that the opening of the AbilityOne store at the Nuclear Regulatory Commission (NRC) will eliminate its opportunity to do business with the agency. The commenter also said that the AbilityOne Program's past addition of products to its Procurement List has resulted in a significant cumulative loss of sales for his company.

The Committee, in accordance with its regulations, considers impact on a situation-specific basis, looking at whether the action currently proposed would result in a severe adverse impact on the current or most recent contractor. The Committee found that there was no current contractor for the operation of a supply store on the NRC campus, and that none of the primary office supply resellers already doing business with the NRC were providing walk-in store service. The Committee's addition of the NRC's requirement for operation of a supply store to its Procurement List, on its own, does not make the customers' use of the supply store mandatory, nor does it preclude the NRC's continued

purchases from online retailers in accordance with the agency's own procurement rules. The Committee defers purchasing guidance for NRC employees to the NRC officials involved. Regarding past Procurement List additions affecting the commenter, the Committee's records show that each action was taken into consideration by the Committee in accordance with its suitability criteria and was deemed not to constitute a severe adverse impact on the current contractor.

Deletions

On December 14 and December 21, 2007, the Committee for Purchase From People Who Are Blind or Severely Disabled published notice (72 FR 71114; 72667) of proposed deletions to the Procurement List.

After consideration of the relevant matter presented, the Committee has determined that the product and service listed below are no longer suitable for procurement by the Federal Government under 41 U.S.C. 46-48c and 41 CFR 51-2.4.

Regulatory Flexibility Act Certification

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action should not result in additional reporting, recordkeeping or other compliance requirements for small entities.

2. The action may result in authorizing small entities to furnish the product and service to the Government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46-48c) in connection with the product and service deleted from the Procurement List.

End of Certification

Accordingly, the following product and service are deleted from the Procurement List:

Product

Paper, Kraft Wrapping

NSN: 8135-00-160-7758

NSN: 8135-00-160-7772

NSN: 8135-00-160-7778

NSN: 8135-00-286-7317

NSN: 8135-00-290-3407

NPA: Cincinnati Association for the Blind, Cincinnati, OH

Contracting Activity: General Services Administration, Office Supplies & Paper Products Acquisition Ctr, New York, NY

Service

Service Type/Location: Microfilming

U.S. Bureau of the Census,
Washington, DC
NPA: Business Technology Career
Opportunities (BTCO), Wichita, KS
Contracting Activity: U.S. Bureau of the
Census, Washington, DC

Kimberly M. Zeich,
Director, Program Operations.
[FR Doc. E8-3329 Filed 2-21-08; 8:45 am]
BILLING CODE 6353-01-P

DEPARTMENT OF COMMERCE

International Trade Administration

Exemption of Foreign Air Carriers From Customs Duties and Excise Taxes; Review of Findings of Reciprocity Eligibility

AGENCY: International Trade
Administration, U.S. Department of
Commerce.

ACTION: Solicitation of public comments
concerning a review undertaken at the
request of the U.S. Internal Revenue
Service of existing exemptions for
aircraft of foreign registry from certain
customs duties and internal revenue
taxes on the purchase of supplies in the
United States for such aircraft in
connection with their international
commercial operations.

SUMMARY: Notice is hereby given that,
pursuant to sections 1309 and 1317 of
the Tariff Act of 1930, as amended (19
U.S.C. 1309 and 1317), and section 4221
of the Internal Revenue Code, as
amended (26 U.S.C. 4221), the
Department of Commerce is undertaking
to determine whether the governments
of the countries listed herein allow or
will allow substantially reciprocal
customs duties and tax exemptions to
aircraft of U.S. registry in connection
with international commercial
operations similar to those exemptions
currently granted to or available to
aircraft of those countries by the United
States under the aforementioned
statutes. The basis for this undertaking
is the implementation of certain
provisions of the Air Transport
Agreement between the United States
and the European Community and its
Member States, signed in Washington,
DC, on April 30, 2007. The Department
of Commerce finding would be effective
as of March 30, 2008.

The above-cited statutes provide
exemptions for aircraft of foreign
registry from payment of certain
customs duties and internal revenue
taxes on supplies purchased, imported
or stored in the United States for such
aircraft in connection with their
international commercial operations.

These exemptions apply upon a finding
by the Secretary of Commerce, or his
designee, and communicated to the
Department of the Treasury, that such
country allows, or will allow,
“substantially reciprocal privileges” to
aircraft of U.S. registry with respect to
purchases of such supplies in that
country. The Department of Commerce
proposes that aircraft registered in the
following countries be provided
exemptions as allowed by sections 1309
and 1317 of the Tariff Act of 1930, as
amended (19 U.S.C. 1309 and 1317),
and section 4221 of the Internal
Revenue Code, as amended (26 U.S.C.
4221).

Austria, Belgium, Bulgaria, Cyprus,
Czech Republic, Denmark, Estonia,
Finland, France, Federal Republic of
Germany, Greece, Hungary, Ireland,
Italy, Latvia, Lithuania, Luxembourg,
Malta, Netherlands, Poland, Portugal,
Romania, Slovak Republic, Slovenia,
Spain, Sweden, United Kingdom.

Interested parties are invited to
submit their views, comments and
supporting documentation in writing,
concerning this matter to Ms. Ana
Guevara, Deputy Assistant Secretary for
Services, Room 1128, U.S. Department
of Commerce, Washington, DC 20230.
Submissions should be sent
electronically to OSImail@ita.doc.gov.
All submissions should be received no
later than thirty days from the date of
publication of this notice. Comments
received, with the exception of
information marked “business
confidential,” will be available for
public inspection upon request.
Information marked “business
confidential” shall be protected from
disclosure to the full extent permitted
by law. It is suggested that those
desiring additional information contact
Mr. Eugene Alford, Office of Service
Industries, Room 1104, U.S. Department
of Commerce, Washington, DC 20230, or
telephone 202-482-5071.

Dated: February 15, 2008.

Carlos Montoulieu,

*Acting Deputy Assistant Secretary for
Services.*

[FR Doc. E8-3306 Filed 2-21-08; 8:45 am]

BILLING CODE 3510-DR-P

DEPARTMENT OF COMMERCE

International Trade Administration

[A-533-824]

Certain Polyethylene Terephthalate Film, Sheet, and Strip from India: Extension of Time Limit for Preliminary Results of Antidumping Duty Administrative Review

AGENCY: Import Administration,
International Trade Administration,
U.S. Department of Commerce

EFFECTIVE DATE: February 22, 2008.

FOR FURTHER INFORMATION CONTACT:
Martha Douthitt, Office of 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) 482-5050.

SUPPLEMENTARY INFORMATION:

Background

On August 24, 2007, in response to
timely requests from Jindal Poly Films
Limited, Ltd. (Jindal) and MTZ
Polyfilms, Ltd. (MTZ) of India, the
Department of Commerce (the
Department) initiated an administrative
review of the antidumping duty order
on polyethylene terephthalate film sheet
and strip (PET film) from India for the
period July 1, 2006 through June 30,
2007. *See Initiation of Antidumping and
Countervailing Duty Administrative
Reviews and Request for Revocation in
Part*, 72 FR 48613 (August 24, 2007).
This administrative review covers one
producer (Jindal) of the subject
merchandise. On October 30, 2007, we
rescinded the review of MTZ as a result
of the withdrawal of its request for
review. The preliminary results are
currently due no later than April 1,
2008.

Extension of Time Limits for Preliminary Results

Section 751(a)(3)(A) of the Tariff Act
of 1930, as amended (the Act), and
section 351.213(h)(1) of the
Department's regulations require the
Department to issue the preliminary
results of a review within 245 days after
the last day of the anniversary month of
the order for which the administrative
review was requested, and final results
of the review within 120 days after the
date on which the notice of the
preliminary results is published in the
Federal Register. However, if the
Department determines that it is not
practicable to complete the review
within the aforementioned specified
time limits, section 751(a)(3)(A) of the

Act and section 351.213(h)(2) of the Department's regulations allow the Department to extend the 245-day period to 365 days. We determine that it is not practicable to complete the preliminary results of this review within the original time limit because of the need to issue a supplemental questionnaire and analyze the response. Therefore, we are fully extending the deadline for completion of the preliminary results of this administrative review until no later than July 30, 2008. The deadline for the final results of the review continues to be 120 days after the publication of the preliminary results.

This notice is issued and published pursuant to sections 751(a)(1) and 777(i)(1) of the Act.

Dated: February 13, 2008.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E8-3360 Filed 2-21-08; 8:45 am]

BILLING CODE 3510-DR-S

DEPARTMENT OF COMMERCE

International Trade Administration

[C-533-825]

Polyethylene Terephthalate (PET) Film, Sheet, and Strip from India: Extension of Time Limit for Preliminary Results of Countervailing Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, U.S. Department of Commerce

EFFECTIVE DATE: February 22, 2008.

FOR FURTHER INFORMATION CONTACT: Elfi Blum-Page, 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) 482-0197.

SUPPLEMENTARY INFORMATION:

Background

On August 24, 2007, in response to timely requests from MTZ Polyfilms, Ltd. (MTZ) and Jindal Poly Films Limited of India (Jindal), the Department of Commerce (the Department) initiated an administrative review of the countervailing duty order on polyethylene terephthalate (PET) film, sheet, and strip from India. *See Initiation of Antidumping and Countervailing Duty Administrative Reviews and Requests for Revocation in Part*, 72 FR 48613 (August 24, 2007). This administrative review covers the period January 1, 2006 through

December 31, 2006. The preliminary results of review are currently due no later than April 1, 2008.

Extension of Time Limits for Preliminary Results

Section 751(a)(3)(A) of the Tariff Act of 1930, as amended (the Act) and section 351.213(h)(1) of the Department's regulations require the Department to issue the preliminary results of a review within 245 days after the last day of the anniversary month of the order for which the administrative review was requested, and final results of the review within 120 days after the date on which the notice of the preliminary results is published in the **Federal Register**. However, if the Department determines that it is not practicable to complete the review within the aforementioned specified time limits, section 751(a)(3)(A) of the Act and section 351.213(h)(2) of the Department's regulations allow the Department to extend the 245-day period to 365 days and to extend the 120-day period to 180 days.

We determine that it is not practicable to complete the preliminary results of this review within the original time limit. Due to the large number of programs under review, the Department needs additional time to analyze the questionnaire responses and issue appropriate supplemental questionnaires. Therefore, the Department is extending the deadline for completion of the preliminary results of this administrative review of the countervailing duty order on PET film from India by 120 days from April 1, 2008 until no later than July 30, 2008.

This notice is issued and published pursuant to sections 751(a)(3)(A) and 777(i)(1) of the Act.

Dated: February 13, 2008.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E8-3391 Filed 2-21-08; 8:45 am]

BILLING CODE 3510-DR-S

DEPARTMENT OF COMMERCE

International Trade Administration

[A-475-818]

Certain Pasta From Italy: Notice of Preliminary Results of Antidumping Duty Changed Circumstances Review and Intent To Reinstate the Antidumping Duty Order

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

SUMMARY: The Department of Commerce (the Department) is conducting an antidumping changed circumstances review with respect to Pasta Lensi S.r.l. (Lensi), a producer/exporter of pasta from Italy, and American Italian Pasta Company (AIPC), Lensi's corporate parent and importer of subject merchandise produced by Lensi. The Department preliminarily determines that Lensi made sales at less than normal value (NV) during the 2002-2003 period of review (POR), that, consequently, Lensi no longer qualifies for revocation based upon three consecutive reviews resulting in *de minimis* margins, and that the order should be reinstated on certain pasta from Italy related to subject merchandise produced and exported by Lensi. We will instruct U.S. Customs and Border Protection (CBP) to suspend liquidation of all entries of subject merchandise produced and exported by Lensi entered, or withdrawn from warehouse, for consumption on or after the date of publication of this notice in the **Federal Register**. Interested parties are invited to comment on these preliminary results.

EFFECTIVE DATE: February 22, 2008.

FOR FURTHER INFORMATION CONTACT: Eric B. Greynolds, AD/CVD Operations, Office 3, Import Administration, U.S. Department of Commerce, Room 4012, 14th Street and Constitution Avenue, NW., Washington, DC 20230; telephone: (202) 482-6071.

SUPPLEMENTARY INFORMATION:

Background

On November 19, 2007, pursuant to section 751(b) of the Tariff Act of 1930, as amended (the Act), the Department initiated an antidumping changed circumstances review with respect to Lensi and AIPC. *See Certain Pasta from Italy: Notice of Initiation of Antidumping Duty Changed Circumstances Review*, 72 FR 65010 (November 19, 2007) (*Initiation of Pasta from Italy*). On December 3, 2007, AIPC and Pasta Lensi submitted comments regarding the antidumping changed circumstances review.

Scope of the Order

Imports covered by this order are shipments of certain non-egg dry pasta in packages of five pounds four ounces or less, whether or not enriched or fortified or containing milk or other optional ingredients such as chopped vegetables, vegetable purees, milk, gluten, diastasis, vitamins, coloring and flavorings, and up to two percent egg white. The pasta covered by this scope is typically sold in the retail market, in

fiberboard or cardboard cartons, or polyethylene or polypropylene bags of varying dimensions.

Excluded from the scope of this order are refrigerated, frozen, or canned pastas, as well as all forms of egg pasta, with the exception of non-egg dry pasta containing up to two percent egg white. Also excluded are imports of organic pasta from Italy that are accompanied by the appropriate certificate issued by the Istituto Mediterraneo Di Certificazione, by Bioagricoop Scrl, by QC&I International Services, by Ecocert Italia, by Consorzio per il Controllo dei Prodotti Biologici, by Associazione Italiana per l'Agricoltura Biologica, or by Istituto per la Certificazione Etica e Ambientale (ICEA) are also excluded from this order.

The merchandise subject to this order is currently classifiable under items 1902.19.20 and 1901.90.9095 of the *Harmonized Tariff Schedule of the United States (HTSUS)*. Although the *HTSUS* subheading is provided for convenience and customs purposes, the written description of the merchandise subject to the order is dispositive.

Preliminary Results of Changed Circumstances Review

In their submissions, Lensi and AIPC acknowledge that, contrary to the *Notice of Final Results of the Seventh Antidumping Duty Order on Certain Pasta from Italy and Determination to Revoke in Part*, 70 FR 6832 (February 9, 2005) (*Seventh Review of Pasta from Italy*), Lensi did, in fact, make sales at less than NV during the 2002 through 2003 review period. As a result, Lensi was not entitled to the *de minimis* rate it received in the *Seventh Review of Pasta from Italy*. Nor was Lensi entitled to revocation from the order because it did not satisfy the criteria of having made sales at not less than NV for a period of at least three consecutive years. Therefore, we have sufficient information on the record to make a preliminary finding with respect to reinstatement of the order. We preliminarily determine that Lensi was not entitled to revocation from the order and, therefore, we are preliminarily reinstating the order with respect to certain pasta produced and exported by Lensi.

Section 776(a)(2) of the Act provides that, if an interested party or any other person withholds information requested by the administering authority, fails to provide such information by the deadlines for submission of the information and in the form or manner requested, subject to subsections (c)(1) and (e) of section 782 of the Act,

significantly impedes a proceeding under this title, or provides such information but the information cannot be verified as provided in section 782(i) of the Act, the administering authority shall use, subject to section 782(d) of the Act, facts otherwise available in reaching the applicable determination.

As is clear from Lensi's and AIPC's submissions, during the course of the seventh administrative review of the antidumping duty order on pasta from Italy, Lensi withheld information requested by the administering authority, failed to provide such information by the deadlines for submission of the information and in the form or manner requested, and significantly impeded the proceeding. Therefore, consistent with section 776(a)(2) of the Act, we preliminarily determine to use facts otherwise available to determine the margin of dumping.

AIPC and Lensi note that they have made a full voluntary disclosure to the Department and argue that, on that basis, the Department should use Lensi's own "corrected" data to determine the appropriate cash deposit rate. In their December 3, 2007, submissions, AIPC and Lensi explain that AIPC has reviewed its 2002–2003 questionnaire responses, interviewed available company personnel, and worked with outside legal counsel of its internal audit committee to determine if the reporting discrepancy was a single occurrence or if there were other similarly misreported transactions. In addition, AIPC states that on September 7, 2007, it completed its internal preparation of its restated financial statements, which include the 2002–2003 period. According to AIPC, this process has led it to conclude that there are no other transactions or adjustments similar to that already reported to the Department. Therefore, Lensi and AIPC propose that for purposes of recalculating the dumping margin from the *Seventh Review of Pasta from Italy* and establishing a margin to be applied to Lensi, the Department should rely on the information originally withheld by AIPC. Specifically, AIPC suggests that the Department rely on the proposed programming language included in its December 3, 2007, submission to incorporate the information that was not reported during the course of the *Seventh Review of Pasta from Italy*.

In its submissions to the Department, AIPC did not disclose that in October 2005 it determined that its previously issued consolidated, audited statements for the 2002, 2003, 2004 fiscal years and its unaudited statements for each of the fiscal quarters in such years, should no

longer be relied upon.¹ Nor did AIPC disclose in its submissions to the Department that by June 9, 2006, it concluded that its financial statements for the 2000 and 2001 fiscal years should also be restated.² Thus, it appears that the problem with AIPC/Lensi's books and records involves more than a few minor adjustments.

We also do not agree with AIPC's claim that, as a result of its internal audit, it is reasonable to accept AIPC's conclusion that the data discrepancy in the *Seventh Review of Pasta from Italy* constitutes the only misreported transaction reported to the Department. We find that, as recently as January 2008, AIPC has not reissued the final version of its historical financial statements, nor has AIPC issued the final version of its July 1, 2005, quarterly report to the U.S. Securities and Exchange Commission (SEC), or any subsequent quarterly or annual reports. Though AIPC states in its December 3, 2007, submission that it has completed its internal preparation of its restated financial statements, including the 2002–2003 period examined in the *Seventh Review of Pasta from Italy*, information in AIPC's September 7, 2007, press release indicates that the financial statements for fiscal year 2004 and earlier periods are currently subject to review by AIPC's registered public accounting firm and the SEC. The press release further states that:

The statements by the Company regarding the status of the preparation of the Company's historical financial statements and the impairment charges for its fiscal year 2005 and for its fiscal year 2006 are forward-looking. Actual results or events could differ materially. The differences could be caused by a number of factors, including, but not limited to, the review and/or audit of the Company's financial statements by its independent registered public accounting firm, the SEC staff review, and the conclusions reached regarding financial reporting.³

Therefore, we preliminarily determine that AIPC's books and records leading up to and including the period covered by the *Seventh Review of Pasta from Italy* cannot be relied upon for purposes of this changed circumstances review.

¹ See *American Italian Pasta Company to Withdraw and Restate Historical Financial Statements*, AIPC press release dated October 27, 2005.

² See *American Italian Pasta Company Outlines Status of Audit Committee Investigation, Company Financial Statement Review and Pending Restatement*, AIPC press release dated June 9, 2006.

³ See *American Italian Pasta Company Announces Completion of Audit Committee Investigation, Announces Updated Impairment Charges, and Updates Restatement Process*, AIPC press release dated September 7, 2007.

Moreover, irrespective of the reliability of AIPC's revised data, we preliminarily determine that Lensi and AIPC should not be able to use this antidumping changed circumstances review as an opportunity to replace misreported data that AIPC should have accurately reported to the Department in the first instance as part of the seventh administrative review. Allowing Lensi and AIPC to revise misreported data over five years after Lensi was revoked from the antidumping duty order contradicts the Department's longstanding practice of requiring respondents to submit accurate and timely data in accordance with the deadlines of the relevant segment of the proceeding. *See, e.g., Tianjin Mach. Imp. & Exp. Corp. v. United States*, 353 F. Supp. 2d 1294, 1303–1306 (CIT 2005), where the Court found that a two-month delay in providing corrected information is sufficient for imposing an adverse facts available (AFA) rate. Furthermore, permitting Lensi and AIPC to revise the misreported data several years after the completion of the segment of the proceeding would establish a troubling precedent that could enable respondents to manipulate the results of a segment of proceeding and undermine the ability of the Department to conduct and complete a proceeding based on timely and accurate information. Under Lensi's proposed approach, future respondents could withhold information or submit false information to the Department and then, having viewed the Department's final decision, determine whether it is in their interest to seek a revision to the duty rate by providing the Department with revised information that they claim constitutes the definitive and accurate data set.

AIPC and Lensi note that they have made a full voluntary disclosure to the Department and argue that, on that basis, the application of an allegedly arbitrarily high cash deposit rate—such as the 11.26 percent all-others cash deposit rate or even 7.36 percent, the highest weighed-average margin calculated in the seventh review—would serve no purpose, would be a disincentive to other companies considering a possible voluntary disclosure, would not protect the integrity of the Department's proceedings, would be punitive, and violates basis fairness in that AIPC's innocent shareholders would be penalized multiple times for the same conduct.

We are aware that, as AIPC and Lensi note, other Federal agencies have policies and/or regulations related to

voluntary disclosure.⁴ For example, the Department's Bureau of Industry and Security views voluntary disclosure as a mitigating factor when considering what sanctions will be sought. However, the mitigating effect of voluntary disclosure is diminished, if not completely eliminated, where the disclosure does not occur before any other U.S. agency has learned the same or similar information from another source and has commenced an investigation or inquiry.⁵

According to AIPC's own admission, AIPC has been cooperating with an inquiry by the SEC since 2005.⁶ Therefore, Lensi/AIPC's voluntary disclosure to the Department in August 2006 comes more than one year after another U.S. agency had learned of the same or similar information. Therefore, we preliminarily determine that, given the circumstances, the facts of this case do not warrant treatment of Lensi and AIPC's voluntary disclosure as a mitigating factor in considering from among the facts otherwise available.

Section 776(b) of the Act provides that, if the administering authority finds that an interested party failed to cooperate by not acting to the best of its ability to comply with a request for information, in reaching the applicable determination, the administering authority may use an inference that is adverse to the interests of that party in selecting from among the facts otherwise available. Lensi and AIPC failed to act to the best of their ability to comply with a request for information. The disclosure by Lensi and AIPC did not occur in the context of any proceeding, thus it does not diminish Lensi's failure to act to the best of its ability during the seventh review. The Department's well established policy, as upheld by the courts, is to make an adverse inference when selecting among the facts

available for parties, such as Lensi, that failed to act to the best of their ability, regardless of whether the failure was caused by intent or by inattentiveness, carelessness, or inadequate record keeping. *See Nippon Steel Corporation v. United States*, 337 F.3d 1373, 1382 (Fed. Cir. Aug. 8, 2003).

For purposes of determining the margin of dumping in the seventh review and for establishing a cash deposit rate, the Department has selected as AFA the weighted-average margin of 45.59 percent *ad valorem*. The 45.49 percent margin is the margin assigned to Barilla during the first and fourth administrative reviews and to PAM in the sixth review. *See, e.g., Notice of Final Results of Antidumping Duty Administrative Review, Partial Rescission of Antidumping Duty Administrative Review and Revocation of Antidumping Duty Order in Part: Certain Pasta From Italy*, 67 FR 300 (January 3, 2002) (*Fourth Review of Pasta from Italy*); *see also Notice of Final Results of the Sixth Administrative Review of the Antidumping Duty Order on Certain Pasta from Italy and Determination Not to Revoke in Part*, 69 FR 6255 (February 10, 2004) (*Sixth Review of Pasta from Italy*).

Section 776(c) of the Act states that when the Department relies on secondary information for purposes of determining the dumping margin rather than on information obtained in the course of an investigation or review, the Department shall, to the extent practicable, corroborate that information from independent sources that are reasonable.⁷ In accordance with section 776(c) of the Act, the Department may corroborate an AFA rate using a respondent's own transaction-specific margins or margins from other respondents. *See Ta Chen Pipe, Inc. v. United States*, 298 F.3d, 1330, 1339–40 (Fed. Cir. 2002) (*Ta Chen*); *see also NSK Ltd v. United States*, 346 F. Supp. 2d 1312, 1331–36 (Ct. Int'l Trade 2004) (*NSK Ltd.*) and *Shanghai Taoen International Trading Co. v. United States*, 360 F. Supp. 2d 1339, 1348 (Ct. Int'l Trade 2005) (*Shanghai Taoen*). However, as discussed above, we have determined that the information submitted by Lensi during the seventh review and the two prior review

⁴ *Export Administration Regulations: Enforcement and Protective Measures*, 15 CFR 764.5 (2005), *Voluntary Self-disclosure; Incentives for Self-Policing: Discovery, Disclosure, Correction and Prevention of Violations*, 65 FR 19618 (April 11, 2000); *Foreign Assets Control Office: Economic Sanctions Enforcement Procedures for Banking Institutions*, 71 FR 1971 (Jan. 12, 2006); *Amendments to the International Traffic in Arms Regulations*, 71 FR 20534 (April 21, 2006); and SEC Administrative Proceedings File No. 3–12310 (May 31, 2006).

⁵ *Id.*, particularly, *Export Administration Regulations: Enforcement and Protective Measures*, 15 CFR 764.5 (2005), *Voluntary Self-disclosure; Incentives for Self-Policing: Discovery, Disclosure, Correction and Prevention of Violations*, 65 FR 19618 (April 11, 2000).

⁶ *See* December 7, 2006, letter to the Secretary from AIPC and Lensi. *See also, American Italian Pasta Company Delays Third Quarter Earnings Release and Filing of Form 10–Q*, AIPC press release dated August 9, 2005.

⁷ The Uruguay Round Agreements Act Statement of Administrative Action H.R. Doc. No. 103–316, vol. 1, (1994) (SAA) describes secondary information as “information derived from the petition that gave rise to the investigation or review, the final determination concerning subject merchandise, or any previous review under section 751 concerning the subject merchandise.” *See* SAA at 870.

segments in which it participated is unreliable and cannot serve as the basis for determining the actual margin of dumping.

Because we have determined that the information submitted by Lensi during the seventh review and prior reviews is not reliable, we looked to information submitted by other respondents during the seventh review for corroboration of the AFA rate. *See* February 12, 2008, Memorandum to the File, from Eric B. Greynolds, Program Manager, Office 3, Operations, RE: Corroboration of Adverse Facts Available Rate for Lensi, S.p.A. (AFA Corroboration Memorandum). The transaction-specific margins from other respondents from the seventh review represent “a reasonably accurate estimate” of Lensi’s dumping activity in the *Seventh Review of Pasta from Italy*, absent any other reliable data upon which to calculate Lensi’s margin. *See F.Ili de Cecco Di Filippo Fara S. Martino S.p.A. v. United States*, 216 F.3d 1027, 1032 (Fed. Cir. 2000) (*F.Ili de Cecco*); *see also* section 776(c) of the Act which states that, when relying on secondary information, the Department shall, “to the extent practicable, corroborate that information from independent sources that are reasonably at their disposal.” Thus, with respect to the reliability of secondary information, the standard established in the statute and interpreted by the Court is not one of perfection but rather one that requires reasonable accuracy. In any case, any potential inaccuracy in the information used to corroborate the AFA rate applied to Lensi is the result of Lensi’s own actions. Thus, the Department determines that the transaction-specific margins of other respondents from the seventh review corroborate to the extent practicable the 45.59 percent AFA margin. *See Ta Chen*, 298 F.3d at 1339; *see also NSK Ltd.*, 346 F. Supp. 2d at 1331–36; and *Shanghai Taoen*, 360 F. Supp. 2d at 1348 (affirming corroboration by using respondent’s own transaction-specific margins from prior reviews or transaction-specific margins from other respondents). As recognized by the Federal Circuit, so long as the data are corroborated, the Department has “discretion to choose which sources and facts it will rely on to support an adverse inference.” *See F.Ili de Cecco*, 216 F.3d at 1032. In this case, the Department has exercised this discretion in a reasonable manner by corroborating the respondent’s AFA rate with the transaction-specific margins of other respondents from the seventh review. *See Ta Chen*, 298 F.3d at 1278–79; *see also NSK Ltd.*, 346 F. Supp. 2d

at 1331–36; and *Shanghai Taoen*, 360 F. Supp. 2d at 1348.

Since we have preliminarily determined that Lensi made sales at less than NV during the 2002–2003 POR and was not entitled to revocation, the antidumping duty order is hereby provisionally reinstated, and we will instruct CBP to suspend liquidation of all entries of subject merchandise produced and exported by Lensi entered, or withdrawn from warehouse, for consumption on or after the date of publication of this notice in the **Federal Register**.⁸

Furthermore, a cash deposit requirement of 45.59 percent will be in effect for all shipments of the subject merchandise produced and exported by Lensi that are entered, or withdrawn from warehouse, for consumption on or after the publication date of this notice. A cash deposit requirement shall remain in effect until publication of the final results of the next administrative review unless the Department finds that Lensi was entitled to revocation from the order in the final results of this changed circumstances review.

Any interested party may request a hearing within 30 days of publication of this notice. Any hearing, if requested, will be held no later than 44 days after the date of publication of this notice, or the first workday thereafter. Case briefs from interested parties may be submitted not later than 30 days after the date of publication of this notice. Rebuttal briefs, limited to the issues raised in those comments, may be filed not later than five days after the deadline for filing case briefs. *See* 19 CFR 531.309, 310. All written comments shall be submitted in accordance with 19 CFR 351.303. Persons interested in attending the hearing, if one is requested, should contact the Department for the date and time of the hearing. The Department will publish the final results of this changed circumstances review, including the results of its analysis of issues raised in any written comments.

The Department will complete this review within 270 days of the date on which it initiated the changed circumstances review. In accordance with 19 CFR 351.216(e), the final results of the changed circumstances review will set forth the factual and legal conclusions upon which our results are based and a description of any action proposed based on those results.

⁸ We note that over five years has passed since Lensi was revoked from the antidumping duty order. During this time, Lensi’s entries have not been subject to suspension by the CBP and have not been subject to a cash deposit rate.

This notice is in accordance with sections 751(b)(1) and 777(i) of the Act and 19 CFR 351.216 and 351.222.

Dated: February 12, 2008.

David M. Spooner,
Assistant Secretary for Import
Administration.

[FR Doc. E8–3387 Filed 2–21–08; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF COMMERCE

International Trade Administration

[A–201–822]

Stainless Steel Sheet and Strip in Coils From Mexico; Extension of Time Limit for Preliminary Results of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

EFFECTIVE DATE: February 22, 2008.

FOR FURTHER INFORMATION CONTACT: Maryanne Burke or Robert James, AD/CVD Operations, Office 7, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue NW., Washington, DC 20230; telephone: (202) 482–5604 or (202) 482–0649, respectively.

Background

On July 30, 2007, the Department of Commerce (the Department) received a timely request from Allegheny Ludlum Corporation, AK Steel Corporation, North American Stainless, United Auto Workers Local 3303, Zanesville Armco Independent Organization, Inc. and the United Steelworkers (collectively, petitioners) to conduct an administrative review of the antidumping duty order on stainless steel sheet and strip in coils from Mexico. On August 24, 2007, the Department published a notice of initiation of this administrative review, covering the period of July 1, 2006 to June 30, 2007. *See Initiation of Antidumping and Countervailing Duty Administrative Reviews and Request for Revocation in Part*, 72 FR 48613 (August 24, 2007). The current deadline for the preliminary results of this review is April 1, 2008.

Extension of Time Limits for Preliminary Results

Section 751(a)(3)(A) of the Tariff Act of 1930, as amended (the Tariff Act), requires the Department to complete 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. However, if it is not practicable to complete the review within these time periods, section 751(a)(3)(A) of the Tariff Act allows the Department to extend the time limit for the preliminary results to a maximum of 365 days after the last day of the anniversary month of an order for which a review is requested.

The Department finds that it is not practicable to complete the preliminary results of this review within the original time frame due to additional analysis necessary with respect to cost of production data used in the margin calculation programs. Moreover, we require additional information from the respondent, ThyssenKrupp Mexinox S.A. de C.V. and Mexinox USA, Inc., in order to complete our analysis and will not have time to analyze this information prior to the current deadline for the preliminary results. Accordingly, the Department is extending the time limit for completion of the preliminary results of this administrative review until no later than July 30, 2008, which is 365 days from the last day of the anniversary month. We intend to issue the final results no later than 120 days after publication of the preliminary results notice. This extension is issued and published in accordance with sections 751(a)(3)(A) and 777(i) of the Tariff Act.

Dated: February 15, 2008.

Stephen J. Claeys,

Deputy Assistant Secretary for Import Administration.

[FR Doc. E8-3381 Filed 2-21-08; 8:45 am]

BILLING CODE 3510-DS-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN: 0648-XF72

Gulf of Mexico Fishery Management Council; Public Hearings

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

ACTION: Notice of scoping hearings.

SUMMARY: The Gulf of Mexico Fishery Management Council (Council) will convene public hearings on Reef Fish Amendment 30B.

DATES: The public hearings will held from March 10 - 20, 2008, at 8 locations throughout the Gulf of Mexico. For specific dates and times see **SUPPLEMENTARY INFORMATION**.

ADDRESSES: The public hearings will be held in the following locations: Port Aransas and Galveston, TX; New Orleans, LA; Panama City, St. Petersburg, and Naples, FL; Gulf Shores, AL and Biloxi, MS. See **SUPPLEMENTARY INFORMATION** for specific locations.

Council address: Gulf of Mexico Fishery Management Council, 2203 North Lois Avenue, Suite 1100, Tampa, FL 33607.

FOR FURTHER INFORMATION CONTACT: Mr. Steven Atran, Population Dynamics Statistician; telephone: (813) 348-1630.

SUPPLEMENTARY INFORMATION: The Gulf of Mexico Fishery Management Council (Council) has scheduled a series of public hearings to solicit comments on Draft Amendment 30B to the Reef Fish Fishery Management Plan. Amendment 30B contains potential management measures to define overfishing and overfished thresholds and an optimum yield (OY) target for gag, end overfishing of gag, increase the total allowable catch (TAC) of the red grouper stock to its OY level, establish recreational and commercial allocations for gag and red grouper, establish accountability measures for gag to assure compliance with ending overfishing, adjust commercial grouper quotas and recreational grouper bag limits, closed seasons, and/or size limits, reduce discards and discard mortality of groupers, establish a new reef fish marine reserve and/or extend the duration of the existing Madison-Swanson and Steamboat Lumps marine reserves, and require that federally permitted reef fish vessels comply with the more restrictive of federal or state reef fish regulations when fishing in state waters.

The public hearings will begin at 6 p.m. and conclude at the end of public testimony or no later than 10 p.m. at each of the following locations:

Monday, March 10, 2008, Hilton Airport, 901 Airline Drive, Kenner, LA 70062, telephone: (504) 469-5000;

Tuesday, March 11, 2008, University of Southern Mississippi - Gulf Coast Research Laboratory, Caylor Auditorium, 703 East Beach Drive, Ocean Springs, MS 39564, telephone: (228) 872-4200;

Tuesday, March 11, 2008, Holiday Inn, 5002 Seawall Blvd., Galveston, TX 77551, telephone: (409) 740-3581;

Wednesday, March 12, 2008, Erie Meyer Civic Center, 10300 2nd St. Gulf Shores, AL 36542, telephone: (251) 968-1173;

Wednesday, March 12, 2008, Plantation Suites & Conference Center, 1909 State Highway 361, Port Aransas, TX 78373, telephone: (361) 749-3866;

Thursday, March 13, 2008, Edgewater Beach & Conference Center, 11212 Front Beach Blvd., Panama City, FL 31407, telephone: (800) 814-8686;

Wednesday, March 19, 2008, Radisson Hotel & Conference Center, 12600 Roosevelt Blvd., St. Petersburg, FL 33716, telephone: (727) 572-7800;

Thursday, March 20, 2008, Comfort Inn & Executive Suites, 3860 Tollgate Blvd., Naples, FL 34114, telephone: (239) 353-9500;

Copies of the Amendment can be obtained by calling the Council office at (813) 348-1630.

Special Accommodations

These hearings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Tina Trezza at the Council (see **ADDRESSES**) at least 5 working days prior to the meeting.

Dated: February 19, 2008.

Tracey L. Thompson,

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

[FR Doc. E8-3297 Filed 2-21-08; 8:45 am]

BILLING CODE 3510-22-S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN: 0648-XF75

Caribbean Fishery Management Council; Public Meeting

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

ACTION: Notice of Navassa Island Workshop.

SUMMARY: The Caribbean Fishery Management Council (CFMC) will hold a Navassa Island Workshop.

DATES: The Navassa Island Workshop will be held on March 24-25, 2008, from 9 a.m. to 5 p.m., approximately, both days.

ADDRESSES: The Workshop will be held at the Hilton Ponce Gulf and Casino, 1150 Caribe Avenue, Ponce, Puerto Rico 00716.

FOR FURTHER INFORMATION CONTACT: Caribbean Fishery Management Council, 268 Munoz Rivera Avenue, Suite 1108, San Juan, Puerto Rico 00918, telephone: (787) 766-5926.

SUPPLEMENTARY INFORMATION: The Navassa Island Workshop agenda is as follows:

Monday, March 24, 2008, 9 a.m. - 5 p.m.

- Call to Order
- Welcome - Eugenio Pineiro
- Introduction - Miguel Rolon
- Adoption of Agenda
- DOS - Legal Status of Navassa Island
- Management Aspects of Navassa Island - DOI Perspective
- Magnuson-Stevens Reauthorization Act (MSRA) and Navassa Island - NMFS/CFMC
- Fishery Management Plan (FMP) Outline/Appointment of Navassa Island Plan Development Team (NIPDT)
 - Scoping Meetings
 - Literature Review
 - Fishery/Biology Habitat (EFH)
 - Fishery Socio-Economy

Tuesday, March 25, 2008, 9 a.m. - 5 p.m.

- FMP Outline/Appointment NIPDT (Cont.)
 - Management Alternatives
 - Enforcement Considerations
 - Other Applicable Laws, e.g., ESA/EIS
 - International Considerations Re: TAC and Foreign Allocations
 - Consideration of Candidates for NIPDT
 - Data and Research Needs
 - Comments from Non-Governmental Organizations (NGOs) and General Public
- Other Business

Special Accommodations

The meeting is physically accessible to people with disabilities. For more information or request for sign language interpretation and/or other auxiliary aids, please contact Mr. Miguel A. Rolon, Executive Director, Caribbean Fishery Management Council, 268 Munoz Rivera Avenue, Suite 1108, San Juan, Puerto Rico 00918, telephone: (787) 766-5926, at least 5 days prior to the meeting date.

Dated: February 19, 2008.

Tracey L. Thompson,

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

[FR Doc. E8-3299 Filed 2-21-08; 8:45 am]

BILLING CODE 3510-22-S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN: 0648-XF76

Pacific Fishery Management Council; Public Meeting

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

ACTION: Notice of public meetings.

SUMMARY: The Pacific Fishery Management Council (Council) and its advisory entities will hold public meetings.

DATES: The Council and its advisory entities will meet March 8-14, 2008. The Council meeting will begin on Sunday, March 9 at 3:30 p.m., reconvening each day through Friday. All meetings are open to the public, except a closed session will be held from 3:30 p.m. until 4:30 p.m. on Sunday, March 9 to address litigation and personnel matters. The Council will meet as late as necessary each day to complete its scheduled business.

ADDRESSES: The Highly Migratory Species Advisory Subpanel and Management Team meetings will be held at the Hilton Sacramento Arden West, 2200 Harvard Street, Sacramento, CA 95815; telephone: (916) 922-4700. All other meetings of the Council and its advisory entities will be held at the Doubletree Hotel Sacramento, 2001 Point West Way, Sacramento, CA 95815; telephone: (916) 929-8855.

Council address: Pacific Fishery Management Council, 7700 NE Ambassador Place, Suite 101, Portland, OR 97220.

FOR FURTHER INFORMATION CONTACT: Dr. Donald O. McIsaac, Executive Director; telephone: (503) 820-2280.

SUPPLEMENTARY INFORMATION: The following items are on the Council agenda, but not necessarily in this order:

- A. Call to Order
 1. Opening Remarks and Introductions
 2. Roll Call
 3. Executive Director's Report
 4. Approve Agenda
- B. Administrative Matters
 1. Future Council Meeting Agenda Planning

2. Magnuson-Stevens Act Reauthorization Implementation
3. Membership Appointments and Council Operating Procedures
4. Approval of Council Meeting Minutes
5. Future Council Meeting Planning, April 2008 Council Meeting Agenda, and Workload Priorities
- C. Highly Migratory Species Management
 1. NMFS Report
 2. Yellowfin Tuna Overfishing
 3. High Seas Shallow-Set Longline (SSLL) Amendment
 4. Exempted Fishing Permit (EFP) for Longline Fishing in the West Coast Exclusive Economic Zone
 5. Public Comment Session on the High Seas SSLL Amendment and Longline Fishing EFP
- D. Salmon Management
 1. Review of 2007 Fisheries and Summary of 2008 Stock Abundance Estimates
 2. Identification of Stocks not Meeting Conservation Objectives
 3. Klamath River Fall Chinook Stock Assessment and Management Recommendations
 4. Identification of Management Objectives and Preliminary Definition of 2008 Salmon Management Options
 5. Council Recommendations for 2008 Management Option Analysis
 6. Council Direction for 2008 Management Options (if necessary)
 7. Adoption of 2008 Management Options for Public Review
 8. Appoint Salmon Hearings Officers
- E. Habitat/Current Habitat Issues
- F. Groundfish Management
 1. NMFS Report
 2. Stock Assessment Planning for 2011-2012 Management Measures
 3. Pacific Whiting Harvest Specifications and Management Measures for 2008
 4. Fishery Management Plan Amendment 22: Open Access License Limitation
 5. Consideration of Inseason Adjustments
 6. Tracking and Monitoring for Trawl Rationalization Program
- G. Pacific Halibut Management
 1. Report on the International Pacific Halibut Commission Meeting
 2. Incidental Catch Regulations in the Salmon Troll and Fixed Gear Sablefish Fisheries

SCHEDULE OF ANCILLARY MEETINGS

Saturday, March 8, 2008 - Hilton Sacramento Arden West

Highly Migratory Species Advisory Subpanel
Highly Migratory Species Management Team

Sunday, March 9, 2008 - Hilton Sacramento Arden West

Highly Migratory Species Advisory Subpanel

9 a.m.

9 a.m.

9 a.m.

SCHEDULE OF ANCILLARY MEETINGS—Continued

Highly Migratory Species Management Team	9 a.m.
Sunday, March 9, 2008 - Doubletree Hotel Sacramento	
Council Secretariat	1 p.m.
Scientific and Statistical Committee	1:30 p.m.
Groundfish Advisory Subpanel	2 p.m.
Groundfish Management Team	2 p.m.
Monday, March 10, 2008	
Council Secretariat	7 a.m.
California State Delegation	7 a.m.
Oregon State Delegation	7 a.m.
Groundfish Advisory Subpanel	8 a.m.
Groundfish Management Team	8 a.m.
Salmon Advisory Subpanel	8 a.m.
Salmon Technical Team	8 a.m.
Scientific and Statistical Committee	8 a.m.
Habitat Committee	9 a.m.
Enforcement Consultants	4:30 p.m.
Tribal Policy Group	As necessary.
Tribal and Washington Technical Group	As necessary.
Washington State Delegation	As necessary.
Tuesday, March 11, 2008	
Council Secretariat	7 a.m.
California State Delegation	7 a.m.
Oregon State Delegation	7 a.m.
Groundfish Advisory Subpanel	8 a.m.
Groundfish Management Team	8 a.m.
Salmon Advisory Subpanel	8 a.m.
Salmon Technical Team	8 a.m.
Scientific and Statistical Committee	8 a.m.
Enforcement Consultants	As necessary.
Tribal Policy Group	As necessary.
Tribal and Washington Technical Group	As necessary.
Washington State Delegation	As necessary.
Wednesday, March 12, 2008	
Council Secretariat	7 a.m.
California State Delegation	7 a.m.
Oregon State Delegation	7 a.m.
Groundfish Advisory Subpanel	8 a.m.
Groundfish Management Team	8 a.m.
Salmon Advisory Subpanel	8 a.m.
Salmon Technical Team	8 a.m.
Enforcement Consultants	As necessary.
Tribal Policy Group	As necessary.
Tribal and Washington Technical Group	As necessary.
Washington State Delegation	As necessary.
Thursday, March 13, 2008	
Council Secretariat	7 a.m.
California State Delegation	7 a.m.
Oregon State Delegation	7 a.m.
Groundfish Advisory Subpanel	8 a.m.
Groundfish Management Team	8 a.m.
Salmon Advisory Subpanel	8 a.m.
Salmon Technical Team	8 a.m.
Enforcement Consultants	As necessary.
Tribal Policy Group	As necessary.
Tribal and Washington Technical Group	As necessary.
Washington State Delegation	As necessary.
Friday, March 14, 2008	
Council Secretariat	7 a.m.
California State Delegation	7 a.m.
Oregon State Delegation	7 a.m.
Enforcement Consultants	As necessary.
Salmon Advisory Subpanel	As necessary.
Salmon Technical Team	As necessary.
Tribal and Washington Technical Group	As necessary.
Washington State Delegation	As necessary.

Although non-emergency issues not contained in this agenda may come before this Council for discussion, those issues may not be the subject of formal

Council action during this meeting. Council action will be restricted to those issues specifically listed in this notice and any issues arising after publication

of this notice that require emergency action under Section 305(c) of the Magnuson-Stevens Fishery Conservation and Management Act,

provided the public has been notified of the Council's intent to take final action to address the emergency.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Ms. Carolyn Porter at (503) 820-2280 at least 5 days prior to the meeting date.

Dated: February 19, 2008.

Tracey L. Thompson,

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

[FR Doc. E8-3300 Filed 2-21-08; 8:45 am]

BILLING CODE 3510-22-S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration, National Marine Fisheries Service

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

RIN 0648-XE42

Notice of Public Scoping and Intent to Prepare a Joint Environmental Impact Statement for Fruit Growers Supply Company's Multispecies Habitat Conservation Plan, Siskiyou County, California

AGENCIES: National Marine Fisheries Service, National Oceanic and Atmospheric Administration, Commerce; and Fish and Wildlife Service, Interior.

ACTION: Notice of Intent.

SUMMARY: The National Marine Fisheries Service (NMFS) and Fish and Wildlife Service (FWS) (together the Services) intend to gather information necessary for the preparation of a joint Environmental Impact Statement (EIS). The EIS will consider applications from the Fruit Growers Supply Company (FGS) for Incidental Take Permits (ITPs) for take of endangered and threatened species in accordance with the Endangered Species Act of 1973, as amended (ESA). FGS's applications will include a multi-species Habitat Conservation Plan (HCP), as required under the ESA. The HCP will address forest management and timber operations on FGS lands in Siskiyou County, California. The proposed 50 year HCP will encompass approximately 154,000 acres of lands owned by FGS on and after the granting date of the ITPs. The HCP will outline conservation programs for various aquatic species

under the jurisdiction of NMFS and terrestrial species under the jurisdiction of FWS. For purposes of the issuance of the ITPs, NMFS and FWS are co-lead agencies under National Environmental Policy Act.

We provide this notice to describe the proposed action and possible alternatives; advise other Federal and State agencies, affected Tribes, and the public of our intent to prepare an EIS; announce the initiation of a public scoping period; and obtain suggestions and information on the scope of issues and possible alternatives to be included in the EIS.

DATES: Submit written comments on or before April 7, 2008. The Services will conduct two public scoping meetings where oral and written comments can be submitted. These meetings are scheduled for Tuesday, March 11, 2008, in Yreka, CA, from 6 p.m. to 8 p.m., and Wednesday, March 12, 2008, in Happy Camp, CA, from 6 p.m. to 8 p.m. Should winter conditions prevent conducting the Yreka meeting, it will occur one week later on March 18, 2008, in Yreka from 6 p.m. to 8 p.m. Should winter conditions prevent conducting the Happy Camp meeting, it will occur one week later on March 19, 2008, from 6 p.m. to 8 p.m.

ADDRESSES: Comments regarding the scope of the EIS and requests for additional information should be addressed to Lisa Roberts, NMFS 1655 Heindon Road, Arcata, CA 95521. Written comments may also be sent by facsimile to (707) 825-4840 or by e-mail to FGS-Scoping.SWR@noaa.gov. Public scoping meetings will be held at the Best Western Miners Inn Convention Center, 122 East Minor Street, Yreka, CA 96097 and the Karuk Tribe Housing Authority-Headway Building, 64101 Second Avenue, Happy Camp, CA 96039. Comments received will be available for public inspection, by appointment, during normal business hours (Monday through Friday; 8 a.m. to 4:30 p.m.) at 1655 Heindon Road, Arcata, CA 95521. All comments received, including names and addresses, will become part of the official administrative record and may be available to the public.

FOR FURTHER INFORMATION CONTACT: Lisa Roberts, NMFS, 1655 Heindon Road, Arcata, CA 95521, (707) 825-5178.

SUPPLEMENTARY INFORMATION:

Reasonable Accommodation

Persons needing reasonable accommodations in order to attend and participate in the public meeting should contact Lisa Roberts, NMFS, at (707) 825-5178, as soon as possible. In order

to allow sufficient time to process requests, please call no later than one week before the public meeting. Information regarding this proposed action is available in alternative formats upon request.

Background Information

Section 9 of the ESA prohibits the "take" of wildlife species listed as endangered or threatened by either the FWS or NMFS (16 USC 1538). The ESA defines the term "take" as: harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect listed species, or attempt to engage in such conduct. Pursuant to section 10(a)(1)(B) of the ESA, FWS and NMFS may issue ITPs to take listed species if such taking is incidental to, and not the purpose of, otherwise lawful activities.

Take of listed plant species is not prohibited under the Act, and cannot be authorized under a section 10 permit. However, FGS proposes to include Yreka phlox (*Phlox hirsute*) in the HCP to extend the plan's conservation benefits to this species. All species included on an ITP would receive assurances under the Services' "No Surprises" regulations found in 50 CFR 17.22(b)(5), 17.32(b)(5), and 222.307(g).

To receive an ITP under the ESA, an applicant must prepare an HCP that specifies the following: (1) the impact of the taking; (2) steps the applicant will take to minimize and mitigate the impact; (3) funding available to implement the steps; (4) what alternative actions to the taking the applicant considered and the reasons why they were not taken; and (5) any other measures NMFS or FWS may require as being necessary or appropriate for the purpose of the plan (16 USC 1539). To issue a permit, NMFS and FWS must find that: (1) the taking will be incidental, (2) the applicant will minimize and mitigate impacts of the take to the maximum extent possible; (3) the applicant will ensure adequate funding for the HCP; (4) the taking will not appreciably reduce the likelihood of the survival and recovery of the species; and the applicant has met other measures required by FWS and NMFS. Regulations governing issuance of FWS permits for endangered and threatened species are at 50 CFR 17.22 and 17.32, and at 50 CFR 222.301 through 307 for NMFS-issued permits.

FGS is developing a multi-species HCP in anticipation of applying for ITPs under the ESA. The HCP will apply to approximately 154,000 acres of commercial timberland owned by FGS in Siskiyou County, California. The ownership consists of three management units as defined by FGS:

Klamath River, Scott Valley, and Grass Lake, covering about 65,000, 39,000, and 50,000 acres, respectively. FGS's Klamath River and Scott Valley management units are located west of Interstate 5 and are adjacent to and intermixed with Klamath National Forest (KNF) lands. FGS's Grass Lake management unit (also adjacent to the KNF) lies east of Interstate 5 and predominantly north of State Highway 97. For the purposes of this HCP, all land owned by FGS in their Klamath River, Scott Valley, and Grass Lake Management Units as described above are referred to as the HCP Area.

FGS intends to request coverage from FWS for northern spotted owl (*Strix occidentalis caurina*) and Yreka phlox (*Phlox hirsute*). Separately, FGS intends to request coverage from NMFS for the Southern Oregon/Northern California Coasts (SONCC) coho salmon (*Oncorhynchus kisutch*) Evolutionally Significant Unit (ESU). FGS also intends to request coverage under the ITP for the unlisted California Coastal Chinook salmon (*O. tshawytscha*) ESU and the Klamath Mountains Province steelhead (*O. mykiss*) ESU. Should these unlisted covered species become listed under the ESA during the term of the permit, take authorization for those species would become effective upon listing.

Activities that FGS may propose to cover under the ITPs include mechanized timber harvest; forest product transportation; road and landing construction, use, maintenance, and abandonment; site preparation; tree planting; certain types of vegetation management; silvicultural thinning and other silvicultural activities; fire suppression; rock quarry and borrow pit operations; aquatic habitat restoration and other forest management activities, miscellaneous and minor forest product collecting. The HCP is also expected to cover certain monitoring activities and scientific work in the HCP area.

FWS and NMFS expect FGS's proposed HCP to address each of the activities, species, and area described above, as required by the ESA. The goal of this HCP will be to: (1) protect and improve habitats required by species covered by the HCP and (2) establish appropriate guidelines for continuing timber harvests and other forest management activities.

During the preparation of the EIS, FWS and NMFS will consider a range of alternatives to the proposed HCP, including a No Action alternative and other project alternatives recommended during this scoping process. Alternatives may include HCPs with modified lists of covered species, land coverage areas, and permit terms.

Different strategies for minimizing and mitigating the impacts of incidental take may also be considered. We invite comments and suggestions from all interested parties to ensure that a reasonable range of alternatives and issues related to them are addressed and that all significant issues are identified.

Environmental review of the HCP will be conducted in accordance with the requirements of the National Environmental Policy Act, as amended (42 U.S.C. 4321 *et seq.*), the Council on Environmental Quality Regulations for Implementing the Procedural Provisions of the National Environmental Policy Act (40 CFR parts 1500–1508), other applicable laws such as the National Historic Preservation Act, and FWS and NMFS procedures for compliance with those regulations.

The California Department of Fish and Game (CDFG) intends to use this EIS as a California Environmental Quality Act (CEQA) Environmental Impact Report (EIR) equivalent document in its consideration and approval of a FGS master streambed alteration agreement. FGS will incorporate best management practices into the HCP that have been developed in cooperation with, and approved by, CDFG.

Request for Comments

This notice is being furnished in accordance with 40 CFR 1501.7 and 1508.22 to obtain suggestions and information from other agencies and the public on the scope of issues and alternatives that will be addressed in the EIS. The primary purpose of the scoping process is to identify important issues raised by the public related to the issuance of ITPs for the HCP. Interested persons are encouraged to attend the public scoping meeting and to identify and discuss issues and alternatives that should be addressed in the joint EIS. We invite written comments from interested parties to ensure that the full range of issues related to the development of the HCP and issuance of the ITPs are identified.

To ensure all comments are fully considered, comments must be received no later than 45 days after the date of this notice. Comments provided during the scoping process, other than those received orally during the public meetings, will only be accepted in written form. All comments received, including names and addresses, will become part of the official administrative record and may be made available to the public. To facilitate comments are reviewed by the appropriate co-lead agency, NFMS and FWS encourage the public to specify

which species their comments are addressing. Comments that do not identify a specific species will be reviewed by the co-lead agencies, and assigned for consideration by FWS, NFMS, or both.

Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment including your personal identifying information may be made publicly available at any time. While you may ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so.

Dated: February 19, 2008.

Angela Somma,

Chief, Endangered Species Division, Office of Protected Resources, National Marine Fisheries Service

Dated: February 19, 2008.

Ken McDermond,

Deputy Regional Director, California and Nevada Region, Fish and Wildlife Service.

[FR Doc. E8–3365 Filed 2–21–08; 8:45 am]

BILLING CODES 3510–22–S, 4310–55–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN: 0648–XF73

Western Pacific Fishery Management Council; Public Meetings

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

ACTION: Notice of public meetings.

SUMMARY: This notice advises the public that the Western Pacific Fishery Management Council (Council) will convene meetings of the Mariana Archipelago Advisory Panel, Mariana Archipelago Plan Team and Mariana Archipelago Regional Ecosystem Advisory Panel in Saipan, Northern Mariana Islands and in Guam.

DATES: The meetings dates for Saipan, will be Saturday March 8, 2008, Monday March 10, 2008 and Tuesday March 11, 2008. The meetings dates for Guam will be Wednesday March 12, 2008 Thursday March 13, 2008 and Friday March 14, 2008. For the specific date, time, and agenda for each meeting see **SUPPLEMENTARY INFORMATION**.

ADDRESSES: All meetings on Saipan will be held at the Pacific Islands Club Hotel on Tum Chalan Tomas P. Sablan Road. All meetings on Guam will be held at

the Guam Hilton, 202 Hilton Road, Tumon Bay.

FOR FURTHER INFORMATION CONTACT:

Kitty M. Simonds, Executive Director; telephone: (808) 522-8220.

SUPPLEMENTARY INFORMATION: The date, time and agenda for each meeting are as follows:

Saturday, March 8, 2008, 1 p.m. - 5 p.m.

Mariana Archipelago Advisory Panel (Saipan)

1. Status Report on 2007 Advisory Panel Recommendations
2. Upcoming Council Actions
 - a. Commonwealth of the Northern Mariana Islands (CNMI) & Guam Purse Seine Closed Area
 - b. CNMI Longline Area Closure
 - c. Annual Catch Limits (ACLs)
 - d. Community Development Program (CDP) Options
3. 2007 Magnuson-Stevens Reauthorization
 - a. Establishing a Community Consultation Process in CNMI
 - b. Regional Recreational Fishery Data Collection Options
4. Cooperative Research
5. Emerging Fishery & Marine Issues
 - a. Northern Islands Marine National Monument
 - b. Military Buildup
 - c. Status of Research on Marine Resources
 - d. Proposed Fishery Act

Monday, March 10, 2008, 8:30 a.m. - 5 p.m.

Mariana Archipelago Plan Team (Saipan)

1. Review of Annual Report Module for Northern Mariana Islands
 - a. Bottomfish
 - b. Coral Reef
 - c. Crustaceans
2. Upcoming Council Actions
 - a. CNMI & Guam Purse Seine Closed Area
 - b. CNMI Longline Area Closure
 - c. Annual Catch Limits (ACLs)
 - d. Community Development Program (CDP) Options
3. 2007 Magnuson-Stevens Reauthorization
 - a. Establishing a Community Consultation Process in CNMI
 - b. National Saltwater Angler Registry
4. Research
 - a. Cooperative Research
 - b. Archipelagic Wide Research Needs

Tuesday, March 11, 2008, 9 a.m. - 4 p.m.

Mariana Archipelago Regional Ecosystem Advisory Committee (Saipan)

1. Status Report on 2007 REAC Meeting Outcomes

2. Synopsis of Upcoming 140th Council Meeting Actions
3. Community Marine Management Forum
 - a. Fisheries Development & Seafood Exports
 - b. Highway Fuel Tax
 - c. CNMI Coral Reef Local Action Strategies & Accomplishments
 - d. Micronesian Challenge
 - e. Northern Islands Marine National Monument
 - f. Military Build-Up in the Marianas
 - g. Promoting Indigenous Cultural & Traditional Practices
4. Use of Traditional Knowledge in Marine Resource Management
5. Building a Community Consultation Process

Wednesday, March 12, 2008, 6 p.m. - 9 p.m.

Mariana Archipelago Advisory Panel (Guam)

1. Status Report on 2007 Advisory Panel Recommendations
2. Upcoming Council Actions
 - a. CNMI & Guam Purse Seine Closed Area
 - b. CNMI Longline Area Closure
 - c. Annual Catch Limits (ACLs)
 - d. Community Development Program (CDP) Options
3. 2007 Magnuson-Stevens Reauthorization
 - a. Establishing a Community Consultation Process in Guam
 - b. Regional Recreational Fishery Data Collection Options
4. Cooperative Research
5. Emerging Fishery & Marine Issues
 - a. Navy Offshore Dumping
 - b. Military 12 mile Marine Exclusion Zone
- c. Report on DAWR's Fish Aggregation Device Program
- d. Guam Seashore Reserve Plan
6. Use of Traditional Knowledge in Marine Resource Management
7. Building a Community Consultation Process

Thursday, March 13, 2008, 8:30 a.m. - 5 p.m.

Mariana Archipelago Plan Team (Guam)

1. Review of Annual Report Module for Northern Mariana Islands
 - a. Bottomfish
 - b. Coral Reef
 - c. Crustaceans
2. Upcoming Council Actions
 - a. CNMI & Guam Purse Seine Closed Area
 - b. CNMI Longline Area Closure
 - c. Annual Catch Limits (ACLs)
 - d. Community Development Program (CDP) Options

3. 2007 Magnuson-Stevens Reauthorization

- a. Establishing a Community Consultation Process in Guam
 - b. National Saltwater Angler Registry
4. Research
 - a. Cooperative Research
 - b. Archipelagic Wide Research Needs

Friday, March 14, 2008, 9 a.m. - 4 p.m.

Mariana Archipelago Regional Ecosystem Advisory Committee (Guam)

1. Status of 2007 REAC Meeting Outcomes
2. Synopsis of Upcoming 140th Council Meeting Actions
3. Community Marine Management Forum
 - a. Update on Merizo Marine Preserve & PCB Contamination
 - b. Update on Tamuning Public Beach Access
 - c. Guam Coral Reef Local Action Strategies & Accomplishments
 - d. Sportsfish Restoration Fund
 - e. Military Build-Up in the Marianas
4. Use of Traditional Knowledge in Marine Resource Management
5. Building a Community Consultation Process

The order in which agenda items are addressed may change. Public comment periods will be provided throughout each agenda. The Advisory Panels, Plan Teams and Regional Ecosystem Advisory Committees will meet as late as necessary to complete scheduled business.

Although non-emergency issues not contained in this agenda may come before these groups for discussion, those issues may not be the subject of formal action during these meetings. Action will be restricted to those issues specifically identified in this notice and any issues arising after publication of this notice that require emergency action under section 305(c) of the Magnuson-Stevens Fishery Conservation and Management Act, provided the public has been notified of the Council's intent to take final action to address the emergency.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Kitty M. Simonds, (808) 522-8220 (voice) or (808) 522-8226 (fax), at least 5 days prior to the meeting date.

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

Dated: February 19, 2008.

Tracey L. Thompson,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.
[FR Doc. E8-3298 Filed 2-21-08; 8:45 am]

BILLING CODE 3510-22-S

DEPARTMENT OF DEFENSE

Department of the Army

Notice of availability of the Final Environmental Impact Statement (FEIS) for the Permanent Stationing of the 2nd Brigade, 25th Infantry Division Stryker Brigade Combat Team (SBCT)

AGENCY: Department of the Army, DoD.

ACTION: Notice of availability (NOA).

SUMMARY: The Department of the Army announces the availability of a FEIS for the permanent stationing of the 2nd Brigade, 25th Infantry Division (2/25th) SBCT. Pursuant to the National Environmental Policy Act (NEPA), the Department of the Army has prepared an Environmental Impact Statement (EIS) to disclose potential impacts to the natural, physical, and human environment resulting from the permanent stationing of the 2/25th SBCT. Potential impacts have been analyzed at installations that are capable of meeting the SBCTs training, operational, Soldier and Family quality of life, and strategic deployment requirements. This FEIS identifies Schofield Barracks Military Reservation in Hawaii as the Army's preferred alternative for the stationing location of the 2/25th SBCT. A Record of Decision (ROD) will announce the final location decision after the 30-day waiting period for the FEIS has been completed.

DATES: The waiting period for the FEIS will end 30 days after publication of an NOA in the **Federal Register** by the U.S. Environmental Protection Agency.

ADDRESSES: Send all written comments concerning this EIS to: Public Affairs Office, U.S. Army Environmental Command, Building E4460, 5179 Hoadley Road, Attention: IMAE-PA, Aberdeen Proving Ground, MD 21010-5401. E-mail comments should be sent to: PublicComments@aec.apgea.army.mil.

FOR FURTHER INFORMATION CONTACT: Public Affairs Office at (410) 436-2556; facsimile: (410) 436-1693 during normal business hours Monday through Friday 9 a.m. to 5 p.m. eastern standard time.

SUPPLEMENTARY INFORMATION: The proposed action and analysis within the FEIS covers those activities required to implement the stationing of the 2/25th

SBCT. These activities include garrison construction, training range construction, live-fire training, and maneuver training.

In May 2004, the Department of the Army (Army) released the FEIS for Transformation of the 2nd Brigade, 25th Infantry Division (Light) to the 2/25th SBCT. The SBCT is a maneuver brigade that includes approximately 4,100 Soldiers (infantry, artillery, engineers, and other Army specialties) and 1,000 vehicles (including about 320 Stryker Combat Vehicles). In July 2004, the Army released a ROD documenting its decision to transform the 2/25th from an Infantry Brigade to an SBCT and permanently home station it in Hawaii.

The Stryker is an armored infantry wheeled combat vehicle and provides Soldiers and commanders with increased firepower, maneuverability, and, most importantly, survivability in a combat environment. The increased speed and maneuver capabilities of the SBCT allow operations to be conducted across much larger areas than the Army's traditional legacy brigades. These capabilities have allowed the SBCT to successfully conduct a broad range of missions in support of Operation Iraqi Freedom.

To be effective when operationally deployed abroad requires that the SBCT have the proper training and support facilities at home station. Such facilities include training ranges, maneuver land, housing, administrative, and quality of life infrastructure for the SBCT's Soldiers, their Families, vehicles, and equipment. Without these resources, the SBCT cannot attain the readiness levels needed to ensure the successful accomplishment of its missions and safety of its Soldiers. In addition to these requirements, the SBCT must be stationed in a location from which it can rapidly deploy to support national security requirements.

The 2/25th began its transformation to an SBCT shortly after completion of the 2004 FEIS and signing of the ROD. Since this time, the Brigade has completed its transformation in Hawaii and is currently deployed to Southwest Asia. The SBCT is scheduled to return to the permanent stationing location selected by the Army in early 2009.

In October 2006, the Federal Court of Appeals for the Ninth Circuit determined that the Army had not fully complied with NEPA for the transformation of the 2/25th because it did not adequately address or analyze potentially reasonable alternative locations for the transformation and training of this unit. In particular, the Court concluded that the Army had a duty under NEPA to consider locations

other than Hawaii for the permanent stationing of the 2/25th SBCT, and the Court ordered the Army to prepare an EIS to address a broader range of alternatives. The Army has prepared an EIS in accordance with the Court's guidance to examine reasonable alternative locations for the proposed action to station the 2/25th SBCT permanently.

The Army analyzed 140 installations for their suitability to meet the appropriate training infrastructure, maneuver land, compatible mission and garrison support infrastructure to support the SBCT. Out of the 140 installations, three Army installations were determined to have the appropriate infrastructure capable of supporting the permanent stationing of the 2/25th SBCT. The FEIS examines the three Army installations. The EIS will provide the Army senior leadership with a hard look at environmental impacts associated with the proposed action and better inform their decision-making process for selecting the final stationing location. This effort includes analysis of all activities (training, facilities construction, and Soldier and Family support) required to permanently station the 2/25th SBCT. This EIS effort will assist the Army in arriving at a decision that can accommodate the Brigade's training, operations, and quality of life requirements while meeting the strategic defense needs of the nation.

After reviewing the full range of potential Army stationing locations, three alternatives for implementing the proposed action have been identified by the Army as reasonable alternatives capable of meeting the Army's needs and screening criteria. Alternatives for implementing the proposed action included: (1) Permanently stationing the 2/25th SBCT at Schofield Barracks Military Reservation while conducting required training at military training sites in Hawaii; (2) permanently stationing the 2/25th SBCT at Fort Richardson while conducting required training at military training sites in Alaska; and (3) permanently stationing the 2/25th SBCT at Fort Carson while conducting required training at military training sites in Colorado. In addition to these alternatives, the No Action alternative, which provides the baseline conditions for comparison to the proposed alternative, was fully assessed and considered.

Direct, indirect, and cumulative impacts of the proposed action have been considered in the FEIS along with public comments received during scoping and on the Draft EIS published in July 2007. The EIS identifies impacts

at each of the three alternative locations that would occur as a result of implementing the proposed action and responds to public comments. Impacts at alternative sites would result from construction and training activities. Each of the impacts can be mitigated.

The Army invited full public participation to promote open communication and better decision making. All persons and organizations that have an interest in the permanent stationing of the 2/25th SBCT were urged to participate in this NEPA evaluation process. The public has provided input and comments at scoping meetings and public meetings held at all potential alternative stationing locations for the 2/25th. The Army held scoping meetings in January and February 2007 and Draft EIS meetings in September and October 2007. Responses to the public comments are addressed in this FEIS.

The FEIS is available for review at <http://www.aec.army.mil>.

Dated: February 15, 2008.

Addison D. Davis, IV,

*Deputy Assistant Secretary of the Army,
(Environment, Safety and Occupational Health).*

[FR Doc. 08-793 Filed 2-21-08; 8:45 am]

BILLING CODE 3170-08-M

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Intent To Prepare Draft Environmental Impact Statement for Updated Water Control Manuals for the Apalachicola-Chattahoochee-Flint River Basin

AGENCY: Department of the Army, U.S. Army Corps of Engineers, DoD.

ACTION: Notice of intent.

SUMMARY: The U.S. Army Corps of Engineers (Corps), Mobile District, intends to prepare an update and revision of the water control manuals for the Apalachicola-Chattahoochee-Flint (ACF) River Basin. Concurrent with that revision, a Draft Environmental Impact Statement (EIS) will be prepared, as required by the National Environmental Policy Act (NEPA). The Draft EIS will address updated operating criteria and guidelines for managing the water storage and release actions of agency water managers and associated environmental impacts.

FOR FURTHER INFORMATION CONTACT: Questions about the manual update or NEPA process can be answered by: Mr. Brian Zettle, Inland Environment Team,

Environment and Resources Branch, Planning and Environmental Division, U.S. Army Engineer District-Mobile, Post Office Box 2288, Mobile, AL 36628-0001; Telephone (251) 690-2115; or delivered by electronic facsimile at (251) 694-3815; or E-mail:

brian.a.zettle@usace.army.mil. You may also request to be included on the mailing list for public distribution of notices, meeting announcements and documents associated with the preparation and review of the Draft EIS.

SUPPLEMENTARY INFORMATION:

Background. Water control manuals are guidance documents that assist Federal water managers in the operation of individual and multiple interdependent Federal reservoirs on the same river system. They provide technical, historical, hydrological, geographic, demographic, policy and other information that guide the proper management of reservoirs during times of high water, low water, and normal conditions. The manuals contain water control plans for each of the reservoirs within the basin system and specify how the various reservoir projects will be operated as a balanced system. The manuals also contain drought plans and zones to assist Federal water managers in knowing when to reduce or increase reservoir releases and conserve storage in the Federal reservoirs, and how to ensure the safety of dams during extreme conditions such as floods. The authority and guidance for the Corps to prepare and update these manuals may be found in Section 7 of the 1944 Flood Control Act, and the following Corps of Engineer Regulations: ER 1110-2-240, ER 1110-2-241, ER 1110-2-1941 and ER 1110-2-8156.

The ACF Basin provides water resources for multiple purposes from northwestern GA down, along the Alabama-Georgia border and then into Florida and the Gulf Coast at Apalachicola Bay, extending a distance of approximately 540 miles along the Chattahoochee and Apalachicola Rivers and an additional 350 miles on the Flint River, and encompassing an area of approximately 19,600 square miles. The master operating manual for the ACF River Basin dates to 1958, prior to the completion of most of the reservoir projects in the basin, and the individual reservoir project water control manuals were last updated at various dates as far back as the 1970s and 1980s, with primarily administrative updates approved in the 1990s. There are 16 major dams and reservoirs (five Federal and 11 non-Federal) located in the basin. The Federal projects owned and operated by the Corps include Buford

Dam and Lake Lanier, West Point Dam and Lake, Walter F. George Dam and Lake, George W. Andrews Dam and Lake located on the Chattahoochee River; and Jim Woodruff Dam and Lake Seminole located on the Apalachicola River at the confluence of the Chattahoochee and Flint River. The authorized project purposes at the Corps lakes include flood control, hydropower, navigation, water supply, water quality, fish and wildlife conservation, and recreation.

Other non-Federal reservoirs located on the Chattahoochee River and Flint River include power projects owned and operated by the Georgia Power Company and Crisp County, Georgia. The non-Federal power lakes are primarily run-of-river projects that do not impact Federal project operations significantly, but operations between the Georgia Power projects and the Federal projects are coordinated as necessary to meet downstream water quality and water supply demands.

In 1989, a draft master manual for the ACF basin was proposed which described operations current at that time. This draft manual was never finalized due to the initiation of litigation by the State of Alabama, which is still ongoing. However, since that time, Corps operations have continued to conform with the operations described in the 1989 draft manual and other more recently updated water control manuals for the various Federal projects. The new manuals will eventually replace any current ones and will address the basin-wide management of those water resources.

Public participation throughout the water control manual revision process is essential. The Corps invites full public participation at all stages to promote open communication and better decision making. All persons, stakeholders, and organizations that have an interest in water-related resources in the ACF basin, including minority, low-income, disadvantaged and Native American groups, are urged to participate in this NEPA environmental analysis process. Assistance will be provided upon request to anyone having difficulty understanding how to participate. Dates and locations for public scoping meetings will be announced by future publication in the **Federal Register** and in the local news media. Tentative dates for publication of the draft water control manuals and EIS and other opportunities for public involvement will also be announced at that time. Public comments are welcomed anytime throughout the NEPA process.

Cooperating Agencies. The lead responsibility for this action rests with the Corps. The Corps intends to coordinate and/or consult with an interagency team of Federal and State agencies during scoping and preparation of the draft EIS. A decision will be made during the scoping process whether other agencies will serve in an official role as cooperating agencies.

Scoping. The Alabama-Coosa-Tallapoosa Rivers (ACT)/Apalachicola-Chattahoochee-Flint Rivers (ACF) Comprehensive Study from 1990 to 1997 and ACF Compact negotiations from 1997 to 2004 involved the States (Alabama, Florida and Georgia), stakeholders and the public in identifying areas of concern; collecting and developing water resource, environmental, and socioeconomic data; and developing tools to assist in decisions affecting water resources within the two basins. Development of the updated water control manuals and scoping for this EIS will continue to build upon the knowledge and information developed during the Comprehensive Study and subsequent Compact negotiations. Scoping meetings were also held in the fall of 2006 associated with initiation of a draft EIS for the Lake Lanier Interim Storage Contracts associated with the Southeastern Federal Power Customers, Inc. vs. the Secretary of the Army settlement agreement, and information gathered during this scoping process will also contribute to the information base for the ACF water control manual EIS. Additional scoping meetings or workshops with agencies and stakeholder groups will be scheduled to identify significant issues and data gaps, focus on the alternatives to be evaluated, and to identify appropriate tools to assist in the evaluation of alternatives and analysis of impacts.

Dated: February 13, 2008.

R. Daren Payne,

*Lieutenant Colonel, Corps of Engineers,
Acting District Commander.*

[FR Doc. E8-3315 Filed 2-21-08; 8:45 am]

BILLING CODE 3710-CR-P

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Inland Waterways Users Board

AGENCY: Department of the Army, U.S. Army Corps of Engineers, DoD.

ACTION: Notice of open meeting.

SUMMARY: In accordance with 10(a)(2) of the Federal Advisory Committee Act

(Pub. L. 92-463), announcement is made of the forthcoming meeting.

Name of Committee: Inland Waterways Users Board (Board).

Date: March 27, 2008.

Location: Baton Rouge Marriott Hotel, 5500 Hilton Avenue, Baton Rouge, Louisiana 70808, (225-924-5000).

Time: Registration will begin at 8:30 a.m. and the meeting is scheduled to adjourn at 1 p.m.

Agenda: The Board will consider its project investment priorities for the next fiscal year. The Board will also hear briefings on the status of both the funding for inland navigation projects and studies, and the Inland Waterways Trust Fund, and be provided updates of various inland waterways projects.

FOR FURTHER INFORMATION CONTACT: Mr. Mark R. Pinton, Headquarters, U.S. Army Corps of Engineers, CECW-IP, 441 G Street, NW., Washington, DC 20314-1000; Ph: 202-761-4258.

SUPPLEMENTARY INFORMATION: The meeting is open to the public. Any interested person may attend, appear before, or file statements with the committee at the time and in the manner permitted by the committee.

Brenda S. Bowen,

Army Federal Register Liaison Officer.

[FR Doc. E8-3317 Filed 2-21-08; 8:45 am]

BILLING CODE 3710-92-P

DEPARTMENT OF EDUCATION

Jacob K. Javits Gifted and Talented Students Education Program

AGENCY: Office of Elementary and Secondary Education, Department of Education.

ACTION: Notice of proposed priority: reopening of comment period.

SUMMARY: This document reopens the comment period for the proposed priority under the Jacob K. Javits Gifted and Talented Students Education Program that was published in the **Federal Register** (73 FR 2228) on January 14, 2008. The proposed priority would support the implementation of models with demonstrated effectiveness in identifying and serving gifted and talented students who are economically disadvantaged or limited English proficient, or who have disabilities, and who may not be identified and served through typical strategies for identifying gifted children. The original deadline for comments on the proposed priority was February 13, 2008. Due to administrative problems with the e-mail address listed in the notice of proposed priority, we are reopening the comment

period until March 10, 2008 to give stakeholders more time to comment on the proposed priority.

DATES: We must receive your comments on or before March 10, 2008.

ADDRESSES: All comments concerning the proposed priority should be addressed to: Teresa Cahalan, U.S. Department of Education, 400 Maryland Avenue, SW., room 5W218, Washington, DC 20202-8245. If you prefer to send your comments through the Internet, use the following address: jacobk.javits@ed.gov.

You must include the term "Comments on FY 2008 Javits Priority" in the subject line of your electronic message.

FOR FURTHER INFORMATION CONTACT: Teresa Cahalan. *Telephone:* (202) 401-3947.

If you use a telecommunications device for the deaf (TDD), you may call the Federal Relay Service (FRS) at 1-800-877-8339.

Individuals with disabilities can obtain this document in an alternative format (e.g., Braille, large print, audiotape, or computer diskette) on request to the contact person listed under **FOR FURTHER INFORMATION CONTACT**.

SUPPLEMENTARY INFORMATION:

Electronic Access to This Document

You may view this document, as well as all other Department of Education documents published in the **Federal Register**, in text or Adobe Portable Document Format (PDF) on the Internet at the following site: <http://www.ed.gov/news/fedregister>. To use PDF you must have Adobe Acrobat Reader, which is available free at this site. If you have questions about using PDF, call the U.S. Government Printing Office (GPO), toll free, at 1-888-293-6498; or in the Washington, DC, area at (202) 512-1530.

Note: The official version of this document is the document published in the **Federal Register**. Free Internet access to the official edition of the **Federal Register** and the Code of Federal Regulations is available on GPO Access at: <http://www.gpoaccess.gov/nara/index.html>.

(Catalog of Federal Domestic Assistance Number 84.206A Jacob K. Javits Gifted and Talented Students Education Program).

Program Authority: 20 U.S.C. 7253.

Dated: February 19, 2008.

Kerri L. Briggs,

Assistant Secretary for Elementary and Secondary Education.

[FR Doc. E8-3383 Filed 2-21-08; 8:45 am]

BILLING CODE 4000-01-P

DEPARTMENT OF ENERGY**[OE Docket No. PP-334]****Application for Presidential Permit;
Baja Wind U.S. Transmission, LLC****AGENCY:** Office of Electricity Delivery and Energy Reliability, DOE.**ACTION:** Notice of Application.

SUMMARY: Sempra Generation, on behalf of Baja Wind U.S. Transmission, LLC (Baja Wind), has applied for a Presidential permit to construct, operate, maintain, and connect an electric transmission line across the U.S. border with Mexico.

DATES: Comments, protests, or requests to intervene must be submitted on or before March 24, 2008.

ADDRESSES: Comments, protests, or requests to intervene should be addressed as follows: Office of Electricity Delivery and Energy Reliability (OE-20), U.S. Department of Energy, 1000 Independence Avenue, SW., Washington, DC 20585-0350.

FOR FURTHER INFORMATION CONTACT: Ellen Russell (202-586-9624) (Program Office) or Michael T. Skinker (Program Attorney) 202-586-2793.

SUPPLEMENTARY INFORMATION: The construction, operation, maintenance, and connection of facilities at the international border of the United States for the transmission of electric energy between the United States and a foreign country is prohibited in the absence of a Presidential permit issued pursuant to Executive Order (EO) 10485, as amended by EO 12038.

On December 20, 2007, Sempra Generation, on behalf of Baja Wind, a Delaware limited liability corporation and wholly-owned subsidiary of Sempra Generation, filed an application with the Office of Electricity Delivery and Energy Reliability of the Department of Energy (DOE) for a Presidential permit. Baja Wind requests authority to construct, own, operate, and maintain the U.S. portion of a single-circuit 500-kilovolt (500-kV) electric transmission line that crosses the U.S.-Mexico international border in the vicinity of Jacumba, San Diego County, California.

The proposed transmission line project would connect up to 1,250 megawatts of electric power produced from wind turbines to be located in the vicinity of La Rumorosa, Baja California, Mexico, to San Diego Gas and Electric Company's (SDG&E) existing Southwest Powerlink (SWPL) 500-kV transmission line. The proposed facilities would be approximately one mile long inside the United States and two miles long inside Mexico (total length of the facilities

would be three miles) and consist of a single circuit 500-kV transmission line on either lattice towers or steel monopoles. The proposed facilities would include a loop-in substation on the SWPL. The proposed loop-in substation would be owned and operated by SDG&E. From the U.S.-Mexico border, the proposed transmission line would continue south approximately two additional miles to its origination point at a future 230/500-kV substation. The proposed transmission line located in Mexico and the 230/500-kV substation would be constructed, owned, operated, and maintained by a subsidiary of Sempra Energy Mexico.

The proposed transmission line would be used to transmit the entire electrical output of the La Rumorosa wind generators from Mexico to the United States. Energy will not be exported from the United States to Mexico, except for the small amount of electric energy needed for wind turbine lubrication, hydraulic, and control systems when the wind generators are not operating. Any entity exporting such electric energy from the United States would require an electricity export authorization issued by DOE under section 202(e) of the Federal Power Act (16 U.S.C. 824a(e)).

Procedural Matters: Any person desiring to become a party to this proceeding 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 FERC'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 date listed above.

Additional copies of such petitions to intervene, comments, or protests should also be filed directly with Ms. Joan Heredia, Permitting Manager, Sempra Global, 101 Ash Street, HQ 8B, San Diego, California 92101.

Before a Presidential permit may be issued or amended, DOE must determine that the proposed action is in the public interest. In making that determination, DOE considers the environmental impacts of the proposed project pursuant to the National Environmental Policy Act (NEPA) of 1969, determines the project's impact on electric reliability by ascertaining whether the proposed project would adversely affect the operation of the U.S. electric power supply system under normal and contingency conditions, and any other factors that DOE may also consider relevant to the public interest.

Also, DOE must obtain the concurrence of the Secretary of State and the Secretary of Defense before taking final action on a Presidential permit application.

Copies of this application will be made available, upon request, for public inspection and copying at the address provided above. In addition, the application may be reviewed or downloaded electronically at http://www.oe.energy.gov/permitting/electricity_imports_exports.htm. Upon reaching the Electricity Import/Exports page, select "Pending Proceedings."

Issued in Washington, DC., on February 15, 2008.

Ellen Russell,

Acting Director, Siting and Permitting, Office of Electricity Delivery and Energy Reliability.

[FR Doc. E8-3333 Filed 2-21-08; 8:45 am]

BILLING CODE 6450-01-P

DEPARTMENT OF ENERGY**Federal Energy Regulatory
Commission**

[Docket No. OR078-18-000, Docket No. OR07-19-000]

America West Airlines, Inc., Chevron Products Company, Continental Airlines, Inc., Northwest Airlines, Inc., Southwest Airlines, Co., US Airways, and Valero Marketing and Supply Company v. Calnev Pipe Line, L.L.C.; ConocoPhillips Co. v. Calnev Pipe Line, L.L.C. (Not Consolidated); Notice of Amended Complainant

February 14, 2008.

Take notice that on February 11, 2008, America West Airlines, Inc., Chevron Products Company, Continental Airlines, Inc., Northwest Airlines, Inc., Southwest Airlines Co., U.S. Airways, Inc., and Valero Marketing and Supply Company (collectively, Joint Complainants), tendered for filing an amendment to the Joint Complaint filed by Joint Complainants on August 20, 2007, against Calnev Pipe Line, L.L.C. Joint Complainants state that, except as modified and supplemented by this amendment, the allegations and supporting evidence contained in the original complaint remain unchanged. In the instant filing, Joint Complainants amend their complaint to include supplemental analysis.

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. The Respondent's answer and all interventions, or protests must be filed on or before the comment date. The Respondent's answer, motions to intervene, and protests must be served on the Complainants.

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 on March 3, 2008.

Kimberly D. Bose,
Secretary.

[FR Doc. E8-3280 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Project Nos. P-2281-011; P-4851-005]

Pacific Gas and Electric Company; Notice of Application Ready for Environmental Analysis and Soliciting Comments, Recommendations, Terms and Conditions, and Prescriptions

February 14, 2008.

Take notice that the following two hydroelectric applications have been filed with Commission and are available for public inspection:

- a. *Type of Application:* New Major Licenses.
- b. *Project Nos:* P-2281-011, P-4851-005.
- c. *Date Filed:* March 30, 2007.
- d. *Applicant:* Pacific Gas and Electric Company.
- e. *Name of Project:* Woodleaf-Kanaka Junction Transmission Line Project (P-

2281-011) Sly Creek Transmission Line Project (P-4851-005).

f. *Location:* The two projects are located in Butte County California, within the South Fork Feather River watershed. The projects are not located within any designated cities, towns, subdivisions or Indian Tribe reservations. The projects are located about 15 miles east of Oroville, California. The Woodleaf-Kanaka Junction Transmission Line Project affects 31.79 acres of federal lands that is administered by the Plumas National Forest. The Sly Creek Transmission Line Project affects less than 2 acres of federal lands administered by the Plumas National Forest.

g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. 791(a)-825(r).

h. *Applicant Contact:* Forrest Sullivan, Senior Project Manager, Pacific Gas & Electric Company, 5555 Florin-Perkins Road, Building 500, Sacramento, CA 95826. Tel: (916) 386-5580.

i. *FERC Contact:* John Mudre, (202) 502-8902, or john.mudre@ferc.gov.

j. *Deadline for filing comments, recommendations, terms and conditions, and prescriptions is 60 days from the date of this notice (April 14, 2008); reply comments are due 105 days from the date of this notice (May 29, 2008).*

All documents (original and eight copies) should be filed with: Kimberly D. Bose, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all interveners filing documents with the Commission to serve a copy of that document on each person on 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 document on that resource agency.

Comments, recommendations, terms and conditions, and prescriptions may be filed electronically via the 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 (<http://www.ferc.gov>) under the "e-Filing" link.

k. This application has been accepted, and is ready for environmental analysis at this time.

l. The Woodleaf-Kanaka Junction Transmission Line Project is a transmission line only project that transmits electricity 6.2 miles from the Woodleaf Powerhouse (owned and

operated by the South Feather Water and Power Agency under FERC Project No. 2088) to the Kanaka Junction. The Project also includes a 0.02-mile long tap line extending to Forbestown Powerhouse (also under FERC Project No. 2088). The Woodleaf-Kanaka Junction Transmission Line is composed of a single-circuit, 115-kV transmission line, supported primarily on wood-pole, H-frame towers within a 75-foot wide right-of-way. The project is linked to the Licensee's Sly Creek Transmission Line (FERC License No. 4851), via the Woodleaf Powerhouse Switchyard, a component of FERC Project No. 2088.

The *Sly Creek Transmission Line Project* is a transmission line only project that transmits electricity 5.4 miles from the Sly Creek Powerhouse (owned and operated by the South Feather Water and Power Agency under FERC Project No. 2088) to Pacific Gas and Electric Company's Woodleaf-Kanaka Junction Transmission Line Project (FERC Project No. 2281). The transmission line Project consists of an existing single-circuit, 115 kV transmission line, supported primarily on wood-pole, H-frame structures within a 75-foot-wide right-of-way, and appurtenant facilities.

m. Copies of both applications are 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 "eLibrary" link. Enter the docket number excluding the last three digits in the docket number field to access the documents. For assistance, contact FERC Online Support at FERCOnlineSupport@ferc.gov or toll-free at 1-866-208-3676, or for TTY, (202) 502-8659. Copies are also available for inspection and reproduction at the address in item h above.

You may also register online at <http://www.ferc.gov/docs-filing/esubscription.asp> to be notified via e-mail of new filings and issuances related to these or other pending projects. For assistance, contact FERC Online Support.

n. All filings must (1) bear in all capital letters the title "COMMENTS," "REPLY COMMENTS," "RECOMMENDATIONS," "TERMS AND CONDITIONS," or "PRESCRIPTIONS"; (2) set forth in the heading the name of the applicant and the project number of the application to which the filing responds; (3) furnish the name, address, and telephone number of the person submitting the filing; and (4) otherwise comply with the requirements of 18 CFR 385.2001

through 385.2005. All comments, recommendations, terms and conditions or prescriptions must set forth their evidentiary basis and otherwise comply with the requirements of 18 CFR 4.34(b). Agencies may obtain copies of the application directly from the applicant. Each filing must be accompanied by proof of service on all persons listed on the service list prepared by the Commission in this proceeding, in accordance with 18 CFR 4.34(b), and 385.2010.

o. A license applicant must file no later than 60 days following the date of issuance of this notice: (1) A copy of the water quality certification; (2) a copy of the request for certification, including proof of the date on which the certifying agency received the request; or (3) evidence of waiver of water quality certification.

Kimberly D. Bose,

Secretary.

[FR Doc. E8-3282 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Combined Notice of Filings

February 13, 2008.

Take notice that the Commission received the following electric corporate filings:

Docket Numbers: EC08-41-000.

Applicants: Griffith Energy LLC.

Description: Griffith Energy LLC submits an application for transfer of an agreement unaffiliated third party to provide electric power and replacement service energy beginning 5/1/08.

Filed Date: 02/06/2008.

Accession Number: 20080208-0204.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: EC08-42-000.

Applicants: Puget Sound Energy, Inc.
Description: Application for authorization to acquire an existing generation facility re Puget Sound Energy Inc.

Filed Date: 02/07/2008.

Accession Number: 20080212-0108.

Comment Date: 5 p.m. Eastern Time on Thursday, February 28, 2008.

Take notice that the Commission received the following exempt wholesale generator filings:

Docket Numbers: EG08-34-000.

Applicants: Capricorn Ridge Wind II, LLC.

Description: Notice of Self-Certification of Exempt Wholesale

Generator Status of Capricorn Ridge Wind II, LLC.

Filed Date: 02/06/2008.

Accession Number: 20080205-5040.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: EG08-35-000.

Applicants: Texas Gulf Wind LLC.

Description: Texas Gulf Wind LLC's Notice of Self-Certification of Exempt Wholesale Generator Status.

Filed Date: 02/06/2008.

Accession Number: 20080206-5054.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Take notice that the Commission received the following electric rate filings:

Docket Numbers: ER96-25-032; ER01-1363-010.

Applicants: Coral Power, L.L.C.; Coral Energy Management, LLC.

Description: Coral Power, LLC and Coral Energy Management, LLC submits a notice of change in status in compliance with the reporting requirements set forth in section 3542 of the regulations of FERC and Order 652.

Filed Date: 02/11/2008.

Accession Number: 20080213-0076.

Comment Date: 5 p.m. Eastern Time on Monday, March 03, 2008.

Docket Numbers: ER98-855-009.

Applicants: Wisconsin Electric Power Company.

Description: Wisconsin Electric Power Company submits a Notice of Change in Status and Revised Market Rate Power Sales Tariff.

Filed Date: 02/04/2008.

Accession Number: 20080208-0146.

Comment Date: 5 p.m. Eastern Time on Monday, February 25, 2008.

Docket Numbers: ER02-305-007.

Applicants: Condon Wind Power, LLC.

Description: Condon Wind Power, LLC submits an amended Appendix B correcting certain errors and making clarifications found in their 11/9/07 filing.

Filed Date: 02/07/2008.

Accession Number: 20080211-0062.

Comment Date: 5 p.m. Eastern Time on Thursday, February 28, 2008.

Docket Numbers: ER03-478-020; ER08-387-002; ER06-200-013; ER07-254-005; ER03-1326-013; ER07-460-004; ER05-534-014; ER05-365-014; ER05-1262-012; ER06-1093-008; ER03-296-016; ER01-3121-015; ER02-418-014; ER03-416-017; ER05-332-014; ER07-287-007; ER07-242-007; ER03-951-016; ER04-94-014; ER02-417-014; ER07-1378-004; ER05-1146-014; ER05-481-014; ER07-240-008; ER07-195-005; ER02-2085-009;

Applicants: PPM Energy Inc.; Atlantic Renewables Projects II LLC; Big Horn

Wind Project LLC; Casselman Windpower, LLC; Colorado Green Holdings, LLC; Dillon Wind LLC; Eastern Desert Power LLC; Elk River Windfarm LLC; Flat Rock Windpower LLC; Flat Rock Windpower II LLC; Flying Cloud Power Partners, LLC; Klamath Energy LLC; Klamath Generation LLC; Klondike Wind Power LLC; Klondike Wind Power II LLC; Klondike Wind Power III LLC; MinnDakota Wind LLC; Moraine Wind LLC; Mountain View Power Partners III, LLC; Phoenix Wind Power LLC; Providence Heights Wind, LLC; Shiloh I Wind Project LLC; Trimont Wind I LLC; Twin Buttes Wind LLC; Locust Ridge Wind Farm, LLC; Northern Iowa Windpower II LLC;

Description: PPM Energy Inc et al, collectively the Iberdrola Companies notifies FERC of a change in status resulting from the partial completion of the transaction authorized by FERC in their Order issued 9/27/07.

Filed Date: 02/05/2008.

Accession Number: 20080207-0055.

Comment Date: 5 p.m. Eastern Time on Tuesday, February 26, 2008.

Docket Numbers: ER03-1207-006.

Applicants: AES Delano, Inc., Covanta Delano, Inc.

Description: Covanta Delano, Inc submits an amendment to its 12/26/07 Order 697 compliance filing to revise its market-based rate tariff.

Filed Date: 02/06/2008.

Accession Number: 20080207-0204.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: ER05-131-005.

Applicants: Erie Boulevard Hydropower, LP.

Description: Erie Boulevard Hydropower, LP submits Original Sheet 1 et al to FERC Electric Tariff, Fourth Revised Volume 1, effective 9/18/07.

Filed Date: 02/06/2008.

Accession Number: 20080207-0075.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: ER06-451-027; ER06-729-004.

Applicants: Southwest Power Pool, Inc.

Description: Southwest Power Pool Inc submits a status and compliance report regarding issues relating to Energy Imbalance Service Market.

Filed Date: 02/04/2008.

Accession Number: 20080207-0054.

Comment Date: 5 p.m. Eastern Time on Monday, February 25, 2008.

Docket Numbers: ER06-615-018.

Applicants: California Independent System Operator Corporation.

Description: California Independent System Operator Corp submits report

entitled the First Annual Report Evaluating Demand Response for Calendar Year 2007 pursuant to FERC's 6/25/07 Order.

Filed Date: 01/25/2008.

Accession Number: 20080201-0140.

Comment Date: 5 p.m. Eastern Time on Tuesday, February 19, 2008.

Docket Numbers: ER06-615-019; ER07-1257-002.

Applicants: California Independent System Operator Corporation.

Description: California Independent System Operator Corporation submits its filing in compliance with FERC's 1/9/08 Order.

Filed Date: 02/08/2008.

Accession Number: 20080212-0117.

Comment Date: 5 p.m. Eastern Time on Friday, February 29, 2008.

Docket Numbers: ER07-1137-001.

Applicants: Lockhart Power Company.

Description: Lockhart Power Company submits substitute tariff sheets containing revisions to certain provisions in Lockhart's market-based rate tariff.

Filed Date: 02/05/2008.

Accession Number: 20080208-0274.

Comment Date: 5 p.m. Eastern Time on Tuesday, February 26, 2008.

Docket Numbers: ER07-1171-003; OA07-19-002; OA07-43-002.

Applicants: Arizona Public Service Company.

Description: Arizona Public Service Co submits clean and revised tariff sheet to its Fourteenth Revised Volume 2 in compliance with FERC's 12/7/07 Orders.

Filed Date: 02/07/2008.

Accession Number: 20080211-0046.

Comment Date: 5 p.m. Eastern Time on Thursday, February 28, 2008.

Docket Numbers: ER07-1199-001.

Applicants: Airtricity Munnsville Wind Farm, LLC.

Description: Airtricity Munnsville Wind Farm, LLC submits 2nd Sub First Revised Sheet 5 to FERC Electric Tariff, Original Volume 1.

Filed Date: 02/07/2008.

Accession Number: 20080211-0178.

Comment Date: 5 p.m. Eastern Time on Friday, February 22, 2008.

Docket Numbers: ER07-1421-002; ER07-1422-002.

Applicants: PJM Interconnection, LLC.

Description: Virginia Electric and Power Co responds to FERC's 1/7/08 deficiency letter.

Filed Date: 02/06/2008.

Accession Number: 20080208-0179.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: ER08-23-002.

Applicants: Massie Power LLC.

Description: Massie Power LLC submits a market-based rate authority and Substitute Original Sheet 1 et al. to FERC Electric Tariff Original Volume 1.

Filed Date: 02/06/2008.

Accession Number: 20080208-0178.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: ER08-207-001.

Applicants: Midwest Independent Transmission System.

Description: Midwest Independent Transmission System Operator, Inc submits one revision to Section 43.2.4 of its Open Access Transmission and Energy Markets Tariff required by the Commission's 1/11/08 Order.

Filed Date: 02/11/2008.

Accession Number: 20080212-0047.

Comment Date: 5 p.m. Eastern Time on Monday, March 03, 2008.

Docket Numbers: ER08-209-002.

Applicants: Midwest Independent Transmission System.

Description: Midwest Independent Transmission System Operator, Inc submits unexecuted Large Generator Interconnection Agreement with Prairie State Generating Company, LLC et al.

Filed Date: 02/11/2008.

Accession Number: 20080213-0080.

Comment Date: 5 p.m. Eastern Time on Monday, March 03, 2008.

Docket Numbers: ER08-251-001.

Applicants: PJM Interconnection, LLC.

Description: PJM Interconnection, LLC submits a substitute interconnection service agreement with Industrial Power Generating Co LLC et al.

Filed Date: 02/06/2008.

Accession Number: 20080208-0177.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: ER08-299-001.

Applicants: Snowflake White Mountain Power, LLC.

Description: Snowflake White Mountain Power, LLC submits revised tariff sheets in compliance with the January 11, 2008 letter order.

Filed Date: 02/11/2008.

Accession Number: 20080213-0075.

Comment Date: 5 p.m. Eastern Time on Monday, March 03, 2008.

Docket Numbers: ER08-331-003.

Applicants: Southwest Power Pool, Inc.

Description: Southwest Power Pool, Inc submits a revised executed Service Agreement for Network Integration Transmission Service between SPP as Transmission Provider and American Electric Power Services Corporation, etc.

Filed Date: 02/08/2008.

Accession Number: 20080211-0307.

Comment Date: 5 p.m. Eastern Time on Thursday, February 21, 2008.

Docket Numbers: ER08-354-002.

Applicants: Wells Fargo Energy Markets, LLC.

Description: Wells Fargo Energy Markets LLC submits 2nd Sub Original Sheet 4 to correct the typographical error noted in the 1/30/08 filing of certain amendment to its application for market-based rates.

Filed Date: 02/05/2008.

Accession Number: 20080207-0053.

Comment Date: 5 p.m. Eastern Time on Tuesday, February 26, 2008.

Docket Numbers: ER08-363-001; ER08-393-001.

Applicants: PJM Interconnection, LLC.

Description: PJM Interconnection, LLC submits its response to FERC's 1/8/08 deficiency letter and on 2/11/08 submits an errata to this filing.

Filed Date: 02/07/2008; 02/11/2008.

Accession Number: 20080211-0061; 20080212-0059.

Comment Date: 5 p.m. Eastern Time on Thursday, February 28, 2008.

Docket Numbers: ER08-370-001.

Applicants: Midwest Independent Transmission System.

Description: Missouri River Energy Services submits its Notice of Partial Withdrawal of Attachment O Variance Filing etc.

Filed Date: 02/05/2008.

Accession Number: 20080208-0176.

Comment Date: 5 p.m. Eastern Time on Tuesday, February 26, 2008.

Docket Numbers: ER08-392-000.

Applicants: PJM Interconnection, LLC.

Description: Motion to Withdraw Filing of PJM Interconnection, LLC.

Filed Date: 02/06/2008.

Accession Number: 20080206-5057.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: ER08-393-000.

Applicants: PJM Interconnection, LLC.

Description: Motion to Withdraw Filing of PJM Interconnection, LLC.

Filed Date: 02/06/2008.

Accession Number: 20080206-5058.

Comment Date: 5 p.m. Eastern Time on Wednesday, February 27, 2008.

Docket Numbers: ER08-475-001.

Applicants: Florida Power & Light Company.

Description: Florida Power & Light Company requests that the Commission accept the executed addendum to Exhibit A6, the Mannville Delivery Point Agreement to Service Agreement 162.

Filed Date: 02/08/2008.
Accession Number: 20080211-0306.
Comment Date: 5 p.m. Eastern Time on Friday, February 29, 2008.
Docket Numbers: ER08-500-000.
Applicants: Pacific Gas and Electric Company.
Description: Pacific Gas and Electric Company submits Twentieth Quarterly Filing of Facilities Agreements.
Filed Date: 01/31/2008.
Accession Number: 20080208-0167.
Comment Date: 5 p.m. Eastern Time on Thursday, February 21, 2008.
Docket Numbers: ER08-536-000.
Applicants: Polytop Corporation.
Description: Polytop Corporation submits their FERC Electric Tariff, Original Volume 1.
Filed Date: 02/05/2008.
Accession Number: 20080206-0167.
Comment Date: 5 p.m. Eastern Time on Tuesday, February 26, 2008.
Docket Numbers: ER08-537-000.
Applicants: Safe Harbor Water Power Corp.
Description: Safe Harbor Water Power Corporation's application for Market-Based Rate Tariff and Granting Certain Waivers and Blanket Approvals FERC Electric Tariff Original Volume 1, proposed to be effective 3/1/08.
Filed Date: 02/05/2008.
Accession Number: 20080207-0056.
Comment Date: 5 p.m. Eastern Time on Tuesday, February 26, 2008.
Docket Numbers: ER08-539-000.
Applicants: Xcel Energy Services Inc.
Description: Xcel Energy Services on behalf of Public Service Company of Colorado submits the Renewable Energy Certificate Rider with Holy Cross Energy, Inc.
Filed Date: 01/30/2008.
Accession Number: 20080208-0175.
Comment Date: 5 p.m. Eastern Time on Wednesday, February 20, 2008.
Docket Numbers: ER08-540-000.
Applicants: Xcel Energy Services Inc.
Description: Xcel Energy Services on behalf of Public Service Co of Colorado submits the Renewable Energy Certificate Rider.
Filed Date: 01/30/2008.
Accession Number: 20080208-0174.
Comment Date: 5 p.m. Eastern Time on Wednesday, February 20, 2008.
Docket Numbers: ER08-541-000.
Applicants: American Electric Power Service Corp.
Description: AEP Operating Companies submits First Revised Interconnection and Local Delivery Service Agreement.
Filed Date: 02/07/2008.
Accession Number: 20080208-0173.
Comment Date: 5 p.m. Eastern Time on Thursday, February 28, 2008.

Docket Numbers: ER08-542-000.
Applicants: Xcel Energy Services Inc.
Description: Public Service Company of Colorado submits the Renewable Energy Certificate Rider with Yampa Valley Electric Association, Inc on 12/13/07.
Filed Date: 01/30/2008.
Accession Number: 20080211-0063.
Comment Date: 5 p.m. Eastern Time on Wednesday, February 20, 2008.
Docket Numbers: ER08-543-000.
Applicants: JPMorgan Chase Bank, N.A.
Description: JPMorgan Chase Bank NA submits a Notice of Cancellation of its market-based rate tariff, Second Rate Schedule FERC 1.
Filed Date: 02/08/2008.
Accession Number: 20080211-0058.
Docket Numbers: ER08-544-000.
Applicants: PJM Interconnection, LLC.
Description: PJM Interconnection LLC submits revisions to the Reliability Pricing Model of the PJM Open Access Transmission Tariff, FERC Electric Tariff, Sixth Revised Volume 1.
Filed Date: 02/08/2008.
Accession Number: 20080211-0057.
Comment Date: 5 p.m. Eastern Time on Friday, February 29, 2008.
Docket Numbers: ER08-545-000.
Applicants: Xcel Energy Operating Companies.
Description: Southwestern Public Service Co submits a Connection Agreement with Golden Spread Electric Cooperative Inc designated as Service Agreement 608 to FERC Electric Tariff, Original Volume 6.
Filed Date: 02/08/2008.
Accession Number: 20080211-0056.
Comment Date: 5 p.m. Eastern Time on Friday, February 29, 2008.
Docket Numbers: ER08-547-000.
Applicants: PJM Interconnection, LLC.
Description: PJM Interconnection LLC submits revisions to its Amended and Restated Operating Agreement.
Filed Date: 02/08/2008.
Accession Number: 20080211-0304.
Comment Date: 5 p.m. Eastern Time on Friday, February 29, 2008.
Docket Numbers: ER08-548-000.
Applicants: NorthWestern Corporation.
Description: NorthWestern Corporation submits a Notice of Cancellation of its FERC Electric Tariff, Original Volume 1, NorthWestern requests that Commission grant any waivers to become effective as of 2/8/08.
Filed Date: 02/08/2008.
Accession Number: 20080211-0303.
Comment Date: 5 p.m. Eastern Time on Friday, February 29, 2008.

Docket Numbers: ER08-549-000; ER08-550-000.
Applicants: PJM Interconnection, LLC and Virginia.
Description: Virginia Electric and Power Company submits a revised Attachment H-16D to the Open Access Transmission Tariff administered by PJM Interconnection, LLC etc.
Filed Date: 02/08/2008.
Accession Number: 20080211-0305.
Comment Date: 5 p.m. Eastern Time on Friday, February 29, 2008.
Docket Numbers: ER08-551-000.
Applicants: MidAmerican Energy Company.
Description: MidAmerican Energy Co submits their First Amendment to Engineering and Procurement Agreement dated 2/7/08 with the Generation Supply Function of MidAmerican.
Filed Date: 02/11/2008.
Accession Number: 20080212-0046.
Comment Date: 5 p.m. Eastern Time on Monday, March 03, 2008.
Docket Numbers: ER08-552-000.
Applicants: Niagara Mohawk Power Corporation.
Description: Niagara Mohawk Power Corp submits amendments to the New York Independent System Operator, Inc FERC Electric Tariff, Original Volume I.
Filed Date: 02/11/2008.
Accession Number: 20080212-0048.
Comment Date: 5 p.m. Eastern Time on Monday, March 03, 2008.
Take notice that the Commission received the following open access transmission tariff filings:
Docket Numbers: OA07-47-002.
Applicants: Tampa Electric Company.
Description: Tampa Electric Co submits Substitute Original Sheet 22 & 23 to its FERC Electric Tariff, Third Revised Volume 4, Open Access Transmission Tariff.
Filed Date: 02/08/2008.
Accession Number: 20080212-0116.
Comment Date: 5 p.m. Eastern Time on Friday, February 29, 2008.
 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 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.

Nathaniel J. Davis, Sr.,

Deputy Secretary.

[FR Doc. E8-3285 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Combined Notice of Filings #1

February 15, 2008.

Take notice that the Commission has received the following Natural Gas Pipeline Rate and Refund Report filings:

Docket Numbers: RP96-359-036.

Applicants: Transcontinental Gas Pipe Line Corp.

Description: Transcontinental Gas Pipe Line Corporation submits an executed negotiated rate service agreement dated 1/29/08 and executed amendment dated 10/3/07 to a negotiated rate service agreement which pertains to Rate Schedule FT etc.

Filed Date: 02/14/2008.

Accession Number: 20080215-0101.
Comment Date: 5 p.m. Eastern Time on Tuesday, February 26, 2008.

Docket Numbers: RP02-361-067.
Applicants: Gulfstream Natural Gas System, LLC.
Description: Gulfstream Natural Gas System, LLC submits First Revised Sheet 8.02d and 8.02e to FERC Gas Tariff, Original Volume 1, to be effective of February 12, 2008.

Filed Date: 02/12/2008.
Accession Number: 20080214-0121.
Comment Date: 5 p.m. Eastern Time on Monday, February 25, 2008.

Docket Numbers: RP07-125-002.
Applicants: Columbia Gulf Transmission Company.

Description: Columbia Gulf Transmission Company submits the 2007 Annual Report of its Operational Purchases and Sales of Natural Gas.

Filed Date: 02/12/2008.
Accession Number: 20080212-5006.
Comment Date: 5 p.m. Eastern Time on Monday, February 25, 2008.

Docket Numbers: RP07-449-001.
Applicants: Columbia Gas Transmission Corp.

Description: Columbia Gas Transmission Corp. submits the 2007 Annual Report of its Operational Purchases and Sales of Natural Gas.

Filed Date: 02/12/2008.
Accession Number: 20080212-5005.
Comment Date: 5 p.m. Eastern Time on Monday, February 25, 2008.

Docket Numbers: RP08-195-000.
Applicants: Northern Border Pipeline Company.

Description: Northern Border Pipeline Company submits First Revised Sheet 2 as part of FERC Gas Tariff, First Revised Volume 1, to become effective 3/13/08.

Filed Date: 02/12/2008.
Accession Number: 20080213-0082.
Comment Date: 5 p.m. Eastern Time on Monday, February 25, 2008.

Docket Numbers: RP08-196-000.
Applicants: Williston Basin Interstate Pipeline Co.

Description: Williston Basin Interstate Pipeline Company submits Twelfth Revised Sheet 374 *et al.* to FERC Gas Tariff, Second Revised Volume 1, to become effective 2/13/08.

Filed Date: 02/13/2008.
Accession Number: 20080214-0120.
Comment Date: 5 p.m. Eastern Time on Monday, February 25, 2008.

Docket Numbers: RP08-197-000.
Applicants: El Paso Natural Gas Company.

Description: El Paso Natural Gas Company submits Thirty-Third Revised Sheet 1 *et al.* to FERC Gas Tariff, Second Revised Volume 1A, to be effective 3/17/08 under RP08-197.

Filed Date: 02/14/2008.

Accession Number: 20080215-0102.

Comment Date: 5 p.m. Eastern Time on Tuesday, February 26, 2008.

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 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.

Nathaniel J. Davis, Sr.,

Deputy Secretary.

[FR Doc. E8-3286 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY**Federal Energy Regulatory Commission**

[Docket No. CP08-52-000]

Caledonia Energy Partners, L.L.C.; Notice of Intent To Prepare an Environmental Assessment for the Proposed Caledonia Expansion Project and Request for Comments on Environmental Issues

February 14, 2008.

The staff of the Federal Energy Regulatory Commission (FERC or Commission) will prepare an environmental assessment (EA) that will discuss the environmental impacts of the Caledonia Expansion Project involving construction and operation of natural gas storage, pipeline, and compression facilities by Caledonia Energy Partners, L.L.C. (Caledonia) in Lowndes and Monroe Counties, Mississippi. The EA will be used by the Commission in its decision-making process to determine whether the project is in the public convenience and necessity.

This notice announces the opening of the scoping process the Commission will use to gather input from the public and interested agencies on the project. Your input will help determine which issues need to be evaluated in the EA. Please note that the scoping period will close on March 17, 2008. Details on how to submit comments are provided in the Public Participation section of this notice.

This notice is being sent to affected landowners; federal, state, and local government agencies; elected officials; Native American tribes; other interested parties; and local libraries and newspapers. State and local government representatives are asked to notify their constituents of this proposed project and to encourage them to comment on their areas of concern.

Affected landowners includes all landowners who are potential easement grantors, whose property may be used temporarily for project purposes, or who own homes within distances defined in the Commission's regulations of certain aboveground facilities. If you are a landowner receiving this notice, you may be contacted by a Caledonia representative about the acquisition of an easement to construct, operate, and maintain the proposed facilities. Caledonia would seek to negotiate a mutually acceptable agreement. However, if the project is approved by the Commission, that approval conveys with it the right of eminent domain. Therefore, if easement negotiations fail

to produce an agreement, Caledonia could initiate condemnation proceedings in accordance with state law.

A fact sheet prepared by the FERC entitled "An Interstate Natural Gas Facility On My Land? What Do I Need To Know?" addresses a number of typically asked questions, including the use of eminent domain and how to participate in the Commission's proceedings. It is available for viewing on the FERC Internet Web site (<http://www.ferc.gov>), using the "For Citizens" link.

Summary of the Proposed Project

Caledonia proposes to expand its existing natural gas storage facility in Lowndes and Monroe Counties, Mississippi, by developing a depleted production reservoir (the "County Line Field") into a natural gas storage field. The County Line Field is located two miles northeast of Caledonia's existing facilities and has an aerial extent of approximately 300 acres. Since 1985, the County Line Field has produced nearly 2.7 billion cubic feet (Bcf) of natural gas from four wells. Currently, all wells in the County Line Field are plugged and abandoned and the field is substantially depleted. The field is capable of storing approximately 1.9 Bcf of working gas at the maximum allowable operating pressure.

Caledonia would construct one new injection/withdrawal well, associated wellhead piping and meter facilities, and 2.04 miles of 8-inch-diameter pipeline to interconnect the County Line Field with its existing facilities. In addition, Caledonia would install approximately 10,000 horsepower of additional compression and ancillary equipment in a new compressor building within its existing compressor station. The additional compressors would allow Caledonia to increase the operating pressure in both its existing and the proposed storage fields from 2,110 pounds per square inch absolute (psia) to 2,518 psia, thereby increasing the storage capacity. In total, the proposed project would increase the maximum working gas storage capacity of Caledonia's facility from 11.7 Bcf to approximately 16.9 Bcf. The maximum daily withdrawal capability would increase from 330 million cubic feet per day (MMcf/d) to 477 MMcf/d.

The general location of the proposed facilities is shown in Appendix 1.¹

¹ The appendices referenced in this notice are not being printed in the **Federal Register**. Copies of all appendices are available on the Commission's website at the "eLibrary" link or from the Commission's Public Reference Room, 888 First Street, NE., Washington, DC 20426, or call (202)

Land Requirements for Construction

The proposed construction would impact a total of 14.35 acres of agricultural and forested lands, of which 9.87 acres would be maintained permanently for facility operations. Pipeline construction would require a 75-foot-wide right-of-way, of which 50 feet would be maintained as permanent easement. Caledonia would utilize its compressor station for pipe storage. Access would be provided via existing public roads and the temporary construction right-of-way.

The EA Process

We² are preparing this EA to comply with the National Environmental Policy Act (NEPA) which requires the Commission to take into account the environmental impact that could result if it authorizes Caledonia's proposal. By this notice, we are also asking federal, state, and local agencies with jurisdiction and/or special expertise with respect to environmental issues to formally cooperate with us in the preparation of the EA. Agencies that would like to request cooperating status should follow the instructions for filing comments provided below.

NEPA also requires the FERC to discover and address concerns the public may have about proposals. This process is referred to as "scoping." The main goal of the scoping process is to focus the analysis in the EA on the important environmental issues. By this Notice of Intent, we are requesting public comments on the scope of the issues to address in the EA. All comments received will be considered during the preparation of the EA.

The EA will discuss impacts that could occur as a result of the construction and operation of the proposed project under these general headings:

- Geology and soils
- Water resources
- Land use and visual quality
- Cultural resources
- Vegetation and wildlife (including threatened and endangered species)
- Air quality and noise
- Reliability and safety
- Cumulative impact

We will also evaluate reasonable alternatives to the proposed project or

502-8371. For instructions on connecting to eLibrary refer to the "Additional Information" section of this notice. Copies of the appendices were sent to all those receiving this notice in the mail. Requests for detailed maps of the proposed facilities should be made directly to Caledonia Energy Partners, L.L.C. by calling Jim Goetz at (972) 691-3332.

² "We," "us," and "our" refer to the environmental staff of the FERC's Office of Energy Projects.

portions of the project, where necessary, and make recommendations on how to lessen or avoid impacts on the various resource areas.

Our independent analysis of the issues will be in the EA. Depending on the comments received during the scoping process, the EA may be published and mailed to federal, state, and local agencies, public interest groups, interested individuals, affected landowners, newspapers, libraries, and the Commission's official service list for this proceeding. A comment period will be allotted for review if the EA is published. We will consider all comments on the EA before we make our recommendations to the Commission.

To ensure your comments are received and considered, please carefully follow the instructions in the Public Participation section below.

Public Participation

You can make a difference by providing us with your specific comments or concerns about the project. By becoming a commentor, your concerns will be addressed in the EA and considered by the Commission. You should focus on the potential environmental effects of the proposal and alternatives to the proposal and measures to avoid or lessen environmental impact. The more specific your comments, the more useful they will be. Please carefully follow these instructions to ensure that your comments are received in time and properly recorded:

- Send an original and two copies of your letter to: Kimberly D. Bose, Secretary, Federal Energy Regulatory Commission, 888 First St., NE., Room 1A, Washington, DC 20426;
- Label one copy of the comments for the attention of Gas Branch 3, PJ-11.3;
- Reference Docket No. CP08-52-000; and
- Mail your comments so that they will be received in Washington, DC on or before March 17, 2008.

The Commission encourages electronic filing of comments. See 18 Code of Federal Regulations 385.2001(a)(1)(iii) and the instructions on the Commission's Internet Web site at <http://www.ferc.gov> under the "Documents and Filing" link and the link to "eFiling." Prepare your submission in the same manner as you would if filing on paper and save it to a file on your hard drive. You will be asked to select the type of filing you are making. This filing is considered a "Comment on Filing."

As described above, we may publish and distribute the EA for comment. If

you are interested in receiving the EA for review and/or comment, please return the Mailing List Retention Form (Appendix 2). If you do not return the Mailing List Retention Form, you will be taken off the mailing list.

Becoming an Intervenor

In addition to involvement in the EA scoping process, you may want to become an official party to the proceeding known as an "intervenor." Intervenor play a more formal role in the process. Intervenor have the right to seek rehearing of the Commission's decision, and also receive copies of case-related Commission documents and filings by other intervenors.

If you want to become an intervenor, you must file a motion to intervene according to Rule 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.214). Motions to Intervene should be electronically submitted using the Commission's eFiling system at <http://www.ferc.gov>. Persons without Internet access should send an original and 14 copies of their motion to the Secretary of the Commission at the address indicated previously. Persons filing Motions to Intervene on or before the comment deadline indicated above must send a copy of the motion to the Applicant. All filings, including late interventions, submitted after the comment deadline must be served on the Applicant and all other intervenors identified on the Commission's service list for this proceeding. Persons on the service list with e-mail addresses may be served electronically; others must be served a hard copy of the filing.

Affected landowners and parties with environmental concerns may be granted intervenor status upon showing good cause by stating that they have a clear and direct interest in this proceeding which would not be adequately represented by any other parties. You do not need intervenor status to have your environmental comments considered.

Additional Information

Additional information about the project is available from the Commission's Office of External Affairs, at 1-866-208-FERC or on the FERC Internet Web site (<http://www.ferc.gov>) using the "eLibrary" link. Click on the eLibrary link, then on "General Search" and enter the docket number excluding the last three digits in the Docket Number field (i.e., CP08-52). Be sure you have selected an appropriate date range. For assistance, please contact FERC Online Support at FercOnlineSupport@ferc.gov or toll free at 1-866-208-3676, or for TTY, contact

(202) 502-8659. The eLibrary link also provides access to the texts of formal documents issued by the Commission, such as Orders, notices, and rulemakings.

In addition, the Commission now offers a free service called eSubscription which allows you to keep track of all formal issuances and submittals in specific dockets. This can reduce the amount of time you spend researching proceedings by automatically providing you with notification of these filings, document summaries, and direct links to the documents. Go to <http://www.ferc.gov/esubscribenow.htm>.

Finally, public meetings or site visits will be posted on the Commission's calendar located at <http://www.ferc.gov/EventCalendar/EventsList.aspx> along with other related information.

Kimberly D. Bose,
Secretary.

[FR Doc. E8-3283 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket Nos. ER08-325-000, ER08-325-001]

Patriot Partnership, LLC; Notice of Issuance of Order

February 14, 2008.

Patriot Partnership, LLC (Patriot Partnership) filed an application for market-based rate authority, with an accompanying tariff. The proposed market-based rate tariff provides for the sale of energy and capacity. Patriot Partnership also requested waivers of various Commission regulations. In particular, Patriot Partnership requested that the Commission grant blanket approval under 18 CFR part 34 of all future issuances of securities and assumptions of liability by Patriot Partnership.

On February 1, 2008, pursuant to delegated authority, the Director, Division of Tariffs and Market Development-West, granted the requests for blanket approval under part 34 (Director's Order). The Director's Order also stated that the Commission would publish a separate notice in the **Federal Register** establishing a period of time for the filing of protests. Accordingly, any person desiring to be heard concerning the blanket approvals of issuances of securities or assumptions of liability by Patriot Partnership, should file a protest with the Federal Energy Regulatory Commission, 888 First Street, NE.,

Washington, DC 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure. 18 CFR 385.211, 385.214 (2004). The Commission encourages the electronic submission of protests using the FERC Online link at <http://www.ferc.gov>.

Notice is hereby given that the deadline for filing protests is March 3, 2008.

Absent a request to be heard in opposition to such blanket approvals by the deadline above, Patriot Partnership is authorized to issue securities and assume obligations or liabilities as a guarantor, indorser, surety, or otherwise in respect of any security of another person; provided that such issuance or assumption is for some lawful object within the corporate purposes of Patriot Partnership, compatible with the public interest, and is reasonably necessary or appropriate for such purposes.

The Commission reserves the right to require a further showing that neither public nor private interests will be adversely affected by continued approvals of Patriot Partnership's issuance of securities or assumptions of liability.

Copies of the full text of the Director's Order are available from the Commission's Public Reference Room, 888 First Street, NE., Washington, DC 20426. The Order 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 filed to access the document. 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.

Kimberly D. Bose,
Secretary.

[FR Doc. E8-3278 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER08-337-000]

Watson Cogeneration Company; Notice of Issuance of Order

February 14, 2008.

Watson Cogeneration Company (Watson) filed an application for market-based rate authority, with an accompanying market-based rate

schedule. The proposed market-based rate schedule provides for the sale of energy, capacity and ancillary services at market-based rates. Watson also requested waivers of various Commission regulations. In particular, Watson requested that the Commission grant blanket approval under 18 CFR part 34 of all future issuances of securities and assumptions of liability by Watson.

On February 12, 2008, the Commission granted the request for blanket approval under part 34 (February 12 Order). The February 12 Order also stated that the Commission would publish a separate notice in the **Federal Register** establishing a period of time for the filing of protests. Accordingly, any person desiring to be heard concerning the blanket approvals of issuances of securities or assumptions of liability by Watson, should file a protest with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure. 18 CFR 385.211, 385.214 (2004). The Commission encourages the electronic submission of protests using the FERC Online link at <http://www.ferc.gov>.

Notice is hereby given that the deadline for filing protests is March 13, 2008.

Absent a request to be heard in opposition to such blanket approvals by the deadline above, Watson is authorized to issue securities and assume obligations or liabilities as a guarantor, indorser, surety, or otherwise in respect of any security of another person; provided that such issuance or assumption is for some lawful object within the corporate purposes of Watson, compatible with the public interest, and is reasonably necessary or appropriate for such purposes.

The Commission reserves the right to require a further showing that neither public nor private interests will be adversely affected by continued approvals of Watson's issuance of securities or assumptions of liability.

Copies of the full text of the Director's Order are available from the Commission's Public Reference Room, 888 First Street, NE., Washington, DC 20426. The Order 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 filed to access the document.

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.

Kimberly D. Bose,
Secretary.

[FR Doc. E8-3279 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RT04-2-017]

ISO New England Inc.; Notice of Filing

February 14, 2008.

Take notice that on January 30, 2008, ISO New England Inc. filed its Regional Transmission Organization Independence Agreed-Upon Procedures, in compliance with § 35.34(j)(1)(iv)(A)(2) of the Commission's regulations.

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. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant and all the parties in this proceeding.

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 on February 22, 2008.

Kimberly D. Bose,

Secretary.

[FR Doc. E8-3276 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Project No. P-2088-068]

South Feather Water and Power Agency; Notice of Application Ready for Environmental Analysis and Soliciting Comments, Recommendations, Terms and Conditions, and Prescriptions

February 14, 2008.

Take notice that the following hydroelectric application has been filed with Commission and is available for public inspection:

a. *Type of Application:* New Major License.

b. *Project No.:* P-2088-068.

c. *Date Filed:* March 26, 2007.

d. *Applicant:* South Feather Water and Power Agency.

e. *Name of Project:* South Feather Power Project.

f. *Location:* On the South Fork Feather River (SFFR), Lost Creek and Slate Creek in Butte, Yuba and Plumas counties, California. The project affects 1,977.12 acres of federal lands administered by the Plumas National Forest and 10.57 acres of federal land administered by the U.S. Bureau of Land Management.

g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. 791(a)-825(r).

h. *Applicant Contact:* Michael Glaze, General Manager, South Feather Water and Power Agency, 2310 Oro-Quincy Highway, Oroville, CA 95966, (530) 533-4578.

i. *FERC Contact:* John Mudre, (202) 502-8902, or john.mudre@ferc.gov.

j. Deadline for filing comments, recommendations, terms and conditions, and prescriptions is 60 days from the date of this notice (April 14, 2008); reply comments are due 105 days from the date of this notice (May 29, 2008).

All documents (original and eight copies) should be filed with: Kimberly D. Bose, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all interveners filing documents with the Commission to serve a copy of that document on

each person on the official service list for the project. Further, if an intervenor 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 document on that resource agency.

Comments, recommendations, terms and conditions, and prescriptions may be filed electronically via the 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 (<http://www.ferc.gov>) under the "e-Filing" link.

k. This application has been accepted, and is ready for environmental analysis at this time.

l. The South Feather Power Project is a water supply/power project constructed in the late 1950s/early 1960s. The Project is composed of four developments: Sly Creek, Woodleaf, Forbestown and Kelly Ridge, each of which is described below. The Project can store about 172,000 acre-feet (af) of water (gross storage) and has generated an average of about 514.1 gigawatt hours (gWh) of power annually for the past 20 years, since the addition of Sly Creek Powerhouse.

The Sly Creek Development includes: (1) *Little Grass Valley Dam*—a 210-foot-high, 840-foot-long, rock filled dam on the SFFR with a crest elevation of 5,052 feet (all elevations are in National Geodetic Vertical Datum, or NGVD, unless otherwise specified) and with a 180-foot-long spillway controlled by two 14-foot-high by 40-foot-long steel radial gates that forms a 89,804 acre-foot (af) storage reservoir covering 1,650 acres at a maximum water surface (flood level) elevation of 5,047 feet with the spill gates closed; (2) *South Fork Diversion Dam*—a 60-foot-high, 167-foot-long, concrete overflow arch dam on the SFFR with a crest elevation of 3,557 to 3,559 feet and with four uncontrolled overflow spillway sections that forms an 87 af diversion impoundment covering about 9 acres at a normal maximum water surface elevation of 3,557 feet; (3) *South Fork Diversion Tunnel*—a 14,256-foot-long, 11-foot-diameter concrete lined and unlined horseshoe un-pressurized tunnel controlled by two 6-foot-high by 4-foot-long electric hoist slide gates that diverts up to 600 cubic feet per second (cfs) of water from the South Fork Diversion Dam to Sly Creek Reservoir; (4) *Slate Creek Diversion Dam*—a 62-foot-high, 223.5-foot-long, concrete overflow arch dam on Slate Creek with a crest elevation of 3,552 to 3,554 feet and with three uncontrolled overflow

spillway sections that forms a negligible diversion impoundment due to sediment accumulation; (5) *Slate Creek Diversion Tunnel*—a 13,200-foot-long, 11-foot-diameter, concrete lined and unlined horseshoe un-pressurized tunnel controlled by two 8-foot-high by 6-foot-long manual slide gates that diverts up to a maximum flow capacity of 848 cfs of water (though water rights limit flows to 600 cfs and at times flows are limited to 500 cfs due to high storage volume in the receiving reservoir) from the Slate Creek Diversion Dam to Sly Creek Reservoir; (6) *Sly Creek Dam*—a 289-foot-high, 1,200-foot-long, zoned earth-filled dam on Lost Creek with a crest elevation of 3,536 feet and with a 649-foot-long spillway controlled by one 16-foot-high by 54-foot-long steel radial gate that forms a 64,338 af storage reservoir covering 619 acres at a maximum water surface (flood level) elevation of 3,531 feet with the spill gates closed; (7) *Sly Creek Penstock*—a 1,100-foot-long, 90-inch-inside-diameter, steel penstock enclosed in the former outlet tunnel that delivers water to Sly Creek Powerhouse; (8) *Sly Creek Powerhouse*—a semi-outdoor, reinforced concrete, above ground powerhouse that releases water to Lost Creek Reservoir and that contains one reaction turbine rated at 17,690 horsepower (hp) directly connected to a 13,500-kilovolt-amperes (kVA) generator; (9) *Sly Creek Powerhouse Switchyard*—a switchyard adjacent to the Sly Creek Powerhouse that contains one 16,000 kVA transformer. Power generated at Sly Creek Powerhouse is delivered from the switchyard to the grid via Pacific Gas and Electric Company's 115 kilovolt (kV) Sly Creek Tap and Woodleaf-Kanaka Junction transmission line; (10) *Little Grass Valley Reservoir Recreation Facility*—the Little Grass Valley Reservoir Recreation Facility includes Little Beaver, Red Feather, Running Deer, Horse Camp, Wyandotte, Peninsula Tent, Black Rock Tent, Black Rock RV, and Tooms RV campgrounds; Black Rock, Tooms and Maidu Boat Launch areas; Pancake Beach and Blue Water Beach day use areas, Maidu Amphitheater and Little Grass Valley Dam ADA Accessible Fishing trail at Little Grass Valley Reservoir; and (11) *Sly Creek Reservoir Recreation Facility*—the Sly Creek Recreation Facility includes two campgrounds (Strawberry and Sly Creek), Strawberry Car-Top Boat Launch, Mooreville Boat Ramp and Mooreville Day Use Area on Sly Creek Reservoir. The Sly Creek Development does not include any roads except for the portions of the

roads within the FERC Project Boundary that cross Little Grass Valley Dam (USFS Road 22N94) and Sly Creek Dam (USFS Road 21N16).

The Woodleaf Development includes:

(1) *Lost Creek Dam*—a 122-foot-high, 486-foot-long, concrete overflow arch dam on the Lost Creek with a crest elevation of 3,279.05 feet and with a 251-foot-wide spillway controlled by 4-foot-high by 8-foot-long flashboards that forms a 5,361 af storage reservoir covering 137 acres at a normal maximum water surface elevation of 3,283 feet with the flashboards installed; (2) *Woodleaf Power Tunnel*—an 18,385-foot-long, 12-foot-diameter, concrete lined and unlined horseshoe pressurized tunnel controlled by one 6-foot-high by 12-foot-long electric hoist slide gate that diverts up to 620 cfs of water from Lost Creek Reservoir to the Woodleaf Penstock; (3) *Woodleaf Penstock*—a 3,519-foot-long, 97-inch reducing to 78-inch-inside-diameter, exposed steel penstock that delivers water to Woodleaf Powerhouse; (4) *Woodleaf Powerhouse*—a semi-outdoor, reinforced concrete, above ground powerhouse that releases water to the Forbestown Diversion Dam impoundment on the SFFR and that contains one 6-jet vertical shaft impulse Pelton turbine rated at 80,000 hp directly connected to a 65,500 kVA generator; and (5) *Woodleaf Powerhouse Switchyard*—a switchyard adjacent to the Woodleaf Powerhouse that contains one 70,000 kVA transformer. Power generated at Woodleaf Powerhouse is delivered from the switchyard to the grid via Pacific Gas and Electric Company's 115 kV Woodleaf-Kanaka Junction transmission line. The Woodleaf Development does not include any recreation facilities or roads.

The Forbestown Development includes: (1) *Forbestown Diversion Dam*—80-foot-high, 256-foot-long, concrete overflow arch dam on the SFFR with a crest elevation of 1,783 feet and with five 46-foot-wide uncontrolled overflow spillway sections with a combined width of approximately 240 feet that forms a 352 af diversion impoundment covering about 12 acres at a normal maximum water surface elevation of 1,783 feet; (2) *Forbestown Power Tunnel*—18,388-foot-long, 12.5-foot by 11-foot-diameter, concrete lined and unlined horseshoe pressurized tunnel that diverts up to 660 cfs of water from the Forbestown Diversion impoundment to the Forbestown Penstock; (3) *Forbestown Penstock*—a 1,487-foot-long, 97-inch reducing to 83-inch-inside-diameter exposed steel penstock that delivers water to

Forbestown Powerhouse; (4) *Forbestown Powerhouse*—a semi-outdoor reinforced concrete above ground powerhouse that releases water to Ponderosa Reservoir on the SFFR and that contains one vertical reaction Francis turbine rated at 54,500 hp directly connected to a 40,500 kVA generator; and (5) *Forbestown Powerhouse Switchyard*—a switchyard adjacent to the Forbestown Powerhouse that contains one 35,200 kVA transformer. Power generated at Forbestown Powerhouse is delivered from the switchyard to the grid via Pacific Gas and Electric Company's 115 kV Woodleaf-Kanaka Junction transmission line. The Forbestown Development does not include any recreation facilities or roads.

The Kelly Ridge Development includes: (1) *Ponderosa Dam*—a 160-foot-high, 650-foot-long, earth-filled dam that releases water into the 3.6 million af Lake Oroville (part of the California Department of Water Resources' Feather River Project, FERC Project No. 2100) with a crest elevation of 985 feet and with a 352-foot-long spillway controlled by two 7 foot 7.5-inch-high by 51 feet-long steel gates that forms a 4,178 af storage reservoir covering 103 acres at a normal maximum water surface elevation of 960 feet; (2) *Ponderosa Diversion Tunnel*—a 516-foot-long, 10-foot by 9-foot-diameter concrete lined and unlined horseshoe unpressurized tunnel controlled by one 6-foot-high by 8-foot-long hydraulic gate that diverts up to 300 cfs of water from Ponderosa Reservoir to Miners Ranch Conduit; (3) *Miners Ranch Conduit*—a 32,254-foot-long, 10-foot-wide concrete or gunite-lined canal and concrete or bench flume that includes two siphon sections across the McCabe and Powell creek sections of Lake Oroville and that diverts water from the Ponderosa Diversion Tunnel to the Miners Ranch Tunnel; (4) *Miners Ranch Tunnel*—a 23,946-foot-long, 10-foot by 9-foot-diameter, concrete lined horseshoe unpressurized tunnel that diverts up to 300 cfs of water from the Miners Ranch Conduit to Miners Ranch Reservoir; (5) *Miners Ranch Dam*—a 55-foot-high, 1,650-foot-long, earth-filled off-stream dam with a crest elevation of 895 feet and with an 1,175-foot-long uncontrolled spillway that forms an 896 af storage reservoir covering 48 acres at a normal maximum water surface elevation of 890 feet; (6) *Kelly Ridge Power Tunnel*—a 6,736-foot-long, 9-foot by 8-foot-diameter, pressurized tunnel controlled by one 4-foot-high by 8-foot-long fixed wheel gate that diverts up to 260 cfs of water from Miners Ranch Reservoir to Kelly Ridge Penstock; (7)

Kelly Ridge Penstock—a 6,064-foot-long 69-inch reducing to 57-inch-inside-diameter, exposed steel penstock that delivers water to Kelly Ridge Powerhouse; (8) *Kelly Ridge Powerhouse*—a semi-outdoor reinforced concrete above ground powerhouse that releases water to CDWR Feather River Project's Thermalito Diversion Pool downstream of Oroville Dam and that contains one vertical reaction Francis turbine rated at 13,000 hp directly connected to a 11,000 kVA generator; and (5) *Kelly Ridge Powerhouse Switchyard*—a switchyard adjacent to the Kelly Ridge Powerhouse that contains one 11,000 kVA transformer. Power generated at the Kelly Ridge Powerhouse is delivered from the switchyard to the grid via Pacific Gas and Electric Company's 60 kV Kelly Ridge-Elgin Junction transmission line. The Kelly Ridge Development does not include any recreation facilities or roads.

m. A copy of the application 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 "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. A copy is also available for inspection and reproduction at the address in item h above.

You may also register online at <http://www.ferc.gov/docs-filing/esubscription.asp> to be notified via e-mail of new filings and issuances related to this or other pending projects. For assistance, contact FERC Online Support.

n. All filings must (1) bear in all capital letters the title "COMMENTS", "REPLY COMMENTS", "RECOMMENDATIONS," "TERMS AND CONDITIONS," or "PRESCRIPTIONS;" (2) set forth in the heading the name of the applicant and the project number of the application to which the filing responds; (3) furnish the name, address, and telephone number of the person submitting the filing; and (4) otherwise comply with the requirements of 18 CFR 385.2001 through 385.2005. All comments, recommendations, terms and conditions or prescriptions must set forth their evidentiary basis and otherwise comply with the requirements of 18 CFR 4.34(b). Agencies may obtain copies of the application directly from the applicant. Each filing must be accompanied by proof of service on all persons listed on

the service list prepared by the Commission in this proceeding, in accordance with 18 CFR 4.34(b), and 385.2010.

o. A license applicant must file no later than 60 days following the date of issuance of this notice: (1) A copy of the water quality certification; (2) a copy of the request for certification, including proof of the date on which the certifying agency received the request; or (3) evidence of waiver of water quality certification.

Kimberly D. Bose,

Secretary.

[FR Doc. E8-3281 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. EL08-7-001]

The Borough of Chambersburg, PA; Notice of Filing

February 14, 2008.

Take notice that on February 11, 2008, the Borough of Chambersburg, Pennsylvania (Chambersburg) filed revisions to its November 7, 2007, Revenue Requirement Tariff for Reactive Power and Voltage Control from Generation Sources Service. Chambersburg also filed an addendum to this filing on February 12, 2008.

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. Anyone filing a motion to intervene or protest must serve a copy of that document on the Applicant and all the parties in this proceeding.

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 on February 25, 2008.

Kimberly D. Bose,

Secretary.

[FR Doc. E8-3277 Filed 2-21-08; 8:45 am]

BILLING CODE 6717-01-P

ENVIRONMENTAL PROTECTION AGENCY

[EPA-R10-OAR-2007-0411; FRL-8531-5]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Comment Request; Federal Implementation Plans Under the Clean Air Act for Indian Reservations in Idaho, Oregon, and Washington (Renewal); EPA ICR No. 2020.03, OMB Control No. 2060-0558

AGENCY: Environmental Protection Agency.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 *et seq.*), this document announces that an Information Collection Request (ICR) has been forwarded to the Office of Management and Budget (OMB) for review and approval. This is a request to renew an existing approved collection. The ICR, which is abstracted below, describes the nature of the information collection and its estimated burden and cost.

DATES: Additional comments may be submitted on or before March 24, 2008.

ADDRESSES: Submit your comments, referencing Docket ID No. EPA-R10-OAR-2007-0411, to (1) EPA online using www.regulations.gov (our preferred method), by e-mail to suzuki.debra@epa.gov, or by mail to: Debra Suzuki, Environmental Protection Agency Region 10, Office of Air, Waste and Toxics (AWT-107), 1200 Sixth Avenue, Suite 900, Seattle, WA, 98101; and (2) OMB by mail to: Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Attention: Desk Officer for EPA, 725 17th Street, NW., Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT:

Debra Suzuki, Office of Air, Waste and Toxics (AWT-107), Environmental Protection Agency Region 10, 1200 Sixth Avenue, Suite 900, Seattle, WA, 98101; telephone number: (206) 553-0985; fax number: (206) 553-0110; e-mail address: suzuki.debra@epa.gov.

SUPPLEMENTARY INFORMATION: EPA has submitted the following ICR to OMB for review and approval according to the procedures prescribed in 5 CFR 1320.12. On May 24, 2007 (72 FR 29161), EPA sought comments on this ICR pursuant to 5 CFR 1320.8(d). EPA received no comments. Any additional comments on this ICR should be submitted to EPA and OMB within 30 days of this notice.

EPA has established a public docket for this ICR under Docket ID No. EPA-R10-OAR-2007-0411, which is available for online viewing at www.regulations.gov, or in person viewing during normal business hours at Environmental Protection Agency Region 10, Office of Air, Waste and Toxics (AWT-107), 1200 Sixth Avenue, Seattle, WA.

Use EPA's electronic docket and comment system at www.regulations.gov, to submit or view public comments, access the index listing of the contents of the docket, and to access those documents in the docket that are available electronically. Once in the system, select "docket search," then key in the docket ID number identified above. Please note that EPA's policy is that public comments, whether submitted electronically or in paper, will be made available for public viewing at www.regulations.gov as EPA receives them and without change, unless the comment contains copyrighted material, confidential business information (CBI), or other information whose public disclosure is restricted by statute. For further information about the electronic docket, go to www.regulations.gov.

Title: Federal Implementation Plans under the Clean Air Act for Indian Reservations in Idaho, Oregon, and Washington (Renewal).

ICR number: EPA ICR No. 2020.03, OMB Control No. 2060-0558.

ICR status: This ICR is scheduled to expire on February 29, 2008. Under OMB regulations, the Agency may continue to conduct or sponsor the collection of information while this submission is pending at OMB. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations in title 40 of the CFR,

after appearing in the **Federal Register** when approved, are listed in 40 CFR part 9, are displayed either by publication in the **Federal Register** or by other appropriate means, such as on the related collection instrument or form, if applicable. The display of OMB control numbers in certain EPA regulations is consolidated in 40 CFR part 9.

Abstract: EPA promulgated Federal Implementation Plans (FIPs) under the Clean Air Act for Indian reservations located in Idaho, Oregon, and Washington in 40 CFR part 49 (70 FR 18074, April 8, 2005). The FIPs in the final rule, also referred to as the Federal Air Rules for Indian Reservations in Idaho, Oregon, and Washington (FARR), include information collection requirements associated with the partial delegation of administrative authority to a Tribe rule in § 49.122; the visible emissions rule in § 49.124; the fugitive particulate matter rule in § 49.126; the woodwaste burners rule in § 49.127; the rule for limiting sulfur in fuels in § 49.130; the rule for open burning in § 49.131; the rules for general open burning permits, agricultural burning permits, and forestry and silvicultural burning permits in §§ 49.132, 49.133, and 49.134; the emissions detrimental to human health or welfare rule in § 49.135; the registration rule in § 49.138; and the rule for non-Title V operating permits in § 49.139. EPA uses this information to manage the activities and sources of air pollution on the Indian reservations in Idaho, Oregon, and Washington. EPA believes these information collection requirements are appropriate because they will enable EPA to develop and maintain accurate records of air pollution sources and their emissions, track emissions trends and changes, identify potential air quality problems, allow EPA to issue permits or approvals, and ensure appropriate records are available to verify compliance with these FIPs. The information collection requirements listed above are all mandatory. Regulated entities can assert claims of business confidentiality and EPA would treat these claims in accordance with the provisions of 40 CFR part 2, subpart B.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to be 4,289 hours, or an average of approximately 2 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions;

develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements which have subsequently changed; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Affected Entities: Entities potentially affected by this action include owners and operators of emission sources in all industry groups and tribal, federal, and local governments, located on the identified Indian reservations.

Estimated Number of Respondents: 1,722.

Frequency of Response: Annual and on occasion.

Estimated Total Annual Hour Burden: 4,289.

Estimated Total Annual Cost: \$245,815. This includes an estimated labor cost of \$245,815, and no capital investment or operation and maintenance costs.

Changes in the Estimates: There is an increase of 1,512 hours in the total estimated burden currently identified in the OMB Inventory of Approved ICR Burdens. This increase is due to adjustments to the estimates. Several components of the burden estimates increased and several components decreased. In some cases, the burden estimates increased based on input from the source consultations. In other cases, the burden estimates decreased because EPA's original estimates included many "one-time" or initial costs (e.g., time spent gaining familiarity with the applicable rules, initial registration, etc.) that are not expected to be recurring. The original estimates did not include estimates for one provision, which accounts for some of the increase in estimated burden. For some provisions, the estimates of the number of respondents increased, while other estimates decreased based on additional information EPA has gained about the source universe through implementing the rules.

Dated: February 14, 2008.

Richard T. Westlund,

Acting Director, Collection Strategies Division.

[FR Doc. E8-3372 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[EPA-HQ-OPPT-2007-0273; FRL-8532-3]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Comment Request; PCBs, Consolidated Reporting and Recordkeeping Requirements; EPA ICR No. 1446.09, OMB No. 2070-0112

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), this document announces that an Information Collection Request (ICR) has been forwarded to the Office of Management and Budget (OMB) for review and approval. This is a request to renew an existing approved collection. The ICR, which is abstracted below, describes the nature of the information collection activity and its expected burden and costs.

DATES: Additional comments may be submitted on or before March 24, 2008.

ADDRESSES: Submit your comments, referencing docket ID Number EPA-HQ-OPPT-2007-0273 to (1) EPA online using www.regulations.gov (our preferred method), by email to oppt.ncic@epa.gov or by mail to: Document Control Office (DCO), Office of Pollution Prevention and Toxics (OPPT), Environmental Protection Agency, Mail Code: 7407T, 1200 Pennsylvania Ave., NW., Washington, DC 20460, and (2) OMB at: Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Attention: Desk Officer for EPA, 725 17th Street, NW., Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT:

Barbara Cunningham, Director, Environmental Assistance Division, Office of Pollution Prevention and Toxics, Environmental Protection Agency, Mailcode: 7408-M, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: 202-554-1404; e-mail address: TSCA-Hotline@epa.gov.

SUPPLEMENTARY INFORMATION: EPA has submitted the following ICR to OMB for review and approval according to the procedures prescribed in 5 CFR 1320.12. On June 13, 2007 (72 FR 32644), EPA sought comments on this renewal ICR pursuant to 5 CFR 1320.8(d). EPA received comments from the Utilities Solid Waste Activities Group (USWAG) during the comment period. These

comments are addressed in the body of the Supporting Statement to incorporate USWAG's comments where appropriate, and in Appendix E of the Supporting Statement. Any comments related to this ICR should be submitted to EPA and OMB within 30 days of this notice.

EPA has established a public docket for this ICR under Docket ID No. EPA-HQ-OPPT-2007-0273, which is available for online viewing at <http://www.regulations.gov>, or in person inspection at the OPPT Docket in the EPA Docket Center (EPA/DC), EPA West, Room 3334, 1301 Constitution Ave., NW., Washington, DC. The EPA Docket Center Public Reading Room is open from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Reading Room is 202-566-1744, and the telephone number for the Pollution Prevention and Toxics Docket is 202-566-0280.

Use EPA's electronic docket and comment system at www.regulations.gov to submit or view public comments, access the index listing of the contents of the public docket, and to access those documents in the docket that are available electronically. Once in the system, select "docket search," then key in the docket ID number identified above. Please note that EPA's policy is that public comments, whether submitted electronically or in paper, will be made available for public viewing in www.regulations.gov as EPA receives them and without change, unless the comment contains copyrighted material, Confidential Business Information (CBI), or other information whose public disclosure is restricted by statute. For further information about the electronic docket, go to www.regulations.gov.

Title: PCBs, Consolidated Reporting and Recordkeeping Requirements.

ICR Numbers: EPA ICR No. 1446.09; OMB Control No. 2070-0112.

ICR Status: This ICR is currently scheduled to expire on February 29, 2008. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations in title 40 of the CFR, after appearing in the **Federal Register** when approved, are listed in 40 CFR part 9 and are displayed either by publication in the **Federal Register** or by other appropriate means, such as on the related collection instrument or form, if applicable. The display of OMB control numbers in certain EPA regulations is consolidated in 40 CFR part 9.

Abstract: Section 6(e)(1) of the Toxic Substances Control Act (TSCA), 15 U.S.C. 2605(e), directs EPA to regulate the marking and disposal of PCBs. Section 6(e)(2) bans the manufacturing, processing, distribution in commerce, and use of PCBs in other than a totally enclosed manner. Section 6(e)(3) establishes a process for obtaining exemptions from the prohibitions on the manufacture, processing, and distribution in commerce of PCBs. Since 1978, EPA has promulgated numerous rules addressing all aspects of the life cycle of PCBs as required by the statute. The regulations are intended to prevent the improper handling and disposal of PCBs and to minimize the exposure of human beings or the environment to PCBs. These regulations have been codified in the various subparts of 40 CFR part 761. There are approximately 100 specific reporting, third-party reporting, and recordkeeping requirements covered by 40 CFR part 761.

To meet its statutory obligations to regulate PCBs, EPA must obtain sufficient information to conclude that specified activities do not result in an unreasonable risk of injury to health or the environment. EPA uses the information collected under the 40 CFR part 761 requirements to ensure that PCBs are managed in an environmentally safe manner and that activities are being conducted in compliance with the PCB regulations. The information collected by these requirements will update the Agency's knowledge of ongoing PCB activities, ensure that individuals using or disposing of PCBs are held accountable for their activities, and demonstrate compliance with the PCB regulations. Specific uses of the information collected include determining the efficacy of a disposal technology; evaluating exemption requests and exclusion notices; targeting compliance inspections; and ensuring adequate storage capacity for PCB waste.

Responses to the collection of information are mandatory (see 40 CFR part 761). Respondents may claim all or part of a notice as CBI. EPA will disclose information that is covered by a CBI claim only to the extent permitted by, and in accordance with, the procedures in 40 CFR part 2.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to be 1.21 hours per response. Burden means the total time, effort or financial resources expended by persons to generate, maintain, retain or disclose or provide information to or for a Federal agency. This includes the time

needed to review instructions; develop, acquire, install and utilize technology and systems for the purposes of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Respondents/Affected Entities: Entities potentially affected by this action are persons who currently possess PCB items, PCB-contaminated equipment, or other PCB waste.

Frequency of Collection: On occasion.

Estimated average number of responses for each respondent: 1.

Estimated No. of Respondents: 576,811.

Estimated Total Annual Burden on Respondents: 696,055 hours.

Estimated Total Annual Capital Costs: \$12,600.

Changes in Burden Estimates: There is a net decrease of 128,723 hours (from 824,778 hours to 696,055 hours) in the total estimated respondent burden compared with that identified in the ICR currently approved by OMB. This decrease primarily reflects EPA's revised estimates in the total number of respondents. There is an estimated \$50 per site cost to place a sign at a PCB contamination cleanup site. For 252 sites, the total estimated annual capital cost would be \$12,600. This is not a new cost, but was previously unaccounted in the bottom line Operations and Maintenance costs associated with the ICR. A more detailed analysis of the change in burden appears in the Supporting Statement. This change is an adjustment.

Dated: February 14, 2008.

Joseph A. Sierra,

Acting Director, Collection Strategies Division.

[FR Doc. E8-3376 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY**[EPA-HQ-OPPT-2007-0378; FRL-8532-2]****Agency Information Collection Activities; Submission to OMB for Review and Approval; Comment Request; TSCA Sections 402 and Section 404 Training, Certification, Accreditation and Standards for Lead-Based Paint Activities (Renewal); EPA ICR No. 1715.09, OMB No. 2070-0155****AGENCY:** Environmental Protection Agency (EPA).**ACTION:** Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (44 U.S.C. 3501, *et seq.*), this document announces that an Information Collection Request (ICR) has been forwarded to the Office of Management and Budget (OMB) for review and approval. This is a request to renew an existing approved collection. The ICR, which is abstracted below, describes the nature of the information collection activity and its expected burden and costs.

DATES: Additional comments may be submitted on or before March 24, 2008.

ADDRESSES: Submit your comments, referencing docket ID Number EPA-HQ-OPPT-2007-0378 to (1) EPA online using www.regulations.gov (our preferred method), by e-mail to oppt.ncic@epa.gov or by mail to: Document Control Office (DCO), Office of Pollution Prevention and Toxics (OPPT), Environmental Protection Agency, Mail Code: 7407T, 1200 Pennsylvania Ave., NW., Washington, DC 20460, and (2) OMB at: Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Attention: Desk Officer for EPA, 725 17th Street, NW., Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Barbara Cunningham, Director, Environmental Assistance Division, Office of Pollution Prevention and Toxics, Environmental Protection Agency, Mailcode: 7408-M, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: 202-554-1404; e-mail address: TSCA-Hotline@epa.gov.

SUPPLEMENTARY INFORMATION: EPA has submitted the following ICR to OMB for review and approval according to the procedures prescribed in 5 CFR 1320.12. On July 11, 2007 (72 FR 37766), EPA sought comments on this renewal ICR pursuant to 5 CFR 1320.8(d). EPA received no comments during the comment period. Any comments related

to this ICR should be submitted to EPA and OMB within 30 days of this notice.

EPA has established a public docket for this ICR under Docket ID No. EPA-HQ-OPPT-2007-0378, which is available for online viewing at <http://www.regulations.gov>, or in person inspection at the OPPT Docket in the EPA Docket Center (EPA/DC), EPA West, Room 3334, 1301 Constitution Ave., NW., Washington, DC. The EPA Docket Center Public Reading Room is open from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Reading Room is 202-566-1744, and the telephone number for the Pollution Prevention and Toxics Docket is 202-566-0280.

Use EPA's electronic docket and comment system at www.regulations.gov to submit or view public comments, access the index listing of the contents of the public docket, and to access those documents in the docket that are available electronically. Once in the system, select "docket search," then key in the docket ID number identified above. Please note that EPA's policy is that public comments, whether submitted electronically or in paper, will be made available for public viewing in www.regulations.gov as EPA receives them and without change, unless the comment contains copyrighted material, Confidential Business Information (CBI), or other information whose public disclosure is restricted by statute. For further information about the electronic docket, go to www.regulations.gov.

Title: TSCA Sections 402 and Section 404 Training, Certification, Accreditation and Standards for Lead-Based Paint Activities (Renewal).

ICR Numbers: EPA ICR No. 1715.09, OMB No. 2070-0155.

ICR Status: This ICR is currently scheduled to expire on February 29, 2008. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations in title 40 of the CFR, after appearing in the **Federal Register** when approved, are listed in 40 CFR part 9, are displayed either by publication in the **Federal Register** or by other appropriate means, such as on the related collection instrument or form, if applicable. The display of OMB control numbers in certain EPA regulations is consolidated in 40 CFR part 9.

Abstract: This information collection applies to reporting and recordkeeping requirements found in sections 402 and 404 of the Toxic Substances Control Act

(TSCA) and applicable regulations at 40 CFR part 745, subparts L and Q. The purposes of the requirements under TSCA section 402 are to ensure that individuals conducting activities that prevent, detect and eliminate hazards associated with lead-based paint in residential facilities, particularly those occupied or used by children, are properly trained and certified, that training programs providing instruction in such activities are accredited, and that these activities are conducted according to reliable, effective and safe work practice standards. The TSCA section 404 regulations include reporting and recordkeeping requirements that apply to states and Indian Tribes that seek Federal authorization to administer and enforce state and tribal programs that regulate lead-based paint activities based on the section 402 regulations. The overall goals of the section 402 and section 404 regulations and the reporting and recordkeeping requirements found therein are to ensure the availability of a trained and qualified workforce to identify and address lead-based paint hazards in residences, and to protect the general public from exposure to lead hazards.

Responses to the collection of information are mandatory (see 40 CFR part 745, subparts L and Q). Respondents may claim all or part of a notice as CBI. EPA will disclose information that is covered by a CBI claim only to the extent permitted by, and in accordance with, the procedures in 40 CFR part 2.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to range between 0.28 hours and 80 hours per respondent, depending on the type of respondent. Burden means the total time, effort or financial resources expended by persons to generate, maintain, retain or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install and utilize technology and systems for the purposes of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Respondents/Affected Entities: Entities potentially affected by this

action are persons who provide training in lead-based paint activities, persons who are engaged in lead-based paint activities, and state agencies that administer lead-based paint activities.

Frequency of Collection: On Occasion.

Estimated No. of Respondents: 43,082.

Estimated Total Annual Burden on Respondents: 774,740 hours.

Estimated Total Annual Labor Costs: \$28,792,102.

Changes in Burden Estimates: There is a net increase of 333,927 hours (from 440,813 hours to 774,740 hours) in the total estimated respondent burden compared with that currently in the OMB inventory. This increase represents an adjustment in the estimated number of respondents and/or the number of activities or events for which respondents must provide information, based on EPA's experience since the approval of the most recent ICR. A detailed explanation of the change in burden appears in the Supporting Statement. The increase is an adjustment.

Dated: February 14, 2008.

Joseph A. Sierra,

Acting Director, Collection Strategies Division.

[FR Doc. E8-3378 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[FRL-8531-6; Docket ID No. EPA-HQ-OAR-2007-1145]

Draft Integrated Science Assessment for Oxides of Nitrogen and Sulfur—Environmental Criteria and Annexes

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of an extension of the public comment period for draft Integrated Science Assessment for Oxides of Nitrogen and Sulfur—Environmental Criteria and Annexes.

SUMMARY: The EPA is announcing an extension of the public comment period for the draft document titled, "Integrated Science Assessment for Oxides of Nitrogen and Sulfur—Environmental Criteria; First External Review Draft" (EPA 600/R-07/145A), and "Annexes for the Integrated Science Assessment for Oxides of Nitrogen and Sulfur—Environmental Criteria; First External Review Draft" (EPA 600/R-07/145bA).

The draft document was prepared by the National Center for Environmental Assessment within EPA's Office of

Research and Development as part of the Agency's review of the secondary (welfare-based) national ambient air quality standards (NAAQS) for nitrogen dioxide (NO₂) and sulfur dioxide (SO₂). EPA is releasing this draft document solely for the purpose of seeking comment from the public and the Clean Air Scientific Advisory Committee (CASAC).

The document is being distributed solely for the purpose of pre-dissemination review under applicable information quality guidelines. It does not represent and should not be construed to represent any Agency policy, viewpoint, or determination. EPA will consider any public comments submitted in accordance with this notice when revising the document.

DATES: The public comment period began on December 21, 2007. This notice announces the extension of the deadline for public comment from February 21, 2008, to March 28, 2008. Comments must be received on or before March 28, 2008.

ADDRESSES: The draft, "Integrated Science Assessment for Oxides of Nitrogen and Sulfur—Environmental Criteria and Annexes 1–10; First External Review Draft," are available primarily via the Internet on the National Center for Environmental Assessment's home page under the Recent Additions and Publications menus at <http://www.epa.gov/ncea>. A limited number of CD-ROM or paper copies will be available. Contact Ms. Emily Lee by phone: 919-541-4169, facsimile: 919-541-1818, or e-mail: lee.emily@epa.gov to request either of the documents. Please provide your name, your mailing address, and the draft document title, "Integrated Science Assessment for Oxides of Nitrogen and Sulfur—Environmental Criteria; First External Review Draft" (EPA/600/R-07/145A) to facilitate processing of your request. Comments may be submitted electronically via <http://www.regulations.gov>, by mail, by facsimile, or by hand delivery/courier. Please follow the detailed instructions provided in the **SUPPLEMENTARY INFORMATION** section of this notice.

FOR FURTHER INFORMATION CONTACT: Ms. Emily Lee, NCEA; telephone: 919-541-4169, facsimile: 919-541-1818, or e-mail: lee.emily@epa.gov. For technical information, contact Tara Greaver, Ph.D., NCEA; telephone: 919-541-2435; facsimile: 919-541-1818; or e-mail: Greaver.Tara@epa.gov.

SUPPLEMENTARY INFORMATION:

I. Information About the Document

Section 108(a) of the Clean Air Act directs the Administrator to identify certain pollutants which "may reasonably be anticipated to endanger public health and welfare" and to issue air quality criteria for them. These air quality criteria are to "accurately reflect the latest scientific knowledge useful in indicating the kind and extent of all identifiable effects on public health or welfare which may be expected from the presence of [a] pollutant in the ambient air."

Under section 109 of the Act, EPA is then to establish national ambient air quality standards (NAAQS) for each pollutant for which EPA has issued criteria. Section 109(d) of the Act subsequently requires periodic review and, if appropriate, revision of existing air quality criteria to reflect advances in scientific knowledge on the effects of the pollutant on public health and welfare. EPA is also to revise the NAAQS, if appropriate, based on the revised air quality criteria.

Oxides of nitrogen and sulfur are two of six principal (or "criteria") pollutants for which EPA has established air quality criteria and NAAQS. EPA periodically reviews the scientific basis for these standards by preparing an Integrated Science Assessment (ISA) (formerly called an Air Quality Criteria Document). The ISA and supplementary annexes, in conjunction with additional technical and policy assessments, provide the scientific basis for EPA decisions on the adequacy of a current NAAQS and the appropriateness of new or revised standards. The Clean Air Scientific Advisory Committee (CASAC), an independent science advisory committee established pursuant to section 109 of the Clean Air Act and part of the EPA's Science Advisory Board (SAB), provides independent scientific advice on NAAQS matters, including advice on EPA's draft ISAs.

EPA formally initiated its current review of the criteria for oxides of nitrogen and sulfur in December 2005 (70 FR 73236) and May 2006 (71 FR 28023) respectively, requesting the submission of recent scientific information on specified topics. In the initial stages of the criteria reviews, EPA recognized the merit of integrating the science assessment for these two pollutants due to their combined effects on atmospheric chemistry, deposition processes, and environment-related public welfare effects. In July 2007 (72 FR 34004), a workshop was held to discuss, with invited scientific experts, initial draft materials prepared in the

development of the ISA and supplementary annexes for oxides of nitrogen and sulfur. EPA's "Draft Plan for Review of the Secondary National Ambient Air Quality Standards for Nitrogen Dioxide and Sulfur Dioxide" was made available in September 2007 for public comment and was discussed by the Clean Air Scientific Advisory Committee (CASAC) via a publicly accessible teleconference consultation on October 30, 2007 (72 FR 57568). The Plan is available on EPA's Web site: http://www.epa.gov/ttn/naaqs/standards/no2so2sec/cr_pd.html.

The draft, "Integrated Science Assessment for Oxides of Nitrogen and Sulfur—Environmental Criteria; First External Review Draft," will be discussed by CASAC at a future public meeting; public comments that have been received prior to the public meeting will be provided to the CASAC review panel. A future **Federal Register** notice will inform the public of the exact date and time of that CASAC meeting.

II. How To Submit Information to the Docket

Submit your comments, identified by Docket ID No. EPA-HQ-OAR-2007-1145 by one of the following methods:

- <http://www.regulations.gov>: Follow the online instructions for submitting comments.

- *E-mail*: ORD.Docket@epa.gov.

- *Fax*: 202-566-1753.

- *Mail*: Office of Environmental Information (OEI) Docket (Mail Code: 2822T), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW., Washington, DC 20460. The phone number is 202-566-1752.

- *Hand Delivery*: The OEI Docket is located in the EPA Headquarters Docket Center, EPA West Building, Room 3334, 1301 Constitution Avenue, NW., Washington, DC. The EPA Docket Center Public Reading Room is open from 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Public Reading Room is 202-566-1744. Such deliveries are only accepted during the docket's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

If you provide comments by mail or hand delivery, please submit one unbound original with pages numbered consecutively, and three copies of the comments. For attachments, provide an index, number pages consecutively with the comments, and submit an unbound original and three copies.

Instructions: Direct your comments to Docket ID No. EPA-HQ-OAR-2007-

1145. Please ensure that your comments are submitted within the specified comment period. Comments received after the closing date will be marked "late," and may only be considered if time permits. It is EPA's policy to include all comments it receives in the public docket without change and to make the comments available online at <http://www.regulations.gov>, including any personal information provided, unless a 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 hardcopy at the OEI Docket in the EPA Headquarters Docket Center.

Dated: February 12, 2008.

Rebecca Clark,

Director, National Center for Environmental Assessment.

[FR Doc. E8-3370 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[ER-FRL-6696-3]

Environmental Impact Statements and Regulations; Availability of EPA Comments

Availability of EPA comments prepared pursuant to the Environmental Review Process (ERP), under section 309 of the Clean Air Act and Section 102(2)(c) of the National Environmental Policy Act as amended. Requests for copies of EPA comments can be directed to the Office of Federal Activities at 202-564-7167.

An explanation of the ratings assigned to draft environmental impact statements (EISs) was published in FR dated April 6, 2007 (72 FR 17156).

Draft EISs

EIS No. 20070527, ERP No. D-JUS-K80049-NV, Las Vegas Detention Facility, Proposed Contractor-Owned/ Contractor-Operated Detention Facility, Implementation, Nevada Area.

Summary: EPA expressed environmental concerns about potential adverse impacts to water resources and air quality, and requested additional information on the availability of water resources, and mitigation measures to minimize air quality impacts. Rating EC2.

EIS No. 20070532, ERP No. D-BLM-L65545-ID, Three Rivers Stone Quarry Expansion Project, Proposing to Expand the Quarry Operation up to an additional 73 Acres to Increase Mine Production of Flaystone, Custer County, ID.

Summary: EPA expressed environmental concerns about impacts to air and water quality from mining operations and service roads. The final EIS should include quantitative measures to validate predictions that air and water quality standards will be met. Rating EC2.

EIS No. 20070537, ERP No. D-AFS-G65106-NM, Perk-Grindstone Fuel Reduction Project, To Protect Life, Property, and Natural Resources, Village of Ruidoso, Lincoln National Forest, Lincoln County, New Mexico.

Summary: EPA does not object to the preferred alternative. Rating LO.

EIS No. 20070540, ERP No. D-NOA-A91077-00, Amendment 1 to the Tilefish Fishery Management Plan, Proposed Individual Fishing Quota (IFQ) Program, To Reduce Overcapacity in the Commercial Tilefish Fishery, Maine to North Carolina.

Summary: EPA expressed a lack of objections to the proposed action. Rating LO.

Final EISs

EIS No. 20070354, ERP No. F-AFS-J02053-CO, Deer Creek Shaft and E Seam Methane Drainage Wells Project, Construct, Operate and Reclaim up to 137 Methane Drainage Well, Federal Coal lease, Paonia Ranger District, Grand Mesa, Uncompahgre and Gunnison National Forests, Delta and Gunnison Counties, CO.

Summary: No formal comment letter was sent to the preparing agency.

EIS No. 20070544, ERP No. F-AFS-L65531-OR, Invasive Plant Treatments within the Deschutes and Ochoco National Forests and the Crooked River National Grassland, Reduction of Invasive Plant Infestation and Protection of Uninfested Areas, Implementation, Several Cos. OR.

Summary: EPA does not object to the proposed action.

EIS No. 20080000, ERP No. F-FHW-L40213-WA, Southeast Issaquah Bypass Construction, Updated Information, New North/South Arterial Connecting Front Street with I-90 at the Sunset Interchange, Right-of-Way Permit, NPDES Permit and COE Section 404 Permit, King County, WA.

Summary: No formal comment letter was sent to the preparing agency.

EIS No. 20080023, ERP No. F-NOA-E91020-00, Snapper Grouper Fishery Amendment 15A, Proposes Management Reference Points and Rebuilding Plans for Snowy Grouper, Black Sea Bass and Red Porgy, South Atlantic Region.

Summary: EPA does not object to the proposed action.

EIS No. 20080041, ERP No. FS-AFS-L65369-00, Southwest Idaho Ecogroup Land and Resource Management Plan, Supplements the Rangeland Resource Section of the 2003 FEIS Concerning Terrestrial Management Indicator Species (MIS), Boise National Forest, Payette National Forest and Sawtooth National Forest, Forest Plan Revision, Implementation, Several Counties, ID; Malheur County, OR, and Box Elder County, UT.

Summary: No formal comment letter was sent to the preparing agency.

Dated: February 19, 2008.

Ken Mittelholtz,

Environmental Protection Specialist, Office of Federal Activities.

[FR Doc. E8-3406 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[FRL-8533-3]

Farm, Ranch, and Rural Communities Committee

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of meeting.

SUMMARY: Under the Federal Advisory Committee Act, Public Law 92-463, EPA gives notice of a meeting of the Farm, Ranch, and Rural Communities Committee (FRRCC). The purpose of the FRRCC is to provide advice to the Administrator of EPA on environmental issues and programs that impact, or are of concern to, farms, ranches, and rural communities. The FRRCC is a part of EPA's efforts to expand cooperative working relationships with the agriculture industry and others who are interested in agricultural issues and to achieve greater progress in environmental protection.

The purpose of the meeting is to initiate: Discussion of the impacts of Agency agriculture-related programs, policies, and regulations regarding climate change and renewable energy; identification and development of a comprehensive environmental strategy for livestock operations; and development of a constructive approach or framework to address areas of common interest between sustainable agriculture and protection of the environment. The meeting will also include a public comment session. A copy of the meeting agenda will be posted at <http://www.epa.gov/agriculture/frcc>.

DATES: The Farm, Ranch, and Rural Communities Committee will hold an open meeting on Thursday, March 13, from 8:30 a.m. (registration at 8 a.m.) to 5:30 p.m., and Friday, March 14, from 8:30 a.m. until 2:30 p.m.

ADDRESSES: The meeting will be held at The Madison Hotel, 1177 Fifteenth Street, NW., Washington, DC. Telephone: 202-862-1600. The meeting is open to the public, with limited seating on a first-come, first-served basis.

FOR FURTHER INFORMATION CONTACT:

Alicia Kaiser, Designated Federal Officer, kaiser.alicia@epa.gov, 202-564-

7273, U.S. EPA, Office of the Administrator (1101A), 1200 Pennsylvania Avenue, NW., Washington, DC 20460.

SUPPLEMENTARY INFORMATION: Requests to make brief oral comments or provide written statements to the FRRCC should be sent to Alicia Kaiser, Designated Federal Officer, at the contact information above. All requests must be submitted no later than March 6, 2008.

Meeting Access: For information on access or services for individuals with disabilities, please contact Alicia Kaiser at 202-564-7273 or kaiser.alicia@epa.gov. To request accommodation of a disability, please contact Alicia Kaiser, preferably at least 10 days prior to the meeting, to give EPA as much time as possible to process your request.

Dated: February 11, 2008.

Alicia Kaiser,

Designated Federal Officer.

[FR Doc. E8-3402 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[FRL-8533-2]

Good Neighbor Environmental Board

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of meeting.

SUMMARY: Under the Federal Advisory Committee Act, Public Law 92463, EPA gives notice of a meeting of the Good Neighbor Environmental Board (Board). The Board meets three times each calendar year, twice at different locations along the U.S. border with Mexico, and once in Washington, DC. It was created in 1992 by the Enterprise for the Americas Initiative Act, Public Law 102-532, 7 U.S.C. 5404. Implementing authority was delegated to the Administrator of EPA under Executive Order 12916. The Board is responsible for providing advice to the President and the Congress on environmental and infrastructure issues and needs within the States contiguous to Mexico in order to improve the quality of life of persons residing on the United States side of the border. The statute calls for the Board to have representatives from U.S. Government agencies; the governments of the States of Arizona, California, New Mexico and Texas; and private organizations with expertise on environmental and infrastructure issues along the southwest border.

The purpose of the meeting is to discuss the recommendations contained in the Board's latest annual report. The topic for the report is effective management of natural disasters that occur along the U.S.-Mexico border. The Board also will hear from experts on the topic selected for its next report. The topic for the next report is the use of innovation, including incentives, to reduce pollution along the U.S.-Mexico border. The meeting also will include a public comment session. A copy of the meeting agenda will be posted at <http://www.epa.gov/ocem/gneb>.

DATES: The Good Neighbor Environmental Board will hold an open meeting on Wednesday, March 19, from 10 a.m. (registration at 9:30 a.m.) to 5:30 p.m. The following day, March 20, it will hold a business meeting from 8 a.m. until 3 p.m.

ADDRESSES: The meeting will be held at The Hilton Washington Towers, 1919 Connecticut Avenue NW., Washington, DC. Telephone: 202-483-3000. The meeting is open to the public, with limited seating on a first-come, first-served basis.

FOR FURTHER INFORMATION CONTACT: Elaine Koerner, Designated Federal Officer, koerner.elaine@epa.gov, 202-564-2586, U.S. EPA, Office of Cooperative Environmental Management (1601M), 1200 Pennsylvania Avenue NW., Washington, DC 20460.

SUPPLEMENTARY INFORMATION: Requests to make brief oral comments or provide written statements to the Board should be sent to Elaine Koerner, Designated Federal Officer, at the contact information above.

Meeting Access: For information on access or services for individuals with disabilities, please contact Elaine Koerner at 202-564-2586 or koerner.elaine@epa.gov. To request accommodation of a disability, please contact Elaine Koerner, preferably at least 10 days prior to the meeting, to give EPA as much time as possible to process your request.

Dated: February 11, 2008.

Elaine Koerner,

Designated Federal Officer.

[FR Doc. 08-807 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-M

ENVIRONMENTAL PROTECTION AGENCY

[EPA-HQ-OPPT-2008-0025; FRL-8349-6]

National Advisory Committee for Acute Exposure Guideline Levels for Hazardous Substances; Notice of Public Meeting

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: A meeting of the National Advisory Committee for Acute Exposure Guideline Levels for Hazardous Substances (NAC/AEGL Committee) will be held on March 3-5, 2008, in Alexandria, VA. At this meeting, the NAC/AEGL Committee will address, as time permits, the various aspects of the acute toxicity and the development of Acute Exposure Guideline Levels (AEGLs) for the following chemicals: 1,1,1-trichloroethane; 1,2-butylene oxide; cyanogen; ethyl benzene; ethyl isocyanate; ethylphosphonothioic dichloride; ethylphosphonodichloridate; germane; isobutyl isocyanate; isopropyl isocyanate; methoxymethyl isocyanate; methyl iodide; methyl isothiocyanate; n-butyl isocyanate; t-butyl isocyanate; nitrogen tetroxide; nitrogen trioxide; n-propyl isocyanate; phenyl isocyanate; and tetrachloroethylene.

DATES: A meeting of the NAC/AEGL Committee will be held from 10 a.m. to 5:30 p.m. on March 3, 2008; 8 a.m. to 5:30 p.m. on March 4, 2008; and 8 a.m. to noon on March 5, 2008.

ADDRESSES: The meeting will be held at the Hilton Alexandria Old Town, 1767 King Street, Alexandria, VA. (King Street Metro stop).

FOR FURTHER INFORMATION CONTACT: *For general information contact:* Colby Lintner, Regulatory Coordinator, Environmental Assistance Division (7408M), Office of Pollution Prevention and Toxics, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460-0001; telephone number: (202) 554-1404; e-mail address: TSCA-Hotline@epa.gov.

For technical information contact: Paul S. Tobin, Designated Federal Officer (DFO), Economics, Exposure, and Technology Division (7403M), Office of Pollution Prevention and Toxics, 1200 Pennsylvania Ave., NW., Washington, DC 20460-0001; telephone number: (202) 564-8557; e-mail address: tobin.paul@epa.gov.

To request accommodation of a disability, please contact the person listed under **FOR FURTHER INFORMATION CONTACT**, preferably at least 10 days

prior to the meeting, to give EPA as much time as possible to process your request.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

This action is directed to the public in general. This action may be of particular interest to anyone who may be affected if the AEGL values are adopted by government agencies for emergency planning, prevention, or response programs, such as EPA's Risk Management Program under the Clean Air Act and Amendments section 112r. It is possible that other Federal agencies besides EPA, as well as State agencies and private organizations, may adopt the AEGL values for their programs. As such, the Agency has not attempted to describe all the specific entities that may be affected by this action. If you have any questions regarding the applicability of this action to a particular entity, consult the DFO listed under **FOR FURTHER INFORMATION CONTACT**.

B. How Can I Get Copies of this Document and Other Related Information?

1. *Docket.* EPA has established a docket for this action under docket ID number EPA-HQ-OPPT-2008-0025. All documents in the docket are listed in the docket's index available at <http://www.regulations.gov>. Although listed in the index, some information is not publicly available, e.g., Confidential Business Information (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 electronically at <http://www.regulations.gov>, or, if only available in hard copy, at the OPPT Docket. The OPPT Docket is located in the EPA Docket Center (EPA/DC) at Rm. 3334, EPA West Bldg., 1301 Constitution Ave., NW., Washington, DC. The EPA/DC Public Reading Room hours of operation are 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding Federal holidays. The telephone number of the EPA/DC Public Reading Room is (202) 566-1744, and the telephone number for the OPPT Docket is (202) 566-0280. Docket visitors are required to show photographic identification, pass through a metal detector, and sign the EPA visitor log. All visitor bags are processed through an X-ray machine and subject to search. Visitors will be provided an EPA/DC badge that must be

visible at all times in the building and returned upon departure.

2. *Electronic access.* You may access this **Federal Register** document electronically through the EPA Internet under the “**Federal Register**” listings at <http://www.epa.gov/fedrgstr>.

II. Meeting Procedures

For additional information on the scheduled meeting, the agenda of the NAC/AEGL Committee, or the submission of information on chemicals to be discussed at the meeting, contact the DFO listed under **FOR FURTHER INFORMATION CONTACT**.

The meeting of the NAC/AEGL Committee will be open to the public. Oral presentations or statements by interested parties will be limited to 10 minutes. Interested parties are encouraged to contact the DFO to schedule presentations before the NAC/AEGL Committee. Since seating for outside observers may be limited, those wishing to attend the meeting as observers are also encouraged to contact the DFO at the earliest possible date to ensure adequate seating arrangements. Inquiries regarding oral presentations and the submission of written statements or chemical-specific information should be directed to the DFO.

III. Future Meetings

Another meeting of the NAC/AEGL Committee is scheduled for June 2008.

List of Subjects

Environmental protection, Chemicals, Hazardous substances, Health.

Dated: February 7, 2008.

Charles M. Auer,

Director, Office of Pollution Prevention and Toxics.

[FR Doc. E8-3400 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-S

ENVIRONMENTAL PROTECTION AGENCY

[IL 230-1; FRL-8532-9]

Notice of Prevention of Significant Deterioration Final Determination for Christian County Generation

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces that on January 28, 2008, the Environmental Appeals Board (EAB) of the EPA denied a petition for review of a Federal Prevention of Significant Deterioration (PSD) permit issued to Christian County Generation LLC, Christian County,

Illinois, by the Illinois Environmental Protection Agency (IEPA).

DATES: The effective date for the EAB's decision is January 28, 2008. Pursuant to section 307(b)(1) of the Clean Air Act, 42 U.S.C. 7607(b)(1), judicial review of this permit decision, to the extent it is available, may be sought by filing a petition for review in the United States Court of Appeals for the Seventh Circuit within 60 days of April 22, 2008.

ADDRESSES: The documents relevant to this action are available for public inspection during normal business hours at the following address: Environmental Protection Agency, Region 5, Air and Radiation Division, 77 West Jackson Boulevard, Chicago, Illinois 60604. This facility is open from 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding Federal holidays. We recommend that you telephone Constantine Blathras, Environmental Engineer, at (312) 886-0671 before visiting the Region 5 office.

FOR FURTHER INFORMATION CONTACT: Constantine Blathras, Environmental Engineer, Air Permits Section, Air Programs Branch (AR-18J), Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604, (312) 886-0671, Blathras.constantine@epa.gov.

SUPPLEMENTARY INFORMATION: Throughout this document whenever “we,” “us,” or “our” is used, we mean EPA.

Notification of EAB Final Decision

The IEPA, acting under authority of a PSD delegation agreement, issued a PSD permit to the Christian County Generation LLC on June 5, 2007, granting approval to construct a 630 MW coal-fired Integrated Gasification Combined Cycle power plant in Christian County, Illinois. The Sierra Club filed a petition for review with the EAB on July 9, 2007. The EAB denied the petition on January 28, 2008.

Dated: February 13, 2008.

Bharat Mathur,

Acting Regional Administrator, Region 5.

[FR Doc. E8-3340 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[EPA-R04-OW-2007-1049; FRL-8532-8]

Public Water System Supervision Program Revisions for the State of North Carolina

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of tentative approval.

SUMMARY: Notice is hereby given that the State of North Carolina is revising their Public Water System Supervision (PWSS) program to meet the requirements of the Safe Drinking Water Act (SDWA). North Carolina Department of Environment and Natural Resources has adopted drinking water regulations for the Public Notification Rule. EPA has determined that these revisions are no less stringent than the corresponding federal regulations. Therefore, EPA intends to approve North Carolina's PWSS program for this rule.

DATES: All interested parties may request a public hearing and/or submit comments within thirty (30) days of the **Federal Register** publication date to the Regional Administrator at the address shown below. Frivolous or insubstantial requests for a public hearing may be denied by the Regional Administrator. However, if a substantial request for a public hearing is made within the 30 days, a public hearing will be held. If no timely and appropriate request is received, and the Regional Administrator does not elect to hold a hearing on his/her own motion, this determination shall become final and effective 30 days after the publication of this notice.

ADDRESSES: All documents relating to this determination are available for inspection between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, excluding federal holidays, at U.S. Environmental Protection Agency, Region 4, Water Management Division, Ground Water and Drinking Water Branch, Drinking Water Section, 61 Forsyth Street, SW., Atlanta, GA 30303. For documents specific to this State: North Carolina Department of Environment and Natural Resources, Public Water Supply Section, 1634 Mail Service Center, Raleigh, NC 27699.

You may also submit your comments, identified by Docket ID No. EPA-R04-OW-2007-1049, in one of the following methods:

1. <http://www.regulations.gov>: Follow the on-line instructions for submitting comments.

2. *E-mail:* shadle.jennifer@epa.gov.

3. *Fax:* (404) 562-9439.

Instructions: Direct your comments to Docket ID No. EPA-R04-OW-2007-1049. 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 through <http://www.regulations.gov> or e-mail information that you consider to be CBI or otherwise protected. 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 electronic docket are listed in the <http://www.regulations.gov> index. Although listed in the index, some information is not publicly available, i.e., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, is not placed on the Internet and will be publicly available only in hard copy form. Publicly available docket materials are available either electronically in <http://www.regulations.gov> or in hard copy at the U.S. Environmental Protection Agency, Region 4 Office.

FOR FURTHER INFORMATION CONTACT: Jennifer Shadle, Drinking Water Section, at (404) 562-9436 or at shadle.jennifer@epa.gov.

Authority: Section 1442 of the Safe Drinking Water Act as amended in 1996 and the National Primary Drinking Water Regulations in 40 CFR part 142.

Dated: December 21, 2007.

J.I. Palmer, Jr.,

Regional Administrator, Region 4.

[FR Doc. E8-3341 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[EPA-R04-OW-2007-1050; FRL-8531-8]

Public Water System Supervision Program Revisions for the State of Tennessee

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of tentative approval.

SUMMARY: Notice is hereby given that the State of Tennessee is in the process of revising their approved Public Water System Supervision (PWSS) program to meet the requirements of the Safe Drinking Water Act (SDWA). Tennessee Department of Environment and Conservation has adopted drinking water regulations for the Long Term 2 Surface Water Treatment and the Stage 2 Disinfection By-Products Rules. EPA has determined that these revisions are no less stringent than the corresponding federal regulations. Therefore, EPA intends to approve Tennessee's PWSS revision for these rules.

DATES: All interested parties may request a public hearing and/or submit comments within thirty (30) days of the **Federal Register** publication date to the Regional Administrator at the address shown below. Frivolous or insubstantial requests for a public hearing may be denied by the Regional Administrator. However, if a substantial request for a public hearing is made within the 30 days, a public hearing will be held. If no timely and appropriate request is received, and the Regional Administrator does not elect to hold a hearing on his/her own motion, this determination shall become final and effective 30 days after the publication of this notice.

ADDRESSES: All documents relating to this determination are available for inspection between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, excluding federal holidays, at U.S. Environmental Protection Agency, Region 4, Water Management Division, Ground Water and Drinking Water Branch, Drinking Water Section, 61 Forsyth Street, SW., Atlanta, GA 30303. For documents specific to this State: Tennessee Department of Environment and Conservation, Division of Water Supply, 401 Church Street, 6th Floor L&C Tower, Nashville, TN 37243. You may also submit your comments, identified by Docket ID No. EPA-R04-OW-2007-1050, in one of the following methods:

1. <http://www.regulations.gov>: Follow the on-line instructions for submitting comments.

2. E-mail: newbold.amy@epa.gov.

3. Fax: (404) 562-9439.

Instructions: Direct your comments to Docket ID No. EPA-R04-OW-2007-1050. 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 through <http://www.regulations.gov> or e-mail information that you consider to be CBI or otherwise protected. 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 electronic docket are listed in the www.regulations.gov index. Although listed in the index, some information is not publicly available, i.e., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, is not placed on the Internet and will be publicly available only in hard copy form. Publicly available docket materials are available either electronically in <http://www.regulations.gov> or in hard copy at the U.S. Environmental Protection Agency, Region 4 office.

FOR FURTHER INFORMATION CONTACT: Amy Newbold, Drinking Water section, at (404) 562-9482 or newbold.amy@epa.gov.

Authority: Section 1442 of the Safe Drinking Water Act as amended in 1996 and

the National Primary Drinking Water Regulations in 40 CFR part 142.

Dated: December 21, 2007.

J.I. Palmer, Jr.,

Regional Administrator, Region 4.

[FR Doc. E8-3342 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[Docket# EPA-RO4-SFUND-2008-0098; FRL-8531-7]

Ecusta Mill Site Pisgah Forest, Transylvania County, NC; Notice of Settlement

AGENCY: Environmental Protection Agency.

ACTION: Notice of settlement.

SUMMARY: Under sections 104, 106, 107 and 122(h)(1) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), the United States Environmental Protection Agency has entered into an Agreement and Order on Consent for Removal Action by Bona Fide Prospective Purchaser concerning the Ecusta Mill Site located in Pisgah Forest, Transylvania County, North Carolina.

DATES: The Agency will consider public comments on the settlement until March 24, 2008. The Agency will consider all comments received and may modify or withdraw its consent to the settlement if comments received disclose facts or considerations which indicate that the settlement is inappropriate, improper, or inadequate.

ADDRESSES: Copies of the settlement are available from Ms. Paula V. Batchelor. Submit your comments, identified by Docket ID No. EPA-RO4-SFUND-2008-0098 or Site name Ecusta Mill Superfund Site by one of the following methods:

- <http://www.regulations.gov>: Follow the on-line instructions for submitting comments.

- *E-mail:* Batchelor.Paula@epa.gov.

- *Fax:* 404/562-8842/Attn Paula V. Batchelor.

Mail: Ms. Paula V. Batchelor, U.S. EPA Region 4, SD-SEIMB, 61 Forsyth Street, SW., Atlanta, Georgia 30303. "In addition, please mail a copy of your comments on the information collection provisions to the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Attn: Desk Officer for EPA, 725 17th St., NW., Washington, DC 20503."

Instructions: Direct your comments to Docket ID No. EPA-RO4-SFUND-2008-0098. 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 at the U.S. EPA Region 4 office located at 61 Forsyth Street, SW., Atlanta, Georgia 30303. Regional office is open from 7 a.m. until 6:30 p.m. Monday through Friday, excluding legal holidays.

Written comments may be submitted to Ms. Batchelor within 30 calendar days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: Paula V. Batchelor at 404/562-8887.

Dated: February 1, 2008.

De'Lyntoneus Moore,

Acting Chief, Superfund Enforcement & Information Management Branch, Superfund Division.

[FR Doc. E8-3337 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[ER-FRL-6696-2]

Environmental Impacts Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information (202) 564-7167 or <http://www.epa.gov/compliance/nea/>. Weekly receipt of Environmental Impact Statements Filed 02/11/2008 Through 02/15/2008 Pursuant to 40 CFR 1506.9.

EIS No. 20080057, Draft EIS, AFS, MT, Young Doge Project, Proposed Timber Harvest and Associate Activities, Prescribed Burning, Road and Recreation Management, Kootenai National Forest, Rexford Ranger District, Lincoln County, MT, Comment Period Ends: 04/07/2008, Contact: Pat Price 406-296-2536.

EIS No. 20080058, Final EIS, BOP, AL, Aliceville, Alabama Area, Proposed Federal Correctional Complex, To Address the Growing Federal Inmate Population, Pickens County, AL, Wait Period Ends: 03/24/2008, Contact: Pamela J. Chandler 202-514-6470.

EIS No. 20080059, Draft EIS, AFS, UT, Uinta National Forest Oil and Gas Leasing, Implementation, Identify National Forest Systems Land with Federal Mineral Rights, Wasatch, Utah, Juab, Tooele, and Sanpete Counties, UT, Comment Period Ends: 05/22/2008, Contact: Kim Martin 801-342-5100.

EIS No. 20080060, Draft EIS, AFS, SD, Upper Spring Creek Project, Proposes to Implement Multiple Resource Management Actions, Mystic Ranger District, Black Hills National Forest, Pennington County, SD, Comment Period Ends: 04/07/2008, Contact: Katie Van Alstyne 605-343-1567.

EIS No. 20080061, Final EIS, AFS, OR, Thorn Fire Salvage Recovery Project, Salvaging Dead and Dying Timber, Shake Table Fire Complex, Malheur National Forest, Grant County, OR, Wait Period Ends: 03/24/2008, Contact: Carole Holly 541-575-5300.

EIS No. 20080062, Final EIS, USA, 00, Permanent Home Stationing of the 2/25th Stryker Brigade Combat Team (SBCT), To Address a Full Range of Alternatives for Permanently Stationing the 2/25th SBCT, Hawaii and Honolulu

Counties, HI; Anchorage and Southeast Fairbanks Boroughs, AK; El Paso, Pueblo, and Fremont Counties, CO, Wait Period Ends: 03/24/2008, Contact: Michael Ackerman 410-436-2522.

EIS No. 20080063, Draft Supplement, USN, HI, Hawaii Range Complex (HRC) Project, Additional Information, To Support and Maintain Navy Pacific Fleet Training, and Research, Development, Test, and Evaluation (RDT&E) Operations, Kauai, Honolulu, Maui and Hawaii Counties, HI, Comment Period Ends: 04/07/2008, Contact: Tom Clements 866-767-3347.

EIS No. 20080064, Final EIS, BIA, NY, Oneida Nation of New York Conveyance of Lands into Trust, Proposes to Transfer 17,370 Acre of Fee Land into Federal Trust Status, Oneida, Madison and New York Counties, NY, Wait Period Ends: 03/24/2008, Contact: Kurt G. Chandler 615-564-6832.

Amended Notices

EIS No. 20080021, Draft EIS, SFW, AK, Yukon Flats National Wildlife Refuge Project, Proposed Federal and Public Land Exchange, Right-of-Way Grant, Anchorage, AK, Comment Period Ends: 03/25/2008, Contact: Cyndie Wolfe 907-786-3463.

Revision of FR Notice Published 01/25/2008: Extending Comment Period from 03/11/2008 to 03/25/2008.

EIS No. 20080051, Final EIS, AFS, MT, Beaverhead-Deerlodge National Forest Draft Revised Land and Resource Management Plan, Implementation, Beaverhead, Butte-Silver Bow, Deerlodge, Granite, Jefferson, Madison Counties, MT, Comment Period Ends: 03/31/2008, Contact: Leaf Magnuson 406-683-3950.

Revision to FR Notice Published 02/15/2008: Change the Wait Period Ends from 03/17/2008 to Comment Period Ends 03/31/2008.

Dated: February 19, 2008.

Ken Mittelholtz,

Environmental Protection Specialist, Office of Federal Activities.

[FR Doc. E8-3423 Filed 2-21-08; 8:45 am]

BILLING CODE 6560-50-P

FARM CREDIT ADMINISTRATION

[BM-14-FEB-08-02]

Consideration and Referral of Supervisory Strategies and Enforcement Actions

AGENCY: Farm Credit Administration.

ACTION: Policy statement.

SUMMARY: The Farm Credit Administration (FCA or Agency) Board

recently adopted a policy statement that identifies conditions that warrant referrals to the Agency's Regulatory Enforcement Committee (REC) to consider appropriate supervisory strategies and recommend to the FCA Board the use of the enforcement authorities conferred on the Agency under part C, title V of the Farm Credit Act of 1971, as amended, or other statutes.

DATES: *Effective Date:* February 14, 2008.

FOR FURTHER INFORMATION CONTACT:

Roger Paulsen, Office of Examination, Farm Credit Administration, McLean, VA 22102-5090, (703) 883-4265, TTY (703) 883-4483,

or

Jane Virga, Senior Counsel, Office of General Counsel, Farm Credit Administration, McLean, VA 22102-5090, (703) 883-4020, TTY (703) 883-4020.

SUPPLEMENTARY INFORMATION: The FCA Board adopted a policy statement identifying conditions that require referrals to the Agency's Regulatory Enforcement Committee. The policy statement, in its entirety, follows:
Consideration and Referral of Supervisory Strategies and Enforcement Actions

FCA-PS-79 [BM-14-FEB-08-02]

Effective Date: February 14, 2008.

Effect on Previous Action: None.

Source of Authority: Sections 5.19, 5.25-5.35 of the Farm Credit Act of 1971, as amended.

The FCA Board Hereby Adopts the Following Policy Statement:

The Farm Credit Administration (FCA or Agency) Board provides for the regulation and examination of Farm Credit System (System or FCS) institutions, which includes the Federal Agricultural Mortgage Corporation (Farmer Mac), in accordance with the Farm Credit Act of 1971, as amended (the "Act"). This policy addresses conditions that warrant referrals to the Agency's Regulatory Enforcement Committee (REC) to consider appropriate supervisory strategies and recommend to the FCA Board the use of the enforcement authorities conferred on the Agency under Part C, Title V of the Act or other statutes. Enforcement actions include formal agreements, orders to cease and desist, temporary orders to cease and desist, civil money penalties, suspensions or removals of directors or officers, and conditions imposed in writing to address unsafe or unsound practices or violations of law, rule or regulation (Enforcement Document). Taking these actions, in an

appropriate and timely manner, is critical to maintaining shareholder, investor, and public confidence in the financial strength and future viability of the System.

This policy provides only internal FCA guidance. It is not intended to create any rights, substantive or procedural, enforceable at law or in any administrative proceeding.

Composition of the REC

The Chairman of the FCA Board will designate the office directors of the Office of Examination, Office of General Counsel, and Office of Regulatory Policy, or the directors of successor offices, as voting members of the REC. A representative from the Farm Credit System Insurance Corporation will be invited to participate in REC activities as a non-voting member. The Chairman of the FCA Board will also designate one of the voting REC members as Chairman of the REC.

Due to the statutory independence of the Office of Secondary Market Oversight (OSMO), there will be different REC membership when considering issues related to Farmer Mac.

Referrals to the REC

Recommended supervisory strategies or enforcement actions concerning an FCS institution or person will be referred to the REC when any of the conditions exist, as specified below, or when a specified condition does not exist, but consideration of an enforcement action or review by the REC is appropriate. The REC will review the proposed actions and draft enforcement documents and assess the recommendations for pursuing any such actions. The REC may revise the recommendations and will document its concurrence or nonconcurrence with the supervisory strategy or enforcement action.

Conditions Warranting Referral to the REC

Any one of the following conditions requires a referral to the REC for its consideration of supervisory strategies or enforcement actions.

1. A "4" or "5" composite FIRS rating is assigned to an FCS institution;

2. The institution or person is deemed unable or unwilling to address a material: (a) Unsafe or unsound condition or practice; or (b) violation or ongoing violation of law or regulation;

3. The institution or person is about to engage in a material unsafe or unsound practice or is about to commit a willful or material violation of law or

regulation that exposes the institution to significant risk;

4. Conditions meet the statutory criteria for a suspension or removal;

5. Conditions meet the statutory criteria for assessing a civil money penalty and the factors to be considered in determining the amount of a civil money penalty justify the imposition of the penalty;

6. Conditions meet the statutory criteria to place an FCS institution in conservatorship or receivership;

7. An institution or person fails to comply with an Enforcement Document or is unwilling or unable to address a violation of a condition imposed in writing; or

8. Conditions justify termination or modification of an existing Enforcement Document.

As appropriate, referrals for the REC's consideration also may be made for conditions not specified above.

Notification of the REC

The REC will be notified when any institution is assigned a "3" composite FIRS rating and informed of the Agency's supervisory strategies.

Consultation with the REC

For institutions under a formal Enforcement Document, or assigned a composite FIRS rating of "4" or "5", requests for prior approvals, or other actions, will be referred to the REC for consultation.

Referral to the FCA Board

The REC will refer to the FCA Board for its consideration all recommendations concurred with by the REC for the placement of an Enforcement Document on a FCS institution or person. In the unlikely instance, when an institution receives a composite "4" or "5" FIRS rating and a formal Enforcement Document is not recommended to the FCA Board, the REC will promptly document and report the Agency's supervisory strategy to the FCA Board.

Reporting to the FCA Board

The REC Chairman will report at least quarterly to the FCA Board if matters are referred to or reviewed by the REC, but FCA Board action is not subsequently requested.

Actions by the REC

The REC will develop procedures to address the responsibilities outlined herein.

Due to OSMO's statutory independence, the Director of OSMO will develop procedures for actions affecting Farmer Mac.

Dated this 14th day of February, 2008 by order of the Board.

Dated: February 19, 2008.

Roland E. Smith,

Secretary, Farm Credit Administration Board.

[FR Doc. 08-821 Filed 2-21-08; 8:45am]

BILLING CODE 6705-01-P

FEDERAL RESERVE SYSTEM

Agency Information Collection Activities: Announcement of Board Approval Under Delegated Authority and Submission to OMB

SUMMARY:

Background

Notice is hereby given of the final approval of proposed information collections by the Board of Governors of the Federal Reserve System (Board) under OMB delegated authority, as per 5 CFR 1320.16 (OMB Regulations on Controlling Paperwork Burdens on the Public). Board-approved collections of information are incorporated into the official OMB inventory of currently approved collections of information. Copies of the Paperwork Reduction Act Submission, supporting statements and approved collection of information instrument(s) are placed into OMB's public docket files. The Federal Reserve may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

FOR FURTHER INFORMATION CONTACT:

Federal Reserve Board Clearance Officer—Michelle Shore—Division of Research and Statistics, Board of Governors of the Federal Reserve System, Washington, DC 20551 (202-452-3829).

OMB Desk Officer—Alexander T. Hunt—Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Final approval under OMB delegated authority of the extension for three years, with revision, of the following report:

Report title: Application for Employment with the Board of Governors of the Federal Reserve System.

Agency form number: FR 28, FR 28s, FR 28i.

OMB Control number: 7100-0181.

Frequency: On occasion.

Reporters: Employment applicants.

Annual reporting hours: 3,558 hours.

Estimated average hours per response: FR 28: 1 hour; FR 28s: 1 minute; FR 28i: 5 minutes.

Number of respondents: FR 28: 3,500; FR 28s: 2,000; FR 28i: 300.

General description of report: This information collection is required to obtain a benefit (sections 10(4) and 11(1) of the Federal Reserve Act (12 U.S.C. 244 and 248(1)). Information provided will be kept confidential under exemption (b)(6) of the Freedom of Information Act (FOIA) to the extent that the disclosure of information "would constitute a clearly unwarranted invasion of personal privacy." 5 U.S.C. 552(b)(6).

Abstract: The Application collects information to determine the qualifications and availability of applicants for employment with the Board. The Application collections information on education and training, employment record, military service record, and other information since the time the applicant left high school.

Current Actions: On December 10, 2007, the Federal Reserve published a notice in the **Federal Register** (72 FR 69688) requesting public comment for 60 days on the extension, with revision, of the FR 28, FR 28s, and FR 28i. The comment period for this notice expired on February 8, 2008. The Federal Reserve did not receive any comments.

Final approval under OMB delegated authority of the extension for three years, without revision, of the following report:

Report title: Recordkeeping Requirements Associated with the Real Estate Lending Standards Regulation for State Member Banks.

Agency form number: Reg H-5.

OMB control number: 7100-0261.

Frequency: Aggregate report, quarterly; policy statement, annually.

Reporters: State member banks.

Annual reporting hours: 17,960 hours.

Estimated average hours per response: Aggregate report: 5 hours; Policy statement: 20 hours.

Number of respondents: Aggregate report: 888; Policy statement: 10.

General description of report: This information collection is mandatory (12 U.S.C. 1828(o)) and is not given confidential treatment. However, information gathered by the Federal Reserve during examinations of state member banks would be deemed exempt from Freedom of Information Act (FOIA) disclosure by exemption 8 of FOIA. 5 U.S.C. 552(b)(8).

Abstract: State member banks must adopt and maintain a written real estate lending policy. Also, banks must identify their loans in excess of the

supervisory loan-to-value limits and report (at least quarterly) the aggregate amount of the loans to the bank's board of directors.

Current Actions: On December 10, 2007, the Federal Reserve published a notice in the **Federal Register** (72 FR 69688) requesting public comment for 60 days on the extension, without revision, of the recordkeeping requirements associated with the real estate lending standards regulation for state member banks. The comment period for this notice expired on February 8, 2008. The Federal Reserve did not receive any comments.

Board of Governors of the Federal Reserve System, February 14, 2008.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E8-3293 Filed 2-21-08; 8:45 am]

BILLING CODE 6210-01-P

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 March 10, 2008.

A. Federal Reserve Bank of Kansas City (Todd Offenbacher, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Jeffrey C. Royal, as an individual; Jeffrey C. Royal, Robert Royal, and John Holm*, all of Omaha, Nebraska; as part of a group acting in concert; to acquire voting shares of Mackey Banco, Inc., and thereby indirectly acquire voting shares of Security State Bank, both in Ansley, Nebraska.

Board of Governors of the Federal Reserve System, February 19, 2008.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E8-3312 Filed 2-21-08; 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 applications 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 <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 March 20, 2008.

A. Federal Reserve Bank of New York (Anne MacEwen, Bank Applications Officer) 33 Liberty Street, New York, New York 10045-0001:

1. *Tompkins Financial Corporation*, Ithaca, New York; to merge with Sleepy Hollow Bancorp Inc., and thereby indirectly acquire voting shares of Sleepy Hollow Bank, both of Sleepy Hollow, New York.

Board of Governors of the Federal Reserve System, February 19, 2008.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E8-3313 Filed 2-21-08; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: PSC-0937-0191; 30-day notice]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to

Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-5683. Written comments and recommendations for the proposed information collections must be received within 30 days of this notice directly to the OS OMB Desk Officer all comments must be faxed to OMB at 202-395-6974.

Proposed Project: Application Packets for Real Property for Public Health Purposes—OMB No. 0937-0191—Revision—Program Support Center.

Abstract: The Federal Property Assistance Program is requesting a 3 year approval for a previously approved collection. Annually, HHS receives approximately 20 applications from eligible groups which include state and local governments as well as nonprofit institutions. The eligible groups are applying for acquisition of excess/surplus, underutilized/unutilized, and/or off-site Federal real property. The applications are used to determine if institutions or organizations are eligible to purchase, lease, or use property under the provisions of the surplus real property program.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
State, local, or tribal governments, nonprofits	20	1	200	4,000

Terry Nicolosi,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E8-3294 Filed 2-21-08; 8:45 am]

BILLING CODE 4150-17-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clinical Laboratory Improvement Advisory Committee (CLIAC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting for the aforementioned committee:

Times and Dates:

8 a.m.–5 p.m., February 20, 2008.

8 a.m.–3:30 p.m., February 21, 2008.

Place: Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Tom Harkin Global Communications Center, Building 19, Room 232, Auditorium B, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Purpose: This Committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the need for, and the nature of, revisions to the standards under which clinical laboratories are regulated; the impact on medical and laboratory practice of proposed revisions to the standards; and the modification of the standards to accommodate technological advances.

Matters To Be Discussed: The agenda will include updates from the CDC, the Centers for Medicare & Medicaid Services, and the Food and Drug Administration; and presentations and discussion addressing “20 Years of CLIA: Needs for Quality Then vs. Now;” evidence gathered since CLIA implementation demonstrating the impact of standards/accreditation on laboratory quality; perspectives on Quality Management System implementation; and laboratory

biosafety. Agenda items are subject to change as priorities dictate.

Due to administrative issues that had to be resolved, the **Federal Register** notice is being published less than fifteen days before the date of the meeting.

Contact Person for More Information: Nancy Anderson, Chief, Laboratory Practice Standards Branch, Division of Laboratory Systems, National Center for Preparedness, Detection, and Control of Infectious Diseases, Coordinating Center for Infectious Diseases, CDC, 1600 Clifton Road, NE., Mailstop F-11, Atlanta, Georgia 30333; telephone (404) 718-1025; fax (404) 718-1085; or via e-mail at Nancy.Anderson@cdc.hhs.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: February 19, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 08-824 Filed 2-20-08; 10:32 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1491-N]

Medicare Program; Extension of Certain Hospital Wage Index Reclassifications

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

ACTION: Notice.

SUMMARY: This notice announces the extension of the expiration date for certain wage index geographic reclassifications and special exceptions as implemented by section 117 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (Pub. L. 110-173). Certain geographic reclassifications and special exception

hospitals' wage indices that were set to expire on September 30, 2007 are now extended through September 30, 2008. In addition, for hospital reclassifications extended by Division B, Title I, section 106(a) of the Tax Relief and Health Care Act of 2006, Pub. L. 109-432, that resulted in a lower wage index for the second half of FY 2007, we will apply the higher wage index that was applicable to such hospitals during the first half of FY 2007, for the entire fiscal year.

DATES: *Effective date:* This notice is effective on February 22, 2008.

Applicability date: This notice is applicable to the hospitals identified in section II.A. of this notice on October 1, 2007 and to the hospitals identified in section II.B. of this notice on April 1, 2007.

FOR FURTHER INFORMATION CONTACT: Brian Slater, (410) 786-5229.

SUPPLEMENTARY INFORMATION:

I. Background

Section 508 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) (Pub. L. 108-173) permitted a qualifying hospital to appeal the wage index classification otherwise applicable to the hospital and apply for reclassification to another area of the State in which the hospital was located (or, at the discretion of the Secretary, to an area within a contiguous State). Hospitals were required to submit their applications by February 15, 2004. In the February 13, 2004 **Federal Register** (69 FR 7340), we published a notice that described our implementation of section 508 of MMA. The Congress limited the reclassifications under section 508 of MMA to a 3-year period beginning April 1, 2004 and ending March 31, 2007.

Section 106(a) of the Medicare Improvements and Extension Act, Division B of the Tax Relief and Health Care Act of 2006 (MIEA-TRHCA) (Pub. L. 109-432) extended any geographic reclassification that was set to expire on March 31, 2007 by 6 months until September 30, 2007. In the March 23, 2007 **Federal Register** (72 FR 13799), we published a notice explaining how we would implement section 106 of MIEA-TRHCA. We also explained that for a subset of hospitals whose

reclassifications were extended, the wage index for the second half of fiscal year (FY) 2007 would decrease from the first half of the year.

II. Provisions of the Notice

A. Reclassifications for Hospitals Affected by Section 117(a) of the Medicare, Medicaid, and SCHIP Extension Act of 2007

Section 117(a) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (Pub. L. 110–173) extends through September 30, 2008 both the reclassifications that were extended by section 106 of MIEA–TRCHA as well as certain special exception wage indices referenced in

the FY 2005 inpatient prospective payment system (IPPS) final rule (69 FR 49105 and 49107). Consistent with how section 508 of MMA and special exceptions were implemented in FY 2005, hospitals receiving extensions under section 117(a) of MMSEA may not receive an out-migration adjustment. Such hospitals are treated in a manner consistent to reclassified hospitals, and section 1886(d)(13) of the Act specifies that a reclassified hospital is not eligible for the out-migration adjustment. In addition, the special exceptions granted in FY 2005 provided for the complete wage index to be assigned the specified hospitals without any addition of an out-migration adjustment. Further, we

only extended the reclassification or special exception in cases where it benefited the hospital. If, in FY 2008, the hospital is already receiving a reclassification or wage index that results in a higher wage index than would be received under the reclassification or special exception extension, then we did not change the hospital's wage index value that was published in the October 10, 2007, or subsequent notice.

The following table lists providers affected by section 117(a) of MMSEA, which extends certain reclassifications and special exceptions through FY 2008 (October 1, 2007 through September 30, 2008):

Fiscal intermediary No.	Provider No.	FY 2008 wage index	FY 2008 GAF
52280	010150	0.8588	0.9010
00322	020008	1.2727	1.1795
00454	050494	1.4147	1.2682
52280	050549	1.4147	1.2682
52280	060075	1.2164	1.1436
00308	070036	1.3696	1.2403
00011	160064	0.9194	0.9441
52280	220046	1.1304	1.0876
00450	230003	1.0147	1.0100
00450	230004	1.0147	1.0100
00452	230036	1.0244	1.0166
00450	230038	1.0147	1.0100
00450	230059	1.0147	1.0100
00452	230066	1.0147	1.0100
00450	230072	1.0147	1.0100
00452	230097	1.0147	1.0100
00452	230106	1.0147	1.0100
00450	230174	1.0147	1.0100
00450	230236	1.0147	1.0100
00230	250002	0.8217	0.8742
52280	250122	0.8217	0.8742
03201	² 270002	0.8738	0.9118
03201	270023	0.8871	0.9212
03201	270032	0.8871	0.9212
03201	270057	0.8871	0.9212
00390	310021	1.3003	1.1970
00390	310028	1.3003	1.1970
00390	310051	1.3003	1.1970
00390	310060	1.3003	1.1970
00390	310115	1.3003	1.1970
00390	310120	1.3003	1.1970
00308	² 330023	1.3003	1.1970
00308	330049	1.3003	1.1970
00308	² 330067	1.3003	1.1970
00308	330106	1.4999	1.3200
00308	³ 330135	1.3003	1.1970
00308	³ 330205	1.3003	1.1970
00308	³ 330264	1.3003	1.1970
77002	340002	0.9342	0.9545
03301	350002	0.7944	0.8542
03301	350003	0.7944	0.8542
03301	350006	0.7944	0.8542
03301	350010	0.7944	0.8542
03301	350014	0.7944	0.8542
03301	350015	0.7944	0.8542
03301	350017	0.7944	0.8542
03301	350030	0.7944	0.8542
00325	380090	1.1501	1.1005
00363	390001	1.0004	1.0003
00363	390003	1.0004	1.0003
00363	¹ 390045	1.0004	1.0003
52280	390072	1.0004	1.0003

Fiscal intermediary No.	Provider No.	FY 2008 wage index	FY 2008 GAF
00363	390095	1.0004	1.0003
00363	390119	1.0004	1.0003
00363	390137	1.0004	1.0003
00363	390169	1.0004	1.0003
00363	390185	0.9650	0.9759
00363	390192	1.0004	1.0003
00363	390237	1.0004	1.0003
00363	390270	0.9650	0.9759
03401	430005	0.8686	0.9080
03401	² 430008	0.9373	0.9566
52280	430015	0.9373	0.9566
03401	³ 430048	0.9373	0.9566
03401	430060	0.9373	0.9566
03401	430064	0.9373	0.9566
03401	430077	0.9373	0.9566
03401	430091	0.9373	0.9566
00400	450010	0.9136	0.9400
00270	470003	1.1304	1.0876
00453	490001	0.8606	0.9023
03601	² 530008	0.9271	0.9495
03601	² 530010	0.9271	0.9495
03601	530015	0.9650	0.9759

¹ This hospital has been assigned a wage index under a special exceptions policy (See the August 18, 2006 final rule (71 FR 48070)).

² These hospitals are assigned a wage index value under a special exceptions policy (See Table 9B of the August 11, 2004 final rule (69 FR 49105) and the December 30, 2004 correction notice, (69 FR 78705)).

³ The hospital originally received an out-migration adjustment for FY 2008. However, due to the extension of the hospital's special reclassification or exception, the hospital no longer qualifies for the out-migration adjustment for FY 2008.

B. Reclassifications for Hospitals Affected by Section 117(c) of the Medicare, Medicaid, and SCHIP Extension Act of 2007

Section 117(c) of MMSEA requires that, for hospital reclassifications

extended by section 106(a) of MIEA—TRHCA that resulted in a lower wage index for the period April 1, 2007 through September 30, 2007, we will apply the higher wage index that was applicable to such hospitals during the

period October 1, 2006 through March 31, 2007, for the entire FY 2007.

The following table lists providers affected by section 117(c), which revises the FY 2007 wage index from April 1, 2007 through September 30, 2007:

Fiscal intermediary No.	Provider No.	Current wage index 4/1/2007–9/30/2007	Current GAF 4/1/2007–9/30/2007	Revised wage index 4/1/2007–9/30/2007	Revised GAF 4/1/2007–9/30/2007
00308	070001	1.2730	1.1797	1.2971	1.1950
00308	070005	1.2730	1.1797	1.2971	1.1950
00308	070010	1.3113	1.2039	1.3134	1.2053
00308	070016	1.2730	1.1797	1.2971	1.1950
00308	070017	1.2730	1.1797	1.2971	1.1950
00308	070019	1.2730	1.1797	1.2971	1.1950
00308	070022	1.2730	1.1797	1.2971	1.1950
00308	070028	1.3113	1.2039	1.3134	1.2053
00308	070031	1.2730	1.1797	1.2971	1.1950
00308	070039	1.2730	1.1797	1.2971	1.1950
00011	160040	0.8708	0.9096	0.8803	0.9164
00011	160067	0.8708	0.9096	0.8803	0.9164
00011	160110	0.8708	0.9096	0.8803	0.9164
00450	230020	1.0440	1.0299	1.0563	1.0382
00452	230024	1.0440	1.0299	1.0563	1.0382
00450	230053	1.0440	1.0299	1.0563	1.0382
00450	230089	1.0440	1.0299	1.0563	1.0382
00452	230104	1.0440	1.0299	1.0563	1.0382
00450	230119	1.0440	1.0299	1.0563	1.0382
00450	230135	1.0440	1.0299	1.0563	1.0382
00450	230146	1.0440	1.0299	1.0563	1.0382
00450	230165	1.0440	1.0299	1.0563	1.0382
00450	230176	1.0440	1.0299	1.0563	1.0382
00450	230270	1.0440	1.0299	1.0563	1.0382
00452	230273	1.0440	1.0299	1.0563	1.0382
00390	310021	1.3113	1.2039	1.3134	1.2053
00390	310028	1.3113	1.2039	1.3134	1.2053
00390	310051	1.3113	1.2039	1.3134	1.2053
00390	310060	1.3113	1.2039	1.3134	1.2053
00390	310115	1.3113	1.2039	1.3134	1.2053
00390	310120	1.3113	1.2039	1.3134	1.2053

Fiscal intermediary No.	Provider No.	Current wage index 4/1/2007–9/30/2007	Current GAF 4/1/2007–9/30/2007	Revised wage index 4/1/2007–9/30/2007	Revised GAF 4/1/2007–9/30/2007
00308	330049	1.3113	1.2039	1.3134	1.2053
00308	330126	1.3113	1.2039	1.3134	1.2053
00308	330135	1.3113	1.2039	1.3134	1.2053
00308	330205	1.3113	1.2039	1.3134	1.2053
00308	330209	1.2730	1.1797	1.2971	1.1950
00308	330264	1.2730	1.1797	1.2971	1.1950

We have implemented these provisions through instructions to the Medicare Administrative Contractors (MAC) (CMS Joint Signature Memorandum, JSM/TDL–08149, January 28, 2008). CMS has instructed FIs/MACs to reprocess claims for the affected providers FY 2007 and FY 2008.

When originally applying section 508 of MMA, we required each hospital to submit a request in writing by February 15, 2004, to the Medicare Geographic Classification Review Board (MGCRB), with a copy to CMS. We will neither require nor accept written requests for the extension required by section 117 of MMSEA, since that section, by providing a 1-year extension for certain special exceptions and reclassifications set to expire September 30, 2007, already specifies the affected hospitals.

III. Regulatory Impact Statement

We have examined the impact of this notice using the requirements of Executive Order 12866 (September 1993, Regulatory Planning and Review), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). This notice implements a statutory provision that would increase payments to hospitals by less than \$100 million and is therefore, not a major rule. This notice also is not a legislative rulemaking under the Administrative Procedure Act, but rather interprets and applies a statutory mandate.

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. Again, although we do not consider this notice to be a substantive rule subject to notice and comment rulemaking, we note that this notice does not impose any costs on State or local governments. Therefore, the requirements of Executive Order 13132 would not be applicable.

We estimate the impact of sections 117(a) and (c) of MMSEA is to increase payments to hospitals by \$24 million for FY 2007 and by \$57 million for FY 2008.

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

Authority: Section 117(a) and (c) of Public Law 110–173. Section 106(a) of Division B, Title 1, Public Law 109–432. Section 508(a) of Public Law 108–173.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: February 7, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8–2798 Filed 2–21–08; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1395–N]

Medicare Program; Request for Nominations to the Advisory Panel on Ambulatory Payment Classification Groups

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (DHHS).

ACTION: Notice.

SUMMARY: This notice solicits the nominations of three individuals for consideration as members on the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel).

There will be three vacancies on the Panel: One vacancy as of June 1 and two additional vacancies as of September 30, 2008. The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of the Department of Health and Human Services (DHHS), and the Administrator of the Centers for Medicare & Medicaid Services (CMS), concerning the clinical integrity of the APC groups and their associated weights. We consider the Panel's advice as we prepare the annual updates of the Medicare hospital outpatient prospective payment system (OPPS). The Secretary rechartered the Panel in 2006 for a 2-year period effective through November 21, 2008.

Submission Date of Nominations: Nominations will be considered if postmarked by 5 p.m. E.S.T. on April 1, 2008, and sent to the designated address provided in the **ADDRESSES** section of this notice.

ADDRESSES: You may mail or hand deliver nominations for membership to: Center for Medicare and Medicaid Services; Attn: Shirl Ackerman-Ross, Designated Federal Official (DFO), Advisory Panel on APC Groups; Center for Medicare Management, Hospital & Ambulatory Policy Group, Division of Outpatient Care; 7500 Security Boulevard, Mail Stop C4–05–17; Baltimore, MD 21244–1850.

For Additional Information:

Contacts: Persons wishing to nominate individuals to serve on the Panel or to obtain further information may also contact Shirl Ackerman-Ross, the DFO, at CMSAPCPanel@cms.hhs.gov (NOTE: There is NO underscore in this e-mail address; there is a SPACE between CMS and APCPanel.), or call 410–786–4474. (Note: Please advise couriers of the following: When delivering hardcopies of presentations to CMS, if no one answers at the above phone number, please call (410) 786–4532 or (410) 786–9316.)

News media representatives should contact the CMS Press Office at 202–690–6145.

Web Site: For additional information on the APC Panel and updates to the Panel's activities, search our Web site at the following: http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage. (Use control + click the mouse in order to access the previous URL.) (Note: There is an UNDERSCORE after FACA/05_; there is no space.)

Advisory Committees' Information Lines: You may also refer to the CMS Federal Advisory Committee Hotlines at 1-877-449-5659 (toll-free) or 410-786-9379 (local) for additional information.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary is required by section 1833(t)(9)(A) of the Social Security Act (the Act), as amended and redesignated by sections 201(h) and 202(a)(2) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106-113), to consult with an expert outside advisory panel regarding the clinical integrity of the APC groups and relative payment weights that are components of the Medicare hospital OPPS.

The Charter requires that the APC Panel meet up to three times annually. We consider the Panel's technical advice as we prepare the proposed and final rules to update the OPPS for the next calendar year.

The Panel may consist of a chair and up to 15 members who are full-time employees of hospitals, hospital systems, or other Medicare providers that are subject to the OPPS. (For purposes of the Panel, consultants or independent contractors are not considered to be full-time employees in these organizations.)

The Administrator selects the Panel membership based upon either self-nominations or nominations submitted by providers or interested organizations.

The current Panel members are as follows: (The asterisk [*] indicates the Panel member whose term ends on June 1, 2008, and the double asterisks [**] indicate Panel members whose terms end on September 30, 2008.)

- E.L. Hambrick, M.D., J.D., Chair, a CMS Medical Officer
- Gloryanne Bryant, B.S., RHIA, RHIT, CCS
- Patrick A. Grusenmeyer, Sc.D., FACHE
- Hazel Kimmel, R.N., CCS, CPC*
- Michael D. Mills, PhD
- Thomas M. Munger, M.D., FACC
- Agatha L. Nolen, D.Ph., M.S.
- Beverly Khnie Philip, M.D.
- Louis Potters, M.D., FACR**
- Russ Ranallo, M.S., B.S.

- James V. Rawson, M.D.
- Michael A. Ross, M.D., FACEP
- Judie S. Snipes, R.N., M.B.A., FACHE**
- Patricia Spencer-Cisek, M.S., APRN-BC, AOCN®
- Kim Allen Williams, M.D., FACC, FABC
- Robert M. Zwolak, M.D., PhD, FACS

Panel members serve without compensation, according to an advance written agreement; however, for the meetings, CMS reimburses travel, meals, lodging, and related expenses in accordance with standard Government travel regulations.

We have a special interest in attempting to ensure, while taking into account the nominee pool, that the Panel is diverse in all respects of the following: Geography; rural or urban practice; race, ethnicity, sex, and disability; medical or technical specialty; and type of hospital, hospital health system, or other Medicare provider.

The Secretary, or his designee, appoints new members to the Panel from among those candidates determined to have the required expertise. New appointments are made in a manner that ensures a balanced membership under the guidelines of the Federal Advisory Committee Act.

II. Criteria for Nominees

All qualified nominees must have technical expertise in one or more of the listed areas of below that will enable them to participate fully in the work of the Panel. Nominees' expertise must exist in one of the following areas:

- Hospital payment systems.
- Hospital medical-care delivery systems.
- Outpatient payment requirements.
- APC groups.
- Physicians' Current Procedural Terminology Codes.
- The use and payment of drugs and medical devices in the outpatient setting.
- Any other relevant expertise.

It is not necessary for a nominee to possess expertise in all of the areas listed, but each nominee must have a minimum of 5 years experience and currently have full-time employment in his or her area of expertise. Members of the Panel serve overlapping terms up to 4 years, based on the needs of the Panel and contingent upon the rechartering of the Panel.

Any interested person or organization may nominate one or more qualified individuals. Self-nominations will also be accepted. Each nomination must include the following:

- Letter of Nomination,
- Curriculum Vita of the nominee, and
- Written statement from the nominee that the nominee is willing to serve on the Panel under the conditions described in this notice and further specified in the Charter.

III. Copies of the Charter

To obtain a copy of the Panel's Charter, submit a written request to the DFO at the address provided or by e-mail at CMSAPCPanel@cms.hhs.gov, or call her at 410-786-4474. Copies of the Charter are also available on the Internet at the following: http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage.

Authority: Section 1833(t)(9)(A) of the Act (42 U.S.C. 1395l(t)(9)(A)). The Panel is governed by the provisions of Pub. L. 92-463, as amended (5 U.S.C. Appendix 2).

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

Dated: February 7, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8-2806 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3186-FN]

Medicare Program: Approval of Application by the Indian Health Service (IHS) for Continued Recognition as a National Accreditation Organization That Accredits American Indian and Alaska Native (AI/AN) Entities To Furnish Outpatient Diabetes Self-Management Training

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

ACTION: Final notice.

SUMMARY: This final notice announces the approval of the Indian Health Service (IHS) as a national accreditation organization for the purpose of determining that entities meet the necessary quality standards to furnish outpatient diabetes self-management training services under Part B of the Medicare program. Therefore, American Indian and Alaska Native diabetes self-management training (DSMT) programs accredited by the IHS will receive

deemed status under the Medicare program for purposes of this benefit.

EFFECTIVE DATE: This approval of IHS as a national accreditation organization is effective on February 22, 2008.

FOR FURTHER INFORMATION CONTACT: Eva Fung, (410) 786-7539.

SUPPLEMENTARY INFORMATION:

I. Background

To participate in the Medicare program, diabetes self-management training (DSMT) programs must meet conditions for coverage specified in our regulations at 42 CFR part 410, subpart H. One requirement is that entities must satisfy required quality standards. An entity seeking approval as a DSMT supplier must meet the requirements found at § 410.144 as determined by an organization that meets the standards found at § 410.142. These organizations are referred to as national accreditation organizations (NAOs).

II. Review Process

In evaluating an application from an accrediting organization, we consider the following factors under section 1865(b)(2) of the Social Security Act (the Act):

- Accreditation requirements.
- Survey procedures.
- Ability to provide adequate resources for conducting required surveys and to supply information for use in enforcement activities.
- Monitoring procedures.
- Ability to provide us with the necessary data for validation.

After the receipt of a written request to become a NAO or to renew status as a NAO, a proposed notice is published in the **Federal Register**, with a 30 day public comment period. After review of the NAO's application, we are required to publish a final notice of approval or denial no later than 210 days after the date of receipt of a complete application package from the organization requesting to become a NAO.

III. Analysis of and Responses to Public Comments

We received a complete application from the IHS on July 11, 2007. On September 28, 2007, we published a proposed notice in the **Federal Register** (72 FR 55222-55224) announcing the application from the IHS for continued approval as a NAO for accrediting of American Indian (AI) and Alaska Native (AN) entities that wish to furnish outpatient DSMT to Medicare beneficiaries.

We note that no public comments were received on our proposed notice.

IV. Provisions of the Final Notice

On March 22, 2002, we approved the IHS as a NAO for a term of 6 years to accredit AI/AN entities that provide diabetes self-management training (67 FR 13345). We recognize that the IHS has a solid record of experience in past decades in representing the interest of individuals with diabetes. The AI/AN population has one of the highest rates of diabetes in the world and the prevalence of diabetes is substantially higher than in the general U.S. population. Recognizing the size of the AI/AN population affected by diabetes, the Congress, since 1979, has funded the IHS-administered National Diabetes Program to promote collaborative strategies to combat diabetes, to develop standards-of-care policies for diabetes, to disseminate comprehensive information about diabetes, and to advocate for the AI/AN population. The IHS has played a leadership role in the development of diabetic care surveillance and data collection in the AI/AN diabetes programs. It monitors the quality of the AI/AN diabetes education service through its National Diabetes Program, IHS Area Consultants, the IHS Model Diabetes Program, the Special Diabetes Grant Programs, and the IHS Integrated Diabetes Education and Clinical Standards Recognition Program for AI/AN communities. Additionally, the IHS works in partnership with the IHS Model Diabetes Programs to tailor educational materials, treatment programs, nutrition counseling, and physical activities to accommodate cultural, physical, and geographical needs.

A special Task Force consisting of the American Diabetes Association, the American Association of Diabetes Educators, the American Dietetic Association, the Veteran's Health Service, the National Certification Board for Diabetes Educators, the Centers for Disease Control and Prevention, the Department of Veterans Affairs, the Diabetes Research and Training Centers, the Indian Health Service, and the National Certification Board for Diabetes Educators was convened on March 31, 2006 and again on September 19, 2006 as part of the process to update the National Standards for Diabetes Self-Management Education Programs (NSDSMEP). The revised standards were approved on March 25, 2007 and were published in the June 2007 issue of *Diabetes Care*. (Volume 30, Number 6.) Prior to revision, the Task Force reviewed the standards for their appropriateness, relevancy, scientific basis, specificity, and ability to be

implemented in multiple settings. The current NSDSMEP standards (7th Edition) were effectuated in June 2007 and reflect the changing approaches in diabetes training and education.

Our findings indicate that the IHS continues to meet our criteria as "a nonprofit organization with demonstrated experience in representing the interests of individuals with diabetes" to accredit entities to furnish training as specified in § 410.142(a) and continues to meet all applicable requirements in § 410.140 through § 410.146.

The Iowa Foundation for Medicare Care (IFMC) is under contract (#GS-35F-5831 H/HHSM 500-2006-0015IG) to CMS to validate the DSMT accreditation policies of NAOs including IHS. IFMC surveyed a sample of IHS accredited facilities. Based on these reviews, we have determined that the IHS deeming authority has been exercised in compliance with published requirements and have approved IHS' continued recognition as a NAO, effective for 6 years, beginning February 22, 2008.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

Authority: Sections 1865 of the Social Security Act (42 U.S.C. 1395bb). (Catalog of Federal Domestic Program No. 93.773, Medicare-Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 6, 2007.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8-2803 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-7008-N]

Medicare Program; Announcement of Meeting of the Advisory Panel on Medicare Education; March 11, 2008

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice announces a meeting of Advisory Panel on Medicare Education (the Panel). The Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program. This meeting is open to the public.

DATES: *Meeting Date:* March 11, 2008 from 9 a.m. to 3:30 p.m., e.d.t.

Deadline for Meeting Registration, Presentations, and Comments: March 4, 2008, 12 noon, e.s.t.

Deadline for Requesting Special Accommodations: March 4, 2008, 12 noon, e.s.t.

ADDRESSES: *Meeting Location:* Hilton Washington Embassy Row, 2015 Massachusetts Avenue, NW., Washington, DC 20036, (202) 265-1600.

Meeting Registration, Presentations, and Written Comments: Lynne Johnson, Designated Federal Official, Division of Forum and Conference Development, Office of External Affairs, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1-05-06, Baltimore, MD 21244-1850 or contact Ms. Johnson via e-mail at Lynne.Johnson@cms.hhs.gov.

Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register by contacting Lynne Johnson at the address listed in the **ADDRESSES** section of this notice or by telephone at (410) 786-0090 by date listed in the **DATES** section of this section.

FOR FURTHER INFORMATION CONTACT: Lynne Johnson, (410) 786-0090. Please refer to the CMS Advisory Committees' Information Line (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet (http://www.cms.hhs.gov/FACA/04_APME.asp) for additional information and updates on committee activities. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION: Section 9(a)(2) of the Federal Advisory Committee Act authorizes the Secretary of Health and Human Services (the Secretary) to establish an advisory panel if the Secretary determines that the panel is "in the public interest in connection with the performance of duties imposed * * * by law." Such duties are imposed by section 1804 of the Social Security Act (the Act), requiring the Secretary to provide

informational materials to Medicare beneficiaries about the Medicare program, and section 1851(d) of the Act, requiring the Secretary to provide for "activities * * * to broadly disseminate information to Medicare beneficiaries on the coverage options provided under [Medicare Advantage] in order to promote an active, informed selection among such options."

The Panel is also authorized by 1114(f) of the Act (42 U.S.C. 1311(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a). The Secretary signed the charter establishing this Panel on January 21, 1999 and approved the renewal of the charter on November 14, 2006. The establishment of the charter and the renewal of the charter were announced in the February 17, 1999 **Federal Register** (64 FR 7899), and the March 23, 2007 **Federal Register** (72 FR 13796), respectively. The Panel advises and makes recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program.

The goals of the Panel are as follows:

- To provide recommendations on the development and implementation of the national Medicare education program that describes the options for selecting a health plan and prescription drug benefits under Medicare.
- To enhance the Federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships.
- To provide recommendations on how to expand outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program.
- To assemble an information base of best practices for helping consumers evaluate health plan options and build a community infrastructure for information, counseling, and assistance.

The current members of the Panel are:

Anita B. Boles, Executive Director, Society for the Arts in Healthcare; Gwendolyn T. Bronson, SHINE/SHIP Counselor, Massachusetts SHINE Program; Dr. Yanira Cruz, President and Chief Executive Officer, National Hispanic Council on Aging; Clayton Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging; Nan Kirsten-Forte, Executive Vice President, Consumer Services, WebMD; Dr. Jessie C. Gruman, President and Chief Executive Officer, Center for the Advancement of Health; Dr. David

Lansky, Director, Health Program, Markle Foundation; Dr. Daniel Lyons, Senior Vice President, Government Programs, Independence Blue Cross; Dr. Frank B. McArdle, Manager, Hewitt Research Office, Hewitt Associates; Traci McClellan, J.D., Executive Director, National Indian Council on Aging; Dr. Keith Mueller, Professor and Section Head, Health Services Research and Rural Health Policy, University of Nebraska; Lee Partridge, Senior Health Policy Advisor, National Partnership for Women and Families; Rebecca Snead, Executive Vice President/Chief Executive Officer, National Alliance of State Pharmacy Associations; William A. Steel, Past President, The National Grange; Marvin Tuttle, Jr., CAE, Executive Director and Chief Executive Officer, Financial Planning Association; Catherine Valenti, Consultant, American Academy of HIV Medicine; and Grant Wedner, Vice President, Partnerships and Corporate Development, Daily Strength, Inc.

The agenda for the March 11, 2008 meeting will include the following:

- Recap of the previous (December 4, 2007) meeting.
- Medicare Enrollment, Outreach, Education, and Partnership Activities.
- APME Subcommittee Report.
- Public Comment.
- Listening Session with CMS Leadership.
- Next Steps.

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to Lynne Johnson at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to Ms. Johnson at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

Individuals requiring sign language interpretation or other special accommodations should contact Ms. Johnson at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

Authority: Sec. 222 of the Public Health Service Act (42 U.S.C. 217a) and sec. 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102-3).

(Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: February 7, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8-2790 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1549-N]

Medicare Program; Public Meetings in Calendar Year 2008 for All New Public Requests for Revisions to the Healthcare Common Procedure Coding System (HCPCS) Coding and Payment Determinations

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

ACTION: Notice.

SUMMARY: This notice announces the dates, time, and location of the Healthcare Common Procedure Coding System (HCPCS) public meetings to be held in calendar year 2008 to discuss our preliminary coding and payment determinations for all new public requests for revisions to the HCPCS. These meetings provide a forum for interested parties to make oral presentations or to submit written comments in response to preliminary coding and payment determinations. Discussion will be directed toward responses to our specific preliminary recommendations and will include all items on the public meeting agenda.

DATES: *Meeting Dates:* The following are the 2008 HCPCS public meeting dates:

1. Tuesday, April 22, 2008, 9 a.m. to 5 p.m., e.d.t. (Supplies and Other Issues).
2. Wednesday, April 23, 2008, 9 a.m. to 5 p.m., e.d.t. (Supplies and Other Issues).
3. Tuesday, May 6, 2008, 9 a.m. to 5 p.m., e.d.t. (Orthotics and Prosthetics).
4. Wednesday, May 7, 2008, 9 a.m. to 5 p.m., e.d.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents).
5. Thursday, May 8, 2008, 9 a.m. to 5 p.m., e.d.t. (Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents).
6. Wednesday, May 28, 2008, 9 a.m. to 5 p.m., e.d.t. (Durable Medical Equipment (DME) and Accessories).
7. Thursday, May 29, 2008, 9 a.m. to 5 p.m., e.d.t. (Durable Medical Equipment (DME) and Accessories).

Deadlines for Primary Speaker Registration and Presentation Materials:

The deadline for registering to be a primary speaker, and submitting materials and writings that will be used in support of an oral presentation are as follows:

- April 8, 2008 for the April 22 and 23, 2008 public meetings.
- April 22, 2008 for the May 6, 7 and 8, 2008 public meetings.
- May 14, 2008 for the May 28 and 29, 2008 public meetings.

Deadlines for all Other Attendees Registration: Individuals must register for each date that they plan on attending. The registration deadlines are different for each meeting. Registration deadlines are as follows:

- April 15, 2008 for the April 22 and 23, 2008 public meeting dates.
- April 29, 2008 for the May 6, 7 and 8, 2008 public meeting dates.
- May 21, 2008 for the May 28 and 29, 2008 public meetings.

Deadlines for Requesting Special Accommodations:

- April 8, 2008 for the April 22 and 23, 2008 public meeting dates.
- April 22, 2008 for the May 6, 7 and 8, 2008 public meeting dates.
- May 14, 2008 for the May 28 and 29, 2008 public meetings.

Deadline for Submission of Written Comments: Written comments must be received by the date of meeting at which a request is scheduled for discussion.

ADDRESSES: *Meeting Location:* The public meetings will be held in the main auditorium of the central building of the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Submission of Written Comments: Written comments can be e-mailed to HCPCS@cms.hhs.gov or sent regular mail to Jennifer Carver or Gloria Knight, HCPCS Public Meeting Coordinator, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C5-08-27, Baltimore, MD 21244.

Registration and Special Accommodations: Individuals wishing to participate or who need special accommodations or both must register by completing the on-line registration located at <http://www.cms.hhs.gov/medhpcpsgeninfo> or by contacting one of the following persons: Jennifer Carver at (410) 786-6610 or Jennifer.Carver@cms.hhs.gov; or Gloria Knight at (410) 786-4598 or Gloria.Knight@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Jennifer Carver at (410) 786-6610 or Jennifer.Carver@cms.hhs.gov; or Gloria Knight at (410) 786-4598 or Gloria.Knight@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, the Congress passed the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106-554). Section 531(b) of BIPA mandated that we establish procedures that permit public consultation for coding and payment determinations for new durable medical equipment (DME) under Medicare Part B of title XVIII of the Social Security Act (the Act). The procedures and public meetings announced in this notice for new DME are in response to the mandate of section 531(b) of BIPA.

In the November 23, 2001 **Federal Register** (66 FR 58743), we published a notice providing information regarding the establishment of the public meeting process for DME. It is our intent to distribute any materials submitted to CMS to the HCPCS workgroup members for their consideration. CMS and the HCPCS workgroup members require sufficient preparation time to review all relevant materials. For this reason, our HCPCS Public Meeting Coordinators will only accept and review presentation materials received by the deadline for each public meeting, as specified in the **DATES** section of this notice. Therefore, we are implementing a 10-page submission limit and firm deadlines for receipt of any presentation materials the meeting participant wishes CMS to consider.

The public meeting process provides an opportunity for the public to become aware of coding changes under consideration, as well as an opportunity for CMS to gather public input.

II. Meeting Registration

A. Required Information for Registration

The following information must be provided when registering:

- Name;
- Company name and address;
- Direct-dial telephone and fax numbers;
- E-mail address; and
- Special needs information.

A CMS staff member will confirm your registration by mail, e-mail, or fax.

B. Registration Process

1. Primary Speakers

Individuals must also indicate whether they are the "primary speaker" for an agenda item. Primary speakers must be designated by the entity that submitted the HCPCS coding request. When registering, primary speakers must provide a brief written statement regarding the nature of the information they intend to provide, and advise the

HCPCS Public Meeting Coordinator regarding needs for audio/visual support. To avoid disruption of the meeting and ensure compatibility with our systems, tapes and disk files are tested and arranged in speaker sequence well in advance of the meeting. We will accept tapes and disk files that are received by the deadline for submissions for each public meeting as specified in the **DATES** section of this notice. The sum of all materials including the presentation may not exceed 10 pages (each side of a page counts as 1 page). An exception will be made to the 10-page limit for relevant studies published between the application deadline and the public meeting date, in which case, we would like a copy of the complete publication as soon as possible.

These materials may be delivered by regular mail or by e-mail to one of the HCPCS Public Meeting Coordinators as specified in the **ADDRESSES** section of this notice. Individuals will need to provide 35 copies if materials are delivered by mail.

2. 5-Minute Speakers

To afford the same opportunity to all attendees, 5-minute speakers are not required to register as primary speakers; however, 5-minute speakers must still register as attendees by the deadline set forth under "Deadlines for all Other Attendees Registration" in the **DATES** section of this notice. Attendees can sign up only on the day of the meeting to do a 5-minute presentation. They must provide their name, company name and address, contact information as specified on the sign-up sheet, and identify the specific agenda item that they will address.

C. Additional Meeting/Registration Information

Public Meetings are scheduled far in advance of the influx of HCPCS applications each cycle. At the time they are scheduled we can only anticipate the number of applications that we receive in each category. As a result, we may not need the second day of Drugs/Biologicals/Radiopharmaceuticals/Radiologic Imaging Agents (Thursday, May 8, 2008) and the second day of DME and Accessories (Thursday, May 29, 2008). We have scheduled these dates tentatively. The Public Meeting Agendas published on CMS' HCPCS Web site at: <http://www.cms.hhs.gov/medhpcsgeninfo> will serve as final notification regarding whether meetings will be held on May 8th and May 29th.

The product category reported by the meeting participant may not be the same

as that assigned by CMS. All meeting participants are advised to review the public meeting agenda at <http://www.cms.hhs.gov/medhpcsgeninfo> which identifies our category determinations, and the dates each item will be discussed. Draft agendas, including a summary of each request and CMS' preliminary decision will be posted on our HCPCS Web site at: <http://www.cms.hhs.gov/medhpcsgeninfo> at least 1 month before each meeting.

Additional details regarding the public meeting process for all new public requests for revisions to the HCPCS, along with information on how to register and guidelines for an effective presentation, will be posted at least 1 month before the first meeting date on the HCPCS Web site at: <http://www.cms.hhs.gov/medhpcsgeninfo>. Individuals who intend to provide a presentation at a public meeting need to familiarize themselves with the HCPCS Web site and the valuable information it provides to prospective registrants. The HCPCS Web site also contains a document titled "The Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures," which is a description of the HCPCS coding process, including a detailed explanation of the procedures used to make coding and payment determinations for all the products, supplies, and services that are coded in the HCPCS. A summary of each public meeting will be posted on the HCPCS Web site by the end of August 2008.

III. Presentations and Comment Format

We can only estimate the amount of meeting time that will be needed since it is difficult to anticipate the total number of speakers for each meeting. Meeting participants should arrive early since each meeting is expected to begin promptly at 9 a.m., e.d.t. Meetings may end earlier than the stated ending time.

A. Oral Presentation Procedures

Individuals who are planning to provide an oral presentation must register as provided under the section titled "Meeting Registration." Materials and writings that will be used in support of an oral presentation should be submitted to one of the HCPCS Public Meeting Coordinators.

These materials may be delivered by regular mail (postmark date no later than deadline date) or by e-mail to one of the HCPCS Public Meeting Coordinators specified in the **ADDRESSES** section. Individuals will need to include 35 copies if materials are delivered by mail.

B. Primary Speaker Presentations

The individual or entity requesting revisions to the HCPCS coding system for a particular agenda item may designate one "primary speaker" to make a presentation for a maximum of 15 minutes. Fifteen minutes is the total time interval for the presentation, and the presentation must incorporate the demonstration, set-up, and distribution of material. In establishing the public meeting agenda, we may group multiple, related requests under the same agenda item. In that case, we will decide whether additional time will be allotted, and may opt to increase the amount of time allotted to the speaker by increments of less than 15 minutes.

We will post "Guidelines for Participation in Public Meetings for All New Public Requests for Revisions to the Healthcare Common Procedure Coding System (HCPCS) Coding and Payment Determinations" on the official HCPCS Web site at least 1 month before the first public meeting in 2008 for all new public requests for revisions to the HCPCS. Individuals designated to be the primary speaker must register to attend the meeting using the registration procedures described under the "Meeting Registration" section of this notice, at least 15 days before the meeting, and contact one of the HCPCS Public Meeting Coordinators, specified in the **ADDRESSES** section. Primary speakers must also separately register as primary speakers by the date specified in the **DATES** section of this notice.

C. "5-Minute" Speaker Presentations

Meeting attendees can sign up at the meeting, on a first-come, first-served basis, to make 5-minute presentations on individual agenda items. Based on the number of items on the agenda and the progress of the meeting, a determination will be made at the meeting by the meeting coordinator and the meeting moderator regarding how many 5-minute speakers can be accommodated.

D. Speaker Declaration

On the day of the meeting, before the end of the meeting, all primary speakers and 5-minute speakers must provide a brief written summary of their comments and conclusions to the HCPCS Public Meeting Coordinator.

The primary speakers and the 5-minute speakers must declare in their presentations at the meeting, as well as in their written summaries, whether they have any financial involvement with the manufacturers or competitors of any items or services being discussed; this includes any payment, salary,

remuneration, or benefit provided to that speaker by the manufacturer or the manufacturer's representatives.

E. Written Comments From Meeting Attendees

(1) Written comments will be accepted from the general public and meeting registrants anytime up to the date of the public meeting at which a request is discussed. Comments must be sent to the address listed in the **ADDRESSES** section of this notice.

(2) Meeting attendees may also submit their written comments at the meeting.

(3) Due to the close timing of the public meetings, subsequent workgroup reconsiderations, and final decisions, we are able to consider only those comments received in writing by the close of the public meeting at which the request is discussed.

IV. Security, Building, and Parking Guidelines

The meetings are held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival time, we recommend allowing additional time to clear security. In order to gain access to the building and grounds, participants must bring government-issued photo identification and a copy of your written meeting registration confirmation. Persons without proper identification will be denied access.

Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. The public may not enter the building earlier than 45

minutes before the convening of the meeting each day.

Security measures will also include inspection of vehicles, inside and outside, at the entrance to the grounds and buildings. In addition, all persons entering the building must pass through a metal detector. All items brought to CMS are subject to inspection. We cannot assume responsibility for coordinating the receipt, transfer, transport, storage, setup, safety, or timely arrival of any personal belongings or items used for demonstration or to support a presentation. Special arrangements and approvals are required in order to bring pieces of equipment or medical devices at least 2 weeks prior to each public meeting. These arrangements need to be made with the public meeting coordinator. It is possible that certain requests made in advance of the public meeting could be denied because of unique safety, security or handling issues related to the equipment. A minimum of 2 weeks is required for approvals and security procedures. Any request not submitted at least 2 weeks in advance of the public meeting will be denied.

Parking permits and instructions are issued upon arrival by the guards at the main entrance.

All visitors must be escorted by agency staff in order to enter areas other than the public areas on the lower and first-floor levels in the Central Building.

Authority: Section 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 42 U.S.C. 1395hh).

Dated: February 7, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8-2837 Filed 2-21-08; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Application Requirements for the Low Income Home Energy Assistance Program (LIHEAP) Model Plan.

OMB No.: 0970-0075.

Description: States, including the District of Columbia, Tribes, tribal organizations and territories applying for LIHEAP block grant funds must submit an annual application (Model Plan) that meets the LIHEAP statutory and regulatory requirements prior to receiving Federal funds. A detailed application must be submitted every 3 years. Abbreviated applications may be submitted in alternate years. There have been no changes in the Model Plan.

Respondents: State Governments, Tribal Governments, Insular Areas, the District of Columbia, and the Commonwealth of Puerto Rico.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Detailed Model Plan	65	1	1	65
Abbreviated Model Plan	115	1	.33	38

Estimated Total Annual Burden Hours: 103.

In compliance with the requirements of section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance

Officer. E-mail address:

infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on

respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: February 14, 2008.

Janean Chambers,

Reports Clearance Officer.

[FR Doc. 08-796 Filed 2-21-08; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of Intramural Training and Education; Undergraduate Scholarship Program; Submission for OMB Review; Comment Request; National Institutes of Health Undergraduate Scholarship Program for Individuals From Disadvantaged Backgrounds

SUMMARY: In compliance with the requirement of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of Loan Repayment and Scholarship, the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on November 6, 2007 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond

to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: National Institutes of Health Undergraduate Scholarship Program for Individuals From Disadvantaged Backgrounds (UGSP). *Type of Information Collection Request:* Extension of a previously approved collection (OMB No. 0925-0438, expiration date December 31, 2007—Extended to February 29, 2008). *Form Numbers:* NIH 2762-1, NIH 2762-2, NIH 2762-3, NIH 2762-4, and NIH 2762-5. *Need and Use of Information Collection:* The NIH makes available scholarship awards to students from disadvantaged backgrounds that are committed to careers in biomedical research. The scholarships pay for tuition and reasonable educational and living expenses up to \$20,000 per academic year at an accredited undergraduate institution. In return, for each year of scholarship support, the recipient is obligated to serve as a full-time paid employee in an NIH research laboratory for 10 consecutive weeks during the months of June through

August and for 1 year after graduation. If the recipient is enrolled in an undergraduate program or pursues a postgraduate degree (doctoral, medical, dental, or veterinarian school), the post-graduation service obligation may be deferred with the approval of the Secretary, Department of Health and Human Services. The information proposed for collection will be used by the Office of Intramural Training and Education to determine an applicant's eligibility for participation in the UGSP and a participant's eligibility to defer his or her service obligation. The UGSP is authorized by section 487D of the Public Health Service (PHS) Act (42 U.S.C. 288-2), as amended by the NIH Revitalization Act of 1993 (Pub. L. 103-43).

Frequency of Response: Initial application and annual renewal application. *Affected Public:* Applicants (high school or undergraduate students), recommenders, undergraduate institution financial aid staff, participants wishing to defer their service obligation, and graduate or undergraduate registrar staff. The annual reporting burden estimates are as follows:

Type of respondent	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Applicant	300	1.0	3.167	950.10
Recommender	900	1.0	1.000	900.00
Financial Aid Staff	300	1.0	.500	150.00
UGSP Participant	40	1.0	.084	3.36
Registrar	40	1.0	.750	30.00
Totals	1,580	.....	.....	2,033.46

The annualized cost to respondents is estimated at \$40,249.70. There are no capital costs, operating costs, or maintenance costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) 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) 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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Darryl M. Murray, Ph.D., Director, Undergraduate Scholarship Program, National Institutes of Health, 2 Center

Drive, Room 2E20 (MSC 0230), Bethesda, Maryland 20892-0230. Dr. Murray can be contacted via e-mail at murrayda@mail.nih.gov or by calling 301-594-2222.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: February 15, 2008.

Raynard S. Kington,

Deputy Director, National Institutes of Health.
[FR Doc. E8-3273 Filed 2-21-08; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804; telephone: 301/496-7057; fax: 301/402-0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Papilloma Pseudovirus for Detection and Therapy of Tumors

Description of Technology: There is extensive literature on the use of viral vectors, particularly those based on the adenovirus and AAV, to increase the potency of anti-tumor gene therapy. However, these approaches have had limited success because of limited anti-tumor effects and unacceptable toxicity. This invention describes the use of papillomavirus pseudoviruses (PsV) as a gene transfer technology and a tumor diagnostic method. Preliminary studies showed that PsV bind to cells that were transplanted with human ovarian tumor (Shin-3) while normal tissues were not affected. PsV does not infect several other normal intact tissues but continues to selectively infect additional cell types that are damaged. Additionally, the inventors have constructed oligoT PsV vectors that can be engineered to express certain cytotoxic genes to induce tumor regression and simultaneously increase human papilloma virus' immunogenicity. This technology could be an effective anti-tumor therapy because it has shown increased infection of compromised cells with an inability to infect normal cells thereby

reducing potential toxicity to patients. In addition to a potential anti-cancer therapeutic, this technology could also be used as a diagnostic tool in the detection of tumor masses. Detection can be achieved through the use of fluorescent dye coupled particles of PsV that have preferential binding to tumor tissues and not normal tissues.

Applications:

Method to treat and selectively target cancer with limited toxicity.

Method to accurately diagnose cancer.

Anti-tumor therapeutic vaccines.

Anti-tumor cytotoxic gene therapy constructs.

Market:

An estimated 1,444,920 new cancer cases in 2007.

600,000 cancer deaths in the U.S. in 2006.

It is estimated that market for cancer drugs would double to \$50 billion a year in 2010 from \$25 billion in 2006.

Development Status: The technology is currently in the pre-clinical stage of development.

Inventors: Jeffrey Roberts, John T. Schiller, Douglas R. Lowy (NCI).

Publications:

1. CB Buck *et al.* Generation of HPV pseudovirions using transfection and their use in neutralization assays. *Methods Mol Med.* 2005; 119:445-462.

2. CB Buck *et al.* Efficient intracellular assembly of papillomaviral vectors. *J Virol.* 2004 Jan; 78(2):751-757.

Patent Status: U.S. Provisional Application No. 60/928,495 filed 08 May 2007 (HHS Reference No. E-186-2007/0-US-01).

Licensing Status: Available for exclusive or non-exclusive licensing.

Licensing Contact: Jennifer Wong; 301/435-4633; wongje@mail.nih.gov.

Collagen-Induced Platelet Aggregation Inhibitor From Mosquito Salivary Glands

Description of Technology: Exposed collagen in injured blood vessels provides a substrate for platelets to adhere and aggregate initiating the first step in thrombosis, the formation of blood clots inside a blood vessel. Despite the essential role of platelets in vascular injury, excessive platelet aggregation may also result in thrombotic diseases such as stroke and heart attack.

Available for licensing is a collagen binding protein, named aegyptin, which selectively inhibits collagen-platelet aggregation, but not platelet aggregation induced by other agonists. Collagen initiates recruitment of circulating platelets and triggers platelet activation. Collagen also plays a critical role in angiogenesis. Aegyptin blocks the

interaction of collagen with its major ligands, von Willebrand factor, glycoprotein VI (GPVI), and integrin $\alpha 2\beta 1$. These three ligands are of particular importance because von Willebrand factor plays a critical role in tethering platelets to collagen, GPVI is the major signaling platelet receptor, and integrin $\alpha 2\beta 1$ mediates platelet adhesion and contributes to activation. Since these ligands play a critical role in the early stages of thrombus formation, aegyptin represents a potentially highly effective therapeutic that can prevent and treat patients with thrombotic disease. Alternatively, aegyptin is potentially useful in conditions where collagen plays a critical role in angiogenesis or in conditions where excessive deposition of collagen plays a pathological role (e.g. pancreatic carcinoma).

Applications:

Adjuvant to "Clot busting" therapeutics.

Method to prevent and/or treat cardiovascular/thrombotic disease.

Method to treat patients undergoing invasive cardiovascular procedures (e.g. angioplasty).

Model to study collagen-dependent platelet aggregation or collagen-mediated angiogenesis.

Advantages:

Highly effective therapeutics can negatively modulate thrombosis in its early stages by preventing collagen interaction with three major ligands involved in thrombus/clot formation.

Aegyptin's potential use as a prototype for drug delivery as an oral therapeutic, which can reduce the need for invasive surgeries that dilate blood vessels such as stents or catheters.

Market:

Thrombolytic/antithrombotic therapies are worth billions of dollars, common therapeutics include heparin, warfarin, and plasminogen activators. Anticancer and antiangiogenic therapies.

Cardiac disease is the number one cause of death in the U.S.

Pancreatic cancer is one of the most lethal cancers, where only 23% of patients will survive after one year of diagnosis, and 4% survive after five years of diagnosis.

An estimated 37,170 Americans will be newly diagnosed with pancreatic cancer in 2007.

An estimated 33,370 deaths from pancreatic cancer in the U.S. in 2007.

Pancreatic cancer is the fourth leading cause of cancer death in the U.S.

Development Status: The technology is currently in the pre-clinical stage of development.

Inventors: Eric Calvo *et al.* (NIAID).

Related Publications:

1. A manuscript directly related to this technology will be available as soon as it is accepted for publication.

2. E Calvo. Collagen-platelet aggregation inhibitor from mosquito salivary glands. Biacore T100 seminar series, November 2006, St. Louis, Missouri.

3. S Yoshida and H Watanabe. Robust salivary gland-specific transgene expression in *Anopheles stephensi* mosquito. Insect Mol Biol. 2006 Aug; 15(4):403–410.

4. D Sun *et al.* Expression of functional recombinant mosquito salivary apyrase: a potential therapeutic platelet aggregation inhibitor. Platelets. 2006 May; 17(3):178–184.

Patent Status: U.S. Provisional Application No. 60/198,629 filed 09 Jul 2007 (HHS Reference No. E-172-2007/0-US-01); U.S. Provisional Application No. 60/982,241 filed 24 Oct 2007 (HHS Reference No. E-172-2007/1-US-01)

Licensing Status: Available for exclusive or non-exclusive licensing.

Licensing Contact: Jennifer Wong; 301/435-4633; wongje@mail.nih.gov

Collaborative Research Opportunity: The National Institute of Allergy and Infectious Diseases, Laboratory of Malaria and Vector Research, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize the platelet aggregation inhibitor Aegyptin. Please contact Dr. Jose Ribeiro, Head, Vector Biology Section, at 301-496-9389 or jribeiro@niaid.nih.gov for more information.

Manganese Superoxide Dimutase VAL16ALA Polymorphism Predicts Resistance to Doxorubicin Cancer Therapy

Description of Technology: Cancer is the second leading cause of death in the United States and it is estimated that there will be approximately 600,000 deaths caused by cancer in 2006. Major drawbacks of the existing cancer therapies are the interindividual differences in the response and the cytotoxic side-effects that are associated with them. Thus, there is a need to develop new therapeutic approaches to optimize treatment and increase patient survival.

This technology describes the identification of a manganese superoxide dismutase (MnSOD) polymorphism as a novel biomarker for the prognosis of doxorubicin therapeutic response in breast cancer patients, wherein a Val16Ala polymorphism of MnSOD is indicative of patient survival. More specifically,

patients undergoing doxorubicin combination therapy with Val/Val, Val/Ala, and Ala/Ala genotypes had 95.2%, 79%, and 45.5% survival rates, respectively, in a case study of 70 unselected breast cancer patients. Carriers of the Ala/Ala genotype had a highly significantly poorer breast cancer-specific survival in a multivariate Cox regression analysis than carriers of the Val/Val genotype. This technology can be developed into an assay to screen for breast cancer patients who will be responsive to doxorubicin treatment. Further, as the MnSOD polymorphism is common in the population (15% to 20% of patients have the Ala/Ala genotype), it is a common risk factor for doxorubicin therapy. This technology can potentially be utilized as a screening tool applicable for all cancer types treated with doxorubicin.

Applications:

A novel genetic marker that can predict breast cancer patient survival with doxorubicin treatment.

A screening test based on MnSOD Val16Ala genotype that predicts patient response to doxorubicin cancer therapy, wherein treatment can be subsequently individualized according to patient MnSOD genotype.

Development Status: Future studies include determining the mechanism in which the polymorphism modulates doxorubicin toxicity.

Inventors: Stefan Ambs and Brenda Boersma (NCI).

Patent Status: U.S. Provisional Application No. 60/799,788 filed 11 May 2006 (HHS Reference No. E-137-2006/0-US-01); PCT Application No. PCT/US2007/068588 filed 09 May 2007 (HHS Reference No. E-137-2006/0-PCT-02).

Licensing Status: Available for non-exclusive or exclusive licensing.

Licensing Contact: Jennifer Wong; 301/435-4633; wongje@mail.nih.gov.

Collaborative Research Opportunity: The Laboratory of Human Carcinogenesis, Center for Cancer Research, National Cancer Institute, National Institutes of Health, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize MnSOD genotyping assays to assess a patient's response to doxorubicin combination therapy. Please contact John D. Hewes, PhD, at 301-435-3121 or hewesj@mail.nih.gov for more information.

Dated: February 15, 2008.

David Sadowski,

Deputy Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. E8-3274 Filed 2-21-08; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Cancer Institute; 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 Cancer Institute Initial Review Group, Subcommittee A — Cancer Centers.

Date: April 22–23, 2008.

Time: 8 a.m. to 2:30 p.m.

Agenda: To review and evaluate grant applications.

Place: Crown Plaza Silver Spring, 8777 Georgia Avenue, Silver Spring, MD 20910.

Contact Person: Gail J. Bryant, MD, Scientific Review Officer, Resources and Training Review Branch, Division of Extramural Activities, National Cancer Institute, 6116 Executive Blvd, Room 8107, MSC 8328, Bethesda, MD 20892-8329, (301) 402-0801, gb30t@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: February 14, 2008.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 08-794 Filed 2-21-08; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Cancer Institute Director's Consumer Liaison Group.

The meeting will be open to the public, 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.

Name of Committee: National Cancer Institute Director's Consumer Liaison Group.
Date: March 27–28, 2008.

Time: 8 a.m. to 3:30 p.m.

Agenda: Approval of Minutes; Report from Dr. John Niederhuber; Report on the Office of Advocacy Relations; Report from Planning & Office of Governmental & Congressional Relations OD/NCI. Presentations on Eliminating Cancer Health Disparities; Update on CTAC; Update on the NCI Community Cancer Clinics Program; Reports from DCLG Working Groups; DCLG Member Updates; Public Comment; Action Items & Conclusion.

Place: National Institutes of Health. Building 31, 31 Center Drive, 6th Floor, Bethesda, MD 20892.

Contact Person: Barbara Guest, Executive Secretary, Office Of Advocacy Relations, National Cancer Institute, National Institutes of Health, 6116 Executive Blvd., Room 2202, Bethesda, MD 20892–8324, 301–496–0307, guestb@mail.nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: deainfo.nci.nih.gov/advisory/dclg/dclg.htm, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer

Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: February 14, 2008.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 08–795 Filed 2–21–08; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development; 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 Child Health and Human Development Initial Review Group, Obstetrics and Maternal-Fetal Biology Subcommittee.

Date: March 18, 2008.

Time: 9 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Gaithersburg Hilton, 620 Perry Parkway, Gaithersburg, MD 20877.

Contact Person: Gopal M. Bhatnagar, PhD., Scientific Review Administrator, National Institute of Child Health and Human Development, National Institutes of Health, 6100 Bldg., Rm., 5B01, Rockville, MD 20852, (301) 435–6889, bhatnagg@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment Program, National Institutes of Health, HHS)

Dated: February 14, 2008.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 08–791 Filed 2–21–08; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development; 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 Child Health and Human Development Special Emphasis Panel, MRDD Center Review.

Date: March 18, 2008.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Renaissance Mayflower Hotel, 1127 Connecticut Avenue, NW., Washington, DC 20036.

Contact Person: Norman Chang, PhD., Scientific Review Administrator, Division of Scientific Review, National Institute of Child Health and Human Development, NIH, 6100 Executive Blvd., Room 5B01, Bethesda, MD 20892, (301) 496–1485, changn@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment Program, National Institutes of Health, HHS)

Dated: February 14, 2008.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 08–792 Filed 2–21–08; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration

(SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: Emergency Response Grants Regulations—42 CFR Part 51—(OMB No. 0930-0229)—Extension

This rule implements section 501(m) of the Public Health Service Act (42 U.S.C 290aa), which authorizes the Secretary to make noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities. The rule establishes criteria for determining that a substance abuse or mental health emergency exists, the minimum content for an application, and reporting requirements for recipients of such funding. SAMHSA will use the information in the applications to make

a determination that the requisite need exists; that the mental health and/or substance abuse needs are a direct result of the precipitating event; that no other local, state, tribal or Federal funding sources available to address the need; that there is an adequate plan of services; that the applicant has appropriate organizational capability; and, that the budget provides sufficient justification and is consistent with the documentation of need and the plan of services. Eligible applicants may apply to the Secretary for either of two types of substance abuse and mental health emergency response grants: Immediate awards and Intermediate awards. The former are designed to be funded up to \$50,000, or such greater amount as determined by the Secretary on a case-by-case basis, and are to be used over the initial 90-day period commencing as soon as possible after the precipitating event; the latter awards require more documentation, including a needs assessment, other data and related budgetary detail. The Intermediate

awards have no predefined budget limit. Typically, Intermediate awards would be used to meet systemic mental health and/or substance abuse needs during the recovery period following the Immediate award period. Such awards may be used for up to one year, with a possible second year supplement based on submission of additional required information and data. This program is an approved user of the PHS-5161 application form, approved by OMB under control number 0920-0428. The quarterly financial status reports in 51d.10(a)(2) and (b)(2) are as permitted by 45 CFR 92.41(b); the final program report, financial status report and final voucher in 51d.10(a)(3) and in 51d.10(b)(3-4) are in accordance with 45 CFR 92.50(b). Information collection requirements of 45 CFR part 92 are approved by OMB under control number 0990-0169. The following table presents annual burden estimates for the information collection requirements of this regulation.

42 CFR citation	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
Immediate award application:				
51d.4(a) and 51d.6(a)(2)	3	1	3	9*
51d.4(b) and 51d.6(a)(2) Immediate Awards	3	1	10	30*
51d.10(a)(1)—Immediate awards—mid-program report if applicable	3	1	2	6*
Final report content for both types of awards:				
51d.10(c)	6	1	3	18
Total	6	.....	.....	18

*This burden is carried under OMB No. 0920-0428.

Written comments and recommendations concerning the proposed information collection should be sent by March 24, 2008 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: February 11, 2008.

Elaine Parry,

Acting Director, Office of Program Services.
[FR Doc. E8-3321 Filed 2-21-08; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Immigration and Customs Enforcement

Agency Information Collection Activities: Extension of a Currently Approved Information Collection; Comment Request

ACTION: 30-Day Notice of Information Collection Under Review; Immigration Bond; Form I-352, OMB Control No. 1653-0022.

The Department of Homeland Security, Bureau of Immigration and Customs Enforcement has submitted the following information collection request for review and clearance in accordance with the Paperwork Reduction Act of 1995. The proposed information collection is published to obtain comments from the public and affected agencies. The information collection was previously published in the **Federal**

Register on December 11, 2007 Vol. 72., No. 237, page 70337, allowing for a 60-day public comment period. No comments were received on this information collection.

The purpose of this notice is to allow an additional 30 days for public comments. Comments are encouraged and will be accepted until March 24, 2008. This process is conducted in accordance with 5 CFR 1320.10.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the 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 submission of responses.

Overview of This Information Collection

(1) *Type of Information Collection:* Extension of a currently approved information collection.

(2) *Title of the Form/Collection:* Immigration Bond.

(3) *Agency form number, if any, and the applicable component of the Department of Homeland Security sponsoring the collection:* Form I-352. Bureau of Immigration and Customs Enforcement.

(4) *Affected public who will be asked or required to respond, as well as a brief abstract:* Primary: Individuals or households. The data collected on this form is used by the ICE to ensure that the person or company posting the bond is aware of the duties and responsibilities associated with the bond. The form serves the purpose of instruction in the completion of the form, together with an explanation of the terms and conditions of the bond.

(5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* 30,000 responses at 30 minutes (.50 hours) per response.

(6) *An estimate of the total public burden (in hours) associated with the collection:* 15,000 annual burden hours.

If you have additional comments, suggestions, or need a copy of the proposed information collection instrument with instructions, or additional information, please contact Lee Shirkey, 202-616-2266, Acting Branch Chief, Records Management Branch, Bureau of Immigration and Customs Enforcement, U.S. Department of Homeland Security, 425 I Street, NW., Room 1122, Washington, DC 20536. Additionally, comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time may also be directed to Lee Shirkey.

Comments and/or questions; requests for a copy of the proposed information collection instrument, with instructions; or inquiries for additional information should be directed to: Lee Shirkey, Acting Chief, Records Management

Branch; U.S. Immigration and Customs Enforcement, 425 I Street, NW., Room 1122, Washington, DC 20536; (202) 616-2266.

Dated: February 19, 2008.

Lee Shirkey,

*Acting Records Management Branch Chief,
Bureau of Immigration and Customs
Enforcement, Department of Homeland
Security.*

[FR Doc. 08-809 Filed 2-21-08; 8:45 am]

BILLING CODE 9111-28-P

DEPARTMENT OF HOMELAND SECURITY

Bureau of Immigration and Customs Enforcement

Agency Information Collection Activities: Extension of a Currently Approved Information Collection; Comment Request

ACTION: 30-Day Notice of Information Collection Under Review; Data Relating to Beneficiary of Private Bill, Form G-79a, OMB Control No. 1653-0026.

The Department of Homeland Security, Bureau of Immigration and Customs Enforcement (ICE) has submitted the following information collection request for review and clearance in accordance with the Paperwork Reduction Act of 1995. The information collection is published to obtain comments from the public and affected agencies. The information collection was previously published in the **Federal Register** on December 11, 2007, at 72 FR No. 237 70337, allowing for a 60-day public comment period. No comments were received on this information collection.

The purpose of this notice is to allow an additional 30 days for public comments. Comments are encouraged and will be accepted until March 24, 2008. This process is conducted in accordance with 5 CFR 1320.10.

Written comments and suggestions from the public and affected agencies concerning the collection of information should address one or more of the following four points:

(1) Evaluate whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agencies estimate of the burden of the collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques, or other forms of information technology, e.g., permitting electronic submission of responses.

Overview of This Information Collection

(1) *Type of Information Collection:* Extension of a currently approved collection.

(2) *Title of the Form/Collection:* Data Relating to Beneficiary of Private Bill.

(3) *Agency form number, if any, and the applicable component of the Department of Homeland Security sponsoring the collection:* Form G-79a. Bureau of Immigration and Customs Enforcement.

(4) *Affected public who will be asked or required to respond, as well as a brief abstract:* Primary: Individuals or Households. The information is needed to report on Private Bills to Congress when requested.

(5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* 100 responses at 1 hour per response.

(6) *An estimate of the total public burden (in hours) associated with the collection:* 100 annual burden hours.

Comments and/or questions; requests for a copy of the proposed information collection instrument, with instructions; or inquiries for additional information should be directed to: Lee Shirkey, Acting Chief, Records Management Branch; U.S. Immigration and Customs Enforcement, 425 I Street, NW., Room 1122, Washington, DC 20536; (202) 616-2266.

Dated: February 19, 2008.

Lee Shirkey,

*Acting Branch Chief, Records Management
Branch, Bureau of Immigration and Customs
Enforcement, Department of Homeland
Security.*

[FR Doc. 08-810 Filed 2-21-08; 8:45 am]

BILLING CODE 9111-28-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5186-N-08]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

DATES: *Effective Date:* February 22, 2008.

FOR FURTHER INFORMATION CONTACT:

Kathy Ezzell, Department of Housing and Urban Development, 451 Seventh Street SW., Room 7262, Washington, DC 20410; telephone (202) 708-1234; TTY number for the hearing- and speech-impaired (202) 708-2565, (these telephone numbers are not toll-free), or call the toll-free Title V information line at 800-927-7588.

SUPPLEMENTARY INFORMATION: In accordance with the December 12, 1988 court order in *National Coalition for the Homeless v. Veterans Administration*, No. 88-2503-OG (D.C.C.), HUD publishes a Notice, on a weekly basis, identifying unutilized, underutilized, excess and surplus Federal buildings and real property that HUD has reviewed for suitability for use to assist the homeless. Today's Notice is for the purpose of announcing that no additional properties have been determined suitable or unsuitable this week.

Dated: February 14, 2008.

Mark R. Johnston,

Deputy Assistant Secretary for Special Needs.
[FR Doc. 08-767 Filed 2-21-08; 8:45 am]

BILLING CODE 4210-67-M

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

Notice of Availability of Final Environmental Impact Statement for the Proposed Transfer From Fee to Trust of Parcels Owned by the Oneida Indian Nation of New York in Oneida and Madison Counties, New York

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice.

SUMMARY: This notice advises the public that the Bureau of Indian Affairs (BIA), as lead agency, with the cooperation of the Oneida Indian Nation of New York (Nation), the New York State Department of Environmental Conservation, Madison County, New York, and Oneida County, New York as cooperating agencies, intends to file a Final Environmental Impact Statement (FEIS) with the U.S. Environmental Protection Agency (EPA) for the requested transfer of parcels owned by the Nation to the United States in trust

for the Nation, and that the FEIS is now available to the public. The subject lands are located within Oneida and Madison Counties, New York. The FEIS is part of the administrative process that evaluates tribal applications that seek to have the United States take land into trust pursuant to 25 U.S.C. 465 and 25 CFR Part 151. The purpose of the proposed action is to help provide for the Nation's cultural and social preservation, expression and identity, political self-determination, self-sufficiency, and economic growth by providing a tribal land base and homeland over which the Nation exercises tribal sovereignty.

DATES: The Record of Decision on the proposed action will be issued on or after March 25, 2008. Any comments on the FEIS must arrive by March 24, 2008.

ADDRESSES: You may mail, hand carry or fax written comments to Mr. Franklin Keel, Regional Director, Eastern Region, Bureau of Indian Affairs, 545 Marriott Drive, Suite 700, Nashville, Tennessee 37214, fax (615) 564-6701. Electronic submission is not available.

Copies of the FEIS will be available for viewing at Web site www.oneidanationtrust.net and at the following locations during regular business hours, Monday through Friday, except holidays: (1) Oneida Nation Annex Building, 579A Main Street, Oneida, New York 13421 (business hours: 10 a.m. to 4 p.m.); Oneida City Hall, 109 N. Main Street, Downstairs Basement Room, Oneida, New York 13421; and Town of Verona Town Hall, 6600 Germany Road, Back Conference Room, Durhamville, New York 13054.

FOR FURTHER INFORMATION CONTACT: Kurt G. Chandler, (615) 564-6832.

SUPPLEMENTARY INFORMATION: The Nation submitted an application to the U.S. Department of the Interior through the BIA, requesting that the Secretary of the Interior take approximately 17,370 acres of land in Madison and Oneida Counties, New York, into trust status for the benefit of the Nation. The subject properties are currently owned by the Nation.

The nine alternatives analyzed in the FEIS are as follows: (A) Proposed Action—Group 1, Group 2, and Group 3 Lands (17,370 acres), which is the action proposed by the Nation; (B) Phased Acquisition of 35,000 Acres, which is based on a prior land claim settlement framework; (C) Group 1 and Group 2 Lands (9,903 acres); (D) Group 1 Lands (3,428 acres); (E) Turning Stone Casino Gaming Floor Tax Lot (225 acres); (F) Alternative Trust Land Grouping (11,986 acres), which includes all of the Group 1 lands and additional

parcels from Groups 2 and 3; (G) No Action (0 acres); (H) County Trust Land Alternative (1,026 acres), which includes 590 acres in Madison County and 436 acres in Oneida County that the Counties proposed for acquisition subject to certain conditions; and (I) Preferred Alternative (13,086 acres), which includes Group 1 lands and some Group 2 and Group 3 lands near the Turning Stone Resort and Casino in Oneida County or near the Nation's 32-acre Territory in Madison County. The alternatives are intended to assist the review of the issues presented, but the Preferred Alternative does not necessarily reflect what the final decision will be, because a complete evaluation of the criteria listed in 25 CFR Part 151 may lead to a final decision that differs from the Preferred Alternative and the other alternatives.

Public participation occurred throughout the development of the Environmental Impact Statement (EIS). The Notice of Intent to prepare the EIS was published in the **Federal Register** on December 23, 2005 (70 FR 76325). Public scoping meetings were held January 10, 2006, in Verona, New York, and January 11, 2006, in Oneida, New York, and a 30-day public comment period was provided, all to obtain public input on issues and content for inclusion in the EIS. The BIA and EPA each published a Notice of Availability of the Draft EIS in the **Federal Register** on November 24, 2006 (71 FR 67896; 71 FR 67863). A public hearing on December 14, 2006 in Utica, New York, and a 45-day comment period were provided to receive public comments on the Draft EIS. On January 19, 2007, the BIA published a notice in the **Federal Register** (72 FR 2544) extending the public comment period on the Draft EIS to February 22, 2007, and announcing a second public hearing, which took place on February 6, 2007, in Verona, New York. The EPA published a notice of the Draft EIS comment period extension in the **Federal Register** on January 5, 2007 (72 FR 546). Additionally, the cooperating agencies for the EIS had a period from August 28 to September 29, 2006, to review and comment on a Pre-publication Draft EIS, pursuant to the EIS schedule appended to the cooperating agency Memorandum of Understanding.

Apart from the EIS process, the State and local governments were afforded notice and an opportunity to comment, pursuant to 25 CFR 151.10, on the written land-into-trust application that the Nation submitted to the BIA on April 5, 2005. The BIA issued letter notices on September 20, 2005 to the State and local governments involved.

Including extensions well beyond the 30 days required in 25 CFR 151.10, the comment period on the Group 1 and Group 2 lands ran until January 30, 2006. The comment period on the Group 3 lands ran until March 1, 2006.

Also, as a courtesy, the BIA held a public informational meeting on the application on March 2, 2006, in Utica, New York. The BIA gave a presentation on the land-into-trust process, including the relationship of the EIS to that process, and answered audience questions at the meeting, but did not solicit public comments. Notice of the meeting was published in local newspapers.

The FEIS addresses issues and concerns raised through public participation and contains written responses to letters and oral testimony received during the public comment period on the Draft EIS.

Public Comment Availability

Comments, including names and addresses of respondents, will be available for public review at the BIA address shown in the **ADDRESSES** section, during regular business hours, 8 a.m. to 4:30 p.m., Monday through Friday, except holidays. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. While you can ask in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so.

Authority

This notice is published in accordance with section 1503.1 of the Council on Environmental Quality regulations (40 CFR Parts 1500 through 1508) implementing the procedural requirements of the National Environmental Policy Act of 1969, as amended (42 U.S.C. 4321, *et seq.*), and the Department of the Interior Manual (516 DM 1–6), and is in the exercise of authority delegated to the Assistant Secretary—Indian Affairs by 209 DM 8 and temporarily re-delegated to the Associate Deputy Secretary pursuant to Secretarial Order 3259.

Dated: February 11, 2008.

James E. Cason,

Associate Deputy Secretary.

[FR Doc. E8–3247 Filed 2–21–08; 8:45 am]

BILLING CODE 4310–W7–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[AA–6671–G, AA–6671–H, AA–6671–C2; AK 964–1410–HY–P]

Alaska Native Claims Selection

AGENCY: Bureau of Land Management, Interior.

ACTION: Correction to notice of decision approving lands for conveyance.

SUMMARY: As required by 43 CFR 2650.7(d), notice of the decision approving lands for conveyance to Bay View Incorporated, pursuant to the Alaska Native Claims Settlement Act, was published in the **Federal Register** on February 11, 2008 (Volume 73, Number 28). The notice contained an error in the land description. The correct description is as follows:

Seward Meridian, Alaska

T. 50 S., R. 66 W.,
Secs. 16, 20, and 21;
Secs. 22, 26, and 27.

Containing approximately 1,443 acres.

T. 50 S., R. 67 W.,
Secs. 21, 27, and 28;
Secs. 34, 35, and 36.

Containing approximately 1,615 acres.

T. 50 S., R. 68 W.,
Sec. 23.

Containing approximately 1 acre.

Aggregating approximately 3,059 acres.

DATES: The time limits for filing an appeal are:

1. Any party claiming a property interest which is adversely affected by the decision shall have until March 12, 2008, to file an appeal.

2. Parties receiving service of the decision by certified mail shall have 30 days from the date of receipt to file an appeal.

Parties who do not file an appeal in accordance with the requirements of 43 CFR part 4, Subpart E, shall be deemed to have waived their rights.

ADDRESSES: A copy of the decision may be obtained from: Bureau of Land Management, Alaska State Office, 222 West Seventh Avenue, #13, Anchorage, Alaska 99513–7504.

FOR FURTHER INFORMATION CONTACT: The Bureau of Land Management by phone at 907–271–5960, or by e-mail at ak.blm.conveyance@ak.blm.gov. Persons who use a telecommunication device (TTD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8330, 24 hours a day, seven days a

week, to contact the Bureau of Land Management.

Michael Bilancione,

Land Transfer Resolution Specialist, Land Transfer Adjudication I.

[FR Doc. E8–3319 Filed 2–21–08; 8:45 am]

BILLING CODE 4310–SS–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[UT–920–08–1320–EL, UTU–85867]

Notice of Invitation to Participate in Coal Exploration License, Utah

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of Invitation to Participate in Coal Exploration License.

SUMMARY: Pursuant to section 2(b) of the Mineral Leasing Act of 1920, as amended by section 4 of the Federal Coal Leasing Amendments Act of 1976, 90 Stat. 1083, 30 U.S.C. 201(b), and to the regulations adopted as 43 CFR part 3410, all interested qualified parties, as provided in 43 CFR 3472.1, are hereby invited to participate with Ark Land Company on a pro rata cost sharing basis in its program for the exploration of coal deposits in certain Federal coal deposits owned by the United States of America in the following-described lands in Sevier County, Utah:

T. 21 S., R. 4 E., SLM, Utah
Sec. 1, Lots 1–3, E $\frac{1}{2}$ SW $\frac{1}{4}$, SE $\frac{1}{4}$;
Sec. 11, E $\frac{1}{2}$ E $\frac{1}{2}$;
Sec. 12, N $\frac{1}{2}$, SW $\frac{1}{4}$, W $\frac{1}{2}$ SE $\frac{1}{4}$;
Sec. 13, W $\frac{1}{2}$ NE $\frac{1}{4}$, NW $\frac{1}{4}$;
Sec. 14, N $\frac{1}{2}$, W $\frac{1}{2}$ SW $\frac{1}{4}$;
Sec. 15, E $\frac{1}{2}$ E $\frac{1}{2}$;
Sec. 22, E $\frac{1}{2}$ NE $\frac{1}{4}$;
Sec. 23, W $\frac{1}{2}$ NW $\frac{1}{4}$.
Containing 2,095.80 acres.

All of the coal in the above-described land consists of unleased Federal coal within the Uinta-Southwestern Utah Known Coal Region. This coal exploration license will be issued by the Bureau of Land Management. This exploration program will obtain coal data to supplement data from adjacent coal development. The exploration program is fully described and is being conducted pursuant to an exploration plan approved by the Bureau of Land Management (BLM). The plan may be modified to accommodate the legitimate exploration needs of persons seeking to participate.

ADDRESSES: Copies of the exploration plan and license are available for review during normal business hours (serialized under the number of UTU 85867) in the public room of the BLM

State Office, 440 West 200 South, Suite 500, Salt Lake City, Utah. The written notice to participate in the exploration program should be sent to both the BLM, Utah State Office, P.O. Box 45155, Salt Lake City, Utah 84145, and to Mark Bunnell, Senior Geologist, Ark Land Company, c/o Canyon Fuel Co., LLC, Skyline Mines, HC35, Box 380, Helper, Utah 84526.

SUPPLEMENTARY INFORMATION: This notice of invitation to participate was published in *The Richfield Reaper*, once each week for two consecutive weeks beginning the fourth week of December, 2007 and in the **Federal Register**.

Any person seeking to participate in this exploration program must send written notice to both the BLM and Ark Land Company, as provided in the **ADDRESSES** section above, no later than thirty days after publication of this invitation in the **Federal Register**.

The foregoing is published in the **Federal Register** pursuant to 43 CFR 3410.2-1(c)(1).

Dated: February 15, 2008.

Kent Hoffman,

Deputy State Director, Lands and Minerals.

[FR Doc. E8-3322 Filed 2-21-08; 8:45 am]

BILLING CODE 4310--SS-P

DEPARTMENT OF JUSTICE

Notice of Lodging of Settlement Agreement Under the Comprehensive Environmental Response, Compensation, and Liability Act

Notice is hereby given that on February 15, 2008, a proposed Consent Decree in *United States v. Kennecott Utah Copper Corporation*, Case No. 2:08-cv-122, was lodged with the United States District Court for the District of Utah.

The proposed Consent Decree resolves claims alleged by the United States, on behalf of the United States Department of the Interior ("DOI"), Fish and Wildlife Service ("FWS"), against the Kennecott Utah Copper Corporation ("KUCC"), under the Comprehensive Environmental Response, Compensation, and Liability Act ("CERCLA"), 42 U.S.C. 9601, *et seq.* The claim, as alleged in the Complaint, seeks recovery of Natural Resource Damages, including compensation to the public for interim losses resulting from release of hazardous substances from KUCC's mining, smelter, refinery and mill tailings facility located near Magna, Utah. The proposed Consent Decree provides that the KUCC will transfer approximately 617 acres of property known as "The Lake Point Wetlands

Property," and associated water rights to The Nature Conservatory ("TNC"). Additionally, KUCC will pay an endowment of \$175,000 for management of The Lake Point Wetlands Property, implement a Restoration Plan for The Lake Point Wetlands Property, pay \$113,800 in reimbursement of federal damage assessment costs, and pay \$52,000 for FWS management oversight of The Lake Point Wetlands Property and restoration planning.

The Department of Justice will receive for a period of thirty (30) days from the date of this publication comments relating to the proposed Consent Decree. Comments should be addressed to the Assistant Attorney General, Environment and Natural Resources Division, and either e-mailed to pubcomment-ees.enrd@usdoj.gov or mailed to P.O. Box 7611, U.S. Department of Justice, Washington, DC 20044-7611, and should refer to United States and D.J. Ref. 90-11-3-06999.

During the public comment period, the Consent Decree may also be examined on the following Department of Justice Web site, http://www.usdoj.gov/enrd/Consent_Decrees.html. A copy of the proposed Consent Decree may also be obtained by mail from the Consent Decree Library, P.O. Box 7611, U.S. Department of Justice, Washington, DC 20044-7611 or by faxing or e-mailing a request to Tonia Fleetwood (tonia.fleetwood@usdoj.gov), fax number: (202) 514-0097, phone confirmation number: (202) 514-1547. In requesting a copy from the Consent Decree Library, please enclose a check in the amount of \$4.75 (25 cents per page reproduction cost) payable to the "U.S. Treasury" or, if by e-mail or fax, forward a check in that amount to the Consent Decree Library at the stated address. A copy of the Consent Decree may be reviewed at the Office of the United States Attorney for the District of Utah, 185 South State Street, Suite 400, Salt Lake City, Utah 84111; telephone confirmation number: (801) 524-5682.

Robert Brook,

Assistant Section Chief, Environmental Enforcement Section, Environment and Natural Resources Division, U.S. Department of Justice.

[FR Doc. E8-3231 Filed 2-21-08; 8:45 am]

BILLING CODE 4410-15-P

DEPARTMENT OF JUSTICE

National Institute of Corrections

Solicitation for a Cooperative Agreement—Evidence Based Decision Making for Local Criminal Justice Systems

AGENCY: National Institute of Corrections, Department of Justice.

ACTION: Solicitation for a Cooperative Agreement.

SUMMARY: The National Institute of Corrections (NIC) is soliciting proposals from organizations, groups or individuals who would like to enter into a cooperative agreement with NIC for the eighteen month development phase of a new initiative, "Evidence Based Decision Making for Local Criminal Justice Systems" (justice systems).

Project Goal: The overall goal of the initiative is to establish and test articulated linkages (information tools and protocols) between local criminal justice decisions and the application of human and organizational change principles (evidence based practices) to achieve measurable reduction of pretrial misconduct and post-conviction risk of re-offending. The unique focus of the initiative is locally developed strategies of criminal justice officials (broadly defined below) that guide practice within existing sentencing statutes and rules.

The initiative intends to: (1) Improve the quality of information that leads to making individual case decisions in local systems, and (2) engage these systems as policy making bodies to collectively improve the effectiveness and capacity of the decision processes related to pretrial release/sentencing options. The local officials will include judges, prosecutors, public defenders, court administrators, police, human service providers, county executives and legislators, and jail, probation and pretrial services agencies' administrators.

Local criminal justice decisions are defined broadly to include dispositions regarding: Pretrial release or detention and the setting of bail and pretrial release conditions, pretrial diversion or post plea diversion "sentences," charging and plea bargaining, sentencing of adjudicated offenders regarding use of community and custody options, mitigation or reduction of sentences, and responses to violations of conditions of pretrial release and community sentences.

DATES: Applications must be received by 4 p.m. EST on Friday, April 4, 2008.

ADDRESSES: Mailed applications must be sent to: Director, National Institute of Corrections, 320 First Street, NW., Room 5007, Washington, DC 20534. Applicants are encouraged to use Federal Express, UPS, or similar service to ensure delivery by the due date. Hand delivered applications should be brought to 500 First Street, NW., Washington, DC 20534. At the front desk, call (202) 307-3106, extension 0 for pickup. Faxed applications will not be accepted. Only e-mailed applications which are submitted via grants.gov will be accepted.

FOR FURTHER INFORMATION CONTACT: A copy of this announcement and the required application forms can be downloaded from the NIC Web site at: <http://www.nic.gov>. Hard copies of the announcement can be obtained by calling Pam Davison at 1-800-995-6423 x 3-0484 or e-mail pdavison@bop.gov.

SUPPLEMENTARY INFORMATION:

Background: As corrections agencies (including court-based pretrial release and probation) take steps to align their supervision and intervention practices with research on offender behavior change, they and the local justice systems which they serve are increasingly aware of the lack of deliberate connection between justice system decisions (pretrial release, plea bargaining, sentencing, mitigation of sentence, revocation) and the offender management options aimed at improved long-term public safety through defendant/offender risk reduction practices. Typically justice officials employ multiple sentencing philosophies or goals, and lack a framework for purposefully weighing or prioritizing goals in individual cases. Often pretrial release/detention, diversion and sentencing decisions are made without information regarding the nature and degree of risk to re-offend and the specific dynamic risk factors that would help the local system determine who would benefit the most from specific intervention or treatment approaches. Among these “disconnections” is the over use of treatment resources for low risk offenders under the assumption that treatment programs are best employed with the more “deserving” or the “first-time, non-violent offenders.” Further, assuming risk is a function of the seriousness of the current charge, the vast majority of sentences are determined at the plea bargaining stage. Thus, in order to achieve clearer alignment of sentencing conditions with effective risk reduction, more informed plea bargaining is essential.

Another critical issue is the lack of educational opportunities for judges, prosecutors, public defenders, legislators and others to learn about the evidence based practice research on offender risk reduction and to develop strategies for more informed decision making. Local criminal justice leaders need assistance in hammering out and testing concrete tools for improved decision making in individual cases, as well as the opportunity for collaborative policy making on the range and capacity of effective pretrial release, diversion and sentencing strategies needed in local justice systems to address the risks of pretrial misconduct and re-offending of their particular populations.

National Institute of Corrections’ Experience: Since the early 1990’s, the National Institute of Corrections (NIC) has promoted evidence based practices (EBP) through training, information sharing, and technical assistance. At NIC the term EBP simply refers to using the best bodies of knowledge available for decision making at the system, organization, staff, and defendant and offender levels. Through its technical assistance with state and local jurisdictions, the Institute has learned that successful change efforts must maintain an integrated EBP focus in three domains: Application of the research principles themselves; organizational development through total alignment of policy, practice and performance measurement; and collaboration with the community and justice system partners who are stakeholders in the final outcomes. Learning organizations and systems that are disciplined enough to fully integrate the principles and apply them throughout the implementation process, measuring and adjusting constantly as they proceed, are able to reduce recidivism and reach other identified justice goals.

NIC has a long history of developing tools and strategies for local system change at the policy level. There have been valuable collaborations with the State Justice Institute working with 40 jurisdictions on the development of intermediate sanctions. In addition, NIC has supported policy development efforts that address jail crowding, collaborative problem solving on pretrial, probation and parole violations, the design of a more effective array of criminal sanctions, prison and jail to community transition, and improved responses to women defendants/offenders at early decision points in the criminal justice system.

Progress to Date: To guide the development of the Initiative, NIC invited a representative group of

stakeholders to participate in a National Advisory Committee. The Advisory Committee met on June 6-8, 2007, in Chicago, IL; and November 8 and 9, 2007, in Denver, CO. The Committee was helpful in identifying the benefits and challenges for each stakeholder group of using evidence based practice information for decision making and the key issues that must be addressed to garner their support. They also made recommendations for potential strategies to achieve project goals. The list of advisors is included as Appendix A, and a summary of the first meeting of the National Advisory Committee as Appendix B. Committee members ask that they not be contacted by organizations and individuals during the applicant preparation process. Members have expressed interest in offering their expertise to whatever organization is selected as best qualified to implement the project, both as advisors and contributors to specific aspects of the work.

Goals of the Project in the Development Phase: NIC will award one cooperative agreement for an 18 month period to work closely with the project’s National Advisory Committee and NIC project managers to develop the conceptual framework and supporting materials for engaging local jurisdictions in the achievement of project goals. Again, the goals are two fold. The first is the development of structural linkages (tools, protocols, information systems) between individual criminal justice decisions and evidence based information on defendants and offenders in order to achieve reductions in pretrial misconduct and post-conviction offending. The second is the design and refinement of pretrial and sentencing disposition strategies for the entire local system so that it has the capacity to achieve its risk reduction goals. For efficiency and clarity of purpose in engaging local court systems as pilots, the conceptual framework will be developed prior to selecting two jurisdictions as implementation and learning sites. Additional local jurisdiction pilots may be supported by private funding partners in this multi-year effort. NIC anticipates intensive work in the two pilot sites for up to three years.

There are five (5) objectives for the initial 18 month development phase of this project:

Develop the conceptual framework and supporting materials for the initiative that define the research foundation and planned change strategies for the local criminal justice system demonstrations. The framework will guide intensive facilitation, training

and technical assistance to selected local justice systems. Based on the framework produced in the development phase, sites will be expected to develop (a) structural tools and protocols for individual case decision making that link information on the risks and needs of defendants and offenders to desired outcomes, and (b) strategies for system-wide enhancements in the array of effective pretrial release, diversion and sentencing options through actions of the local justice system policy making bodies.

Develop educational tools and engagement strategies that define the relevance of evidence based decision making for different criminal justice stakeholder groups, local public officials (executive and legislative branches), human services providers and the community. These tools and strategies will be tested with representatives of the market segments identified above.

Develop the site selection criteria and approach for choosing the local criminal justice pilot/learning sites.

Document the process and results of project development activities with NIC and the National Advisory Committee.

Develop designs for process and outcome evaluation of project services and products. The evaluation project itself will be funded separately and managed directly by NIC. The evaluation design must be submitted to NIC no later than June 1, 2009, so that funding of the evaluation can occur prior to the end of fiscal year 2009.

There are six (6) deliverables for the initial 18 month development phase of this project:

Project principles and framework for aligning criminal justice decisions with evidence based practice on the reduction of pretrial misconduct and post-conviction offending, and for justice system improvement and accountability, including planned change and implementation strategies, methods of organizational and stakeholder/jurisdiction assessment, basic principles of effective and efficient process and program design, core implementation strategies, measurement, and quantitative feedback.

Strategies for engagement and communication with different internal and external stakeholders groups (listed on pages 1 and 2) and the local criminal justice system as a whole.

Educational and training tools (multi-media) including (a) role-specific scenarios, practical application vignettes and other active, adult learning tools that serve to visually and viscerally illustrate the new system

environment for different stakeholders and system actors; and (b) Q-and-A formatted documents to facilitate issues clarification and advocacy positions for various system participants and politically active stakeholders.

Site selection criteria and approach, including a draft announcement soliciting demonstrations sites.

Detailed Cooperative Agreement Project Plan, renegotiated after first 4 months of project operation.

A process and outcome evaluation design for the initiative.

Other deliverables anticipated during a second phase (12 months) of the project are:

Individual local jurisdiction strategic work plans. At a minimum, these site plans will utilize the tools and materials developed in Phase 1.

Media packets for public information and stakeholder assistance.

Other implementation tools as needed such as bench books, glossaries, research and literature reviews, case studies and treatment capacity charts. Note that the media packets and other implementation tools are intended for use by interested local jurisdictions and national and state organizations across the country, as well as by the pilot sites.

Required Expertise: The successful applicant will need the skills and capacity to provide planning and project development assistance in the following areas:

Achieving organizational alignment within justice systems and agencies regarding the use of evidence based practices on reduction of pretrial misconduct and offender risk of re-offending.

Facilitation of meetings and planning sessions of the National Advisory Committee, and other stakeholder and work groups.

Documentation and communication of multi-level strategies, information pieces, progress reports, timelines, budgets, meeting records and surveys.

Management of overall project organization and business processes.

Accessing, interpreting and summarizing research in relevant fields.

Acting as liaison and manager with research experts connected to the project.

Conceptualization of content and process and the ability to translate concepts into appropriate documents and other forms of communication.

Application Instructions: Please prepare a cooperative agreement proposal and limit the program narrative text to no more than 15 double spaced pages, excluding statements of organizational capacity and summaries of the experiences and capabilities of

key project staff. Please submit summaries of experience and expertise and not full curricula vitae.

The proposal must include:

A description of project objectives, methodologies and management plan for achieving project goals in the first 18 month period; a budget narrative that defines the relative use of resources for the above objective areas or categories; a list of all persons who will be involved as a member of the project team, including their roles within the organization, areas of expertise related to this project, and complete contact information.

Give at least one example of your experience or your team's experience in delivering each of the following: criminal justice system strategic planning; surveys or program evaluations in criminal justice or court related areas including the design, analysis of results and how the survey or evaluation was used for policy decision making; multi media communication for public education and criminal justice system improvement; and assessment of jurisdiction readiness for major organizational system change.

Explain how you would address Quality Assurance issues and progress updates for this initiative, especially related to your responsibilities to NIC.

Application Requirements:

Applications must be submitted using OMB Standard Form 424, Federal Assistance and attachments. Application forms are available from <http://www.nicic.gov>, under the "About Us" bar, "Cooperative Agreements." The applications should be concisely written, typed double spaced and reference the "NIC Application Number" and Title provided in this announcement.

Submit an original and three copies of your full proposal (program and budget narrative, application forms and assurances). The original should have the applicant's signature in blue ink. A cover letter must identify the responsible audit agency for the applicant's financial accounts. As previously stated, electronic submissions will only be accepted via <http://www.grants.gov>.

A telephonic conference will be conducted for persons receiving this solicitation and having a serious intent to respond on March 6, 2008, at 2 p.m. EST. In the conference, NIC project managers will respond to questions regarding the solicitation and expectations of work to be performed. Please notify Phyllis Modley electronically (pmodley@bop.gov) by noon EST on March 4, 2008, regarding

your interest in participating in the conference. You will be provided with a call-in number and instructions. In addition, NIC project managers will post answers to questions received from potential applicants on its Web site for the six weeks in which the solicitation is open to public interest.

Questions regarding this solicitation should be addressed to Phyllis Modley at pmodley@bop.gov, or to Dorothy Faust at dfaust@bop.gov.

Authority: Public Law 93-415.

Funds Available: NIC will fund one cooperative agreement for an estimated 18 month period for the development phase of this project for an amount not to exceed \$450,000. It is anticipated that additional funds will be made available in subsequent years for both the intensive assistance to pilot/learning sites and evaluation portions of this initiative.

Following award of the cooperative agreement and in the first 4 months of the project NIC, the National Advisory Committee and the awardee will work together to refine the Awardee Project Plan.

Based on the successful completion of the development phase and the continued availability of funds, NIC and partner organizations plan to award additional funds for implementation of project strategies and assistance services. NIC reserves the option to competitively solicit services for subsequent phases of the project. Funds may only be used for the activities that are linked to the desired outcome of the project. No funds are transferred to state or local governments.

Eligibility of Applicants: An eligible applicant is any private agency, educational institution, organization, individual or team with expertise in the described areas.

Review Considerations: Applications received under this announcement will be subjected to a 3 to 5 person NIC and joint funding agency Review Process.

Number of Awards: One.

NIC Application Number: 08C76. This number should appear as a reference line in the cover letter, in box 4a of Standard Form 424.

Catalog of Federal Domestic Assistance Number: 16.602

Executive Order 12372: This project is not subject to the provisions of Executive Order 12372.

Additional Resources: Fourteen reference documents can be found on NIC's Web site. Go to <http://www.nicic.gov>, click on "Community," then scroll to "Shared Files," and finally click on "Tools for Evidence Based Decision Making in Local Justice Systems."

Appendix A

Evidence Based Decision Making for Local Criminal Justice Systems National Advisory Committee Members November 2007

Hon. Shirley Abrahamson, Chief Justice, Supreme Court of Wisconsin, Madison, Wisconsin.

Edwin Burnette, Chief Public Defender, Cook County Public Defender's Office, Chicago, Illinois.

Gary Christensen, PhD, Corrections Administrator, Retired, Dutchess County Jail, Poughkeepsie, New York.

Major Gary Darling, Criminal Justice Planning Manager, Larimer County, Ft. Collins, Colorado.

Robert Johnson, Anoka County Attorney, Anoka, Minnesota.

Hon. Dale R. Koch, Judge, Multnomah County Circuit Court, Portland, Oregon.

Sally Kreamer, Director, 5th Judicial District, Department of Correctional Services, Des Moines, Iowa.

Carlos Martinez, Chief Assistant Public Defender, Miami, Florida.

Mark S. Thompson, Judicial District Administrator, Hennepin County District Court, Minneapolis, Minnesota.

Hon. Michael Marcus, Judge, Circuit Court, Multnomah County, Portland, Oregon.

Dr. Geraldine Nagy, Chief Probation Officer, Travis County, Austin, Texas.

Wendy Niehaus, Director, Department of Pretrial Services, Hamilton County Court of Common Pleas, Cincinnati, Ohio.

Michael Planet, Executive Officer, Ventura County Superior Court, Ventura, California.

Hon. Ron Reinstein, Judge, Director, Center for Evidence Based Sentencing, Arizona Supreme Court, Phoenix, Arizona.

Susan Shaffer, Director, District of Columbia Pretrial Services Agency, Washington, DC.

David Soares, District Attorney, Office of the District Attorney, Albany County, New York.

Thomas White, Director of Operations, Court Support Services Division, Connecticut Judicial Branch, Weathersfield, Connecticut.

Appendix B

Meeting Notes June 6-8, 2007.

National Advisory Committee—Evidence Based Decision Making for Local Court Systems.

Chicago, Illinois.

Meeting Summary:

The first day served an important purpose: To provide a common ground of understanding and appreciation for the varying roles and perspectives of the participants. Common threads were

heard during these discussions. Among them were the recognition that there needed to be a systems approach to using evidence based practices information to enhance public safety and greater collaboration with community partners and stakeholders. In some jurisdictions there needed to be dramatic shifts of policy and understanding of what is most effective in reducing recidivism. Judge Reinstein described it as a "journey for change."

During the final day and one-half the group continued to explore how each stakeholder group currently uses available information to make decisions. Then, employing a case study approach, the group discussed how additional relevant information, associated with evidence-based practices, might influence or change those decisions. The group then identified the positive reasons for going to an evidence-based model and the barriers or challenges that would need to be addressed. These are outlined further in the document.

When reviewing these notes, please keep in mind that one of the goals of this first meeting was to identify concerns and issues from a variety of perspectives, and not to build a consensus. Therefore, one or more of the participant's comments may be recorded in these notes and is not necessarily representative of the whole group.

Day 1

Description and Scope of NIC Project: (Meeting Objective 1) The scope and desired results of the project reviewed along with NIC's long-term commitment to help jurisdictions make informed decisions about the most effective ways to achieve the goal of reducing recidivism.

Advisory Committee Introductions: (Meeting Objective 2) Participants identified their home jurisdiction/agency; current position and understanding and experiences using evidence based practice (EBP) on offender risk reduction.

Edwin Burnette, Chief Public Defender, Cook County, Illinois: Cook County is a jurisdiction that is fortunate to be on board with evidence-based practices. "For something like this to work, probation is the straw that stirs the drink."

Gary Christensen, PhD, Corrections Administrator, Dutchess County, New York: Runs a jail facility in an upstate rural county for last 30 years. Approaches issue of public safety from several angles. Chairs a countywide criminal justice counsel for the last six years. The purpose of the counsel is to enhance collaboration at the executive level. As a facilitator he sees himself as

someone who gets the group to rally around a common goal—improving public safety. “No one can argue against that, whether you are a public defender, county attorney, judge, republican or democrat * * * we start with public safety and work through differences to achieve that goal. It comes down to who can demonstrate in the best way, with evidence, how to stop offenders from coming back * * *”.

Peggy McGarry, JEHT Foundation, New York, New York: Interested in working with collaborative problem solving groups. With all her experience in criminal justice and the changes that have taken place over time, she would like to see us “pull what we learned together to make a difference in peoples’ lives and their communities.”

Tim Lynch, PEW Charitable Trust: PEW launched the Public Safety Performance Project which is a state-based sentencing reform campaign to find ways to reduce corrections costs, hold offenders accountable and enhance public safety. “EBP is the underlying principle to reduce prison populations and reduce recidivism.”

Mark Thompson, Judicial District Administrator, Hennepin County District Court, Minneapolis: His jurisdiction has a half-dozen Specialty Courts trying to apply evidence-based practices and develop a system of collaboration to achieve long- and short-term goals.

Robert Johnson, Anoka County Attorney, Anoka, Minnesota: Sees the need to shift the goal of achieving public safety from primarily punishment and locking offenders up for as long as possible to other, more effective approaches. Historical approaches have not produced the desired results. “Prosecutors have to look at areas such as diversion and reentry to help improve public safety.”

Hon. Dale Koch, Presiding Judge Multnomah County, Portland, Oregon: On the board of the National Center for State Courts. Oregon budget problems are forcing his jurisdiction to look at using limited resources more effectively; there are fewer jail and prison beds, and fewer probation officers. “EBP is one of the ways to address the need to be more effective.”

Susan Shaffer, Director, District of Columbia Pretrial Services Agency, Washington DC: Noted that sanctions and incentives are targeting drug defendants. Wants to look at what is being done in probation that is applicable for pretrial. “Need to look at the defendant at the front end of the criminal justice system and what will help them succeed if placed on probation.” Believes the court could

benefit from information collected at the pretrial stage to inform decisions at sentencing. Not sure which of the EBP principles can be applied to pretrial, in part due to the short amount of time supervising the defendant; but is certain there is a place for EPB in the pretrial process.

Wendy Niehaus, Director, Department of Pretrial Services, Cincinnati, Ohio: Interested in learning how to deal with women offenders and special populations from a systems approach. Interested in policy, programming and process development. Sees her jurisdiction using information to make decisions as a team. All parties are involved in the pretrial release plan including the judge, prosecutor, defense counsel and the defendant.

Thomas White, Director of Operations, Connecticut Judicial Branch: Implementation of EBP is a difficult process; and when you stop implementing it you stop doing it.” Connecticut’s EBP initiative emphasized two things: changing the nature of programs and services to focus on behavior change; and changing the focus of probation from monitoring and control to one of behavior change.

Michael Planet, Executive Officer, Ventura County Superior Court, Ventura, California: Current issues concern dealing with volume of cases and limited budget. “Greatest impact on defendants can be made at the local level.” Experienced some success in EBP with juveniles in collaboration with foundations dealing with disparity issues and use of specialty courts (e.g. Drug Court and Domestic Violence Court.). “What we can do locally is our greatest opportunity.” Pretrial is run by the Sheriff and decisions are based primarily on jail capacity. “The challenge is how to prioritize services. The Court is in a position to bring all the parties together; this is a great opportunity.”

Hon. Ronald Reinsteint, Arizona Supreme Court, Phoenix, Arizona: “Probation is ahead of the curve in EBP.” In his jurisdiction, he sees a problem with not enough continuity in leadership and noted that any EBP initiative is vulnerable due to changes in key positions. He wants to see a process where sentencing makes sense, and does not depend on who the prosecutor is or who the judge is. “EBP is a journey for change.”

David Soares, District Attorney, Albany County, New York: As a prosecutor, he is frustrated at seeing an entire generation of people throwing their lives away. He is further frustrated by the trend of institutions closing, particularly in the public health area.

“There are opportunities for us to transform our communities and to transform lives; and if we are to change our society we need to see changes in our courts.”

Gary Darling, Jail Administrator, Ft. Collins: “We ran a lot of programs in our jail with not much follow-up. It was not until we realized that we needed to look at things from a systems approach that we started to see some progress. We need to work with the entire community not just those in the judicial system.” As an example he described a planned program that brings health-care and housing professionals to the jail to work on release planning in order to reduce returns to jail. Two re-entry programs are going to be used, one faith-based and one run by human services. He noted that it should be interesting to see how they compare.

Sally Kreamer, Director of Correctional Services, 5th Judicial District, Des Moines, Iowa: Involved in EBP since the late 1980’s. Her jurisdiction is fortunate to have a variety of programs that are considered to be evidence-based, such as cognitive behavioral treatment. Presentence data sharing is done statewide with similar processes in all jurisdictions for accumulating and reporting information. Information is shared with all criminal justice partners. Green light and red light designations for programs can identify which programs are successful and at what rates in reducing recidivism. The court gives the department the discretion to make decisions to place an offender in treatment based on an individual assessment or risk and needs and not offense type. At first the defense attorneys fought them on this issue; but over time they accepted the process. Facilities have long waiting lists; the department now works closely with the defense to help target those that need services and maximize use of resources. “Our banked caseload is driven by risk rather than by offense type.” “Two tragic cases drove home the realization that assessment rather than offense type has to be used to determine assignments.” “We are moving towards achieving quality of programming and delivery of services.”

Carlos Martinez, Chief Assistant Public Defender, Dade County Public Defender, Miami, Florida: Florida just allocated \$147 million for new prison beds as part of an anti-murder initiative * * * largely due to reliance on anecdotal evidence and fear driven management. “In Florida, risk reduction means lock more people up.” He described prisons as being “a form of welfare for criminals.” Dade County

Drug Court was one of the first in the nation. At first the data showed very high success rates but it was largely due to inaccurate methods for measuring. Once they got good data they were able to apply for grant money and improve the program. One of his goals is to help get more EBP information to assist in local decision-making.

Hon. Shirley Abrahamson, Chief Justice Supreme Court of Wisconsin, Madison Wisconsin. (Justice Abrahamson joined the meeting on the second day. Her comments are included in subsequent sections.)

Opening Arguments for Evidence-based Practices: (Meeting Objectives 3 and 4). A review of the research on risk reduction provided a means to identify the core research principles that are key to EBP. An objective was for participants to obtain an understanding of the information and research that is available and important for making decisions. There was also a review of the history and evolution of current sentencing practices.

Definitions/Common Language: In any profession or discipline there is language and terminology that is unique or has meaning that may not be familiar to a person who has not used it before. In many instances a person's perception of a term may be influenced by their own experiences or profession. Evidence-based practices, its principles and the research behind it, are a case in point. In order to provide a context for further work of the Committee, a short exercise was used to explore current understanding by advisors of key terms associated with EBP. No attempt was made to develop consensus on definitions at this time. The primary point of the exercise was to underscore the need to communicate clearly to stakeholders these concepts.

The concepts and terms discussed included: recidivism, criminogenic factors, treatment, static and dynamic risk, need, best practices, what works, evidence based practices, meta-analysis, responsivity, intervention, cognitive behavioral, incapacitation, general deterrence, specific deterrence, just desserts, and risk reduction.

Research On What Is Effective In Changing Behavior And Reducing Recidivism—Dot Faust provided a review of evidence based practice research. Highlights included:

Actuarial Risk instruments. Third generation combines risk/need (static/dynamic) factors. Fourth generation adds matching of services and programs.

Stages of change: Use of staff skills to help offenders through the stages. Has application organizationally. There is a need to educate stakeholders and the

public regarding how the model works (use language people can understand).

4 main criminogenic factors: antisocial peers/support, antisocial thinking, antisocial personality, criminal history.

Questions and discussion on mentally ill offenders: mental illness is a risk factor but not as high for criminal behavior. Need to deal with responsivity issues.

Protective Factors: case managers struggle with this in developing supervision plans. How to measure skill-based performance? How do you manage your hiring and training practices? With limited resources you have to target criminogenic factors with good solid case management. Projects and programs need to target these factors otherwise it may lead to failure. Dosage also is very important. Appropriate treatment shows greatest reduction in re-offending. Prosocial support. Policing refers to it as social controls.

Measurement: what gets measured and gets feedback gets done. Data needs to have credibility.

Program implementation and program integrity: how well you implement is the key to success. A badly designed program can have negative results.

EBP and Research for Women Offenders—Phyllis Modley provided the following information: Gender-informed or gender responsive (Bloom and Covington)

Gender Equality defined: Universal or Differentiated Policies Pathways perspective: Survival of abuse, (Stone Center, Carol Gilligan.)

Lifetime history of trauma (55–99% of substance abusers).

Primary caregiver of children.

More economically disadvantaged: poverty is a greater risk factor for women than men.

Offense profiles: Only 17% violent and mostly for lesser assault offenses. Less likely to get sentence reductions than men. Less likely to recidivate.

SAMSHA studies of women with co-occurring disorders: Integrated services effective.

Case management model being developed: Relational, team-based * * *. May need an integrated theory of change for women

Missouri gender specific caseloads: Lower recidivism than general caseloads.

The Evidence and Outcomes Currently Used: (Meeting Objective 5) The group reviewed how each stakeholder group defined outcomes and discussed the supporting evidence regarding those outcomes.

Prosecutors: over 2500 different Prosecutor Offices. Each seen as its own "kingdom." No one reviews charging decisions. Lots of authority and discretion with each prosecutor. Lack of adequate data systems, little meaningful data kept. General culture among prosecutors does existence on how to charge cases. Performance measures—sense of how they are doing based on anecdotal information. Diversion programs don't use data to make decisions about implementation. Basic measures kept are numbers of trials, convictions, arrests leading to charges, no meaningful measures kept on public safety. Prosecutors can have tremendous impact on public safety and other issues such as public health. Standards kept for time-lines for cases (process standards and goals). One strategy is vertical case assignment, one (no more than two) prosecutor handles the case from start to finish. Little information is automated. What is available is used primarily for prosecution. Case files rich in information and could be shared more readily with other agencies that may have an impact on public safety or used to help a defendant. Speed and volume are what is measured. Priorities given to high profile and serious felony offenses. Little attention to the misdemeanor offender.

Defense Attorneys (Public Defender): performance measures, number of clients seen within 72 hrs (state standard), number of interviews (state standard), case outcomes (state standard), process time (state standard). Level of advocacy—internal measures—number of witness interviews, number and type of motions, number of trials, number of bar complaints, quality—supervisors and training unit, quantity—number of cases processed, National Association performance standards—no accreditation process, track speedy trial demand (within 60 days). How many cases processed, for how little money, without having cases overturned. Performance review—client contact, number of complaints (family, others, non-bar). Win-lose rate not an important consideration. Social workers provide defendant services. Juvenile Court—pleas at arraignment are measured to discourage use; policy to avoid rushing too quickly and take more time to explain consequences. Most misdemeanor cases not assigned attorney in Dade County Florida; defendants not aware of potential consequences. Need to get ownership of outcomes (caught up in the "dispo derby"). Difficulty in getting parties to make some decisions such as who determines who gets electronic

monitoring (sheriff, judge, prosecutor, corrections, etc.).

Judges: how many, how fast, and how well things are done. Assignments can be based on how well a judge performs. 50,000 judicial officers in the United States. Difficult to have outcomes for any one role. Need system outcome and all parties to work toward same goal. Sentencing system not working well, looking towards different models: drug courts, treatment, pilot programs. Don't have the data elements to track and determine if they are evidence-based to evaluate what works. Number of pleas, trials, sentenced to prison, convictions, change of judges. Where each case is in system, how long things take, which judge is having completion problems (workload tracking). AIM Project in Wisconsin—risk assessment information to be required by judges as well as information regarding the supervision/programs that are available and effective in the community. Maintain documentation to see what works and what does not work.

Corrections/Probation: Other than specialty courts—it's all about volume. PSI provides information. Risks/needs assessment completed. Probation—condition compliance and efficiency of case processing (timeliness of reports, assessments, contacts, case plans, warrants, program utilization, data entry.) Measures range from successful completion rates; process measures (program referrals aligned with risk and needs, program retention, program fidelity to EBP); intermediate outcomes (changes in clients' risk level scores, and increases in protective scores that buffer against criminal behavior such as job finding and retention); outcomes—technical violations of probation and re-arrest for new crimes.

Corrections/Jail Administrators: number of disciplinary reports; transition programs—data kept one year after leaving the program; time and processing; length of stay; daily populations; mental health programs—medication and treatment, program completions, return rate; use of force; accreditation compliance; jail MIS (lots of information but not broken down in a useful format to help with programming for the offender once returned to the community); risk assessments scores.

Pretrial Services: number of defendants interviewed; number and type of releases; time from arrest to release; number who re-offend; number of failures to appear; interventions—team of collaborators including treatment providers and probation share information (e.g., number of probation violators in jail; why are they there);

trend information used for team decisions (standing committees); ad hoc reports on outcomes of special populations; standards—NAPSA and ABA; surveys.

Judicial Administration: ABA speedy trial/time standards; decisions to place in specialty court based solely on offense type (e.g., all drug cases go to drug court); Specialty Court—program completion rates; customer satisfaction surveys—relation of offender performance to respect shown by the court officers and process; procedural justice—public trust and confidence (notably lacking in family and traffic courts); independent/specialty courts should be responsible for the research on outcomes; volume and speed; evaluation of judges performance varies and not routinely done—time, satisfaction, number of affidavits; track continuances.

Day 2

Debriefing From Day One

History, definitions and outcomes: mostly process measures of speed and volume are kept; exceptions are specialty courts; somewhat discouraging that this is the current situation and that information that is evidence-based is not available; courts not looking at outcomes; missing out on the satisfaction of seeing the affect of changes in offenders' behaviors and lives; if information is obtained, it is not distributed to others who can use it; perception of fairness is important and critical for the system to work; there is a need to measure fairness (e.g., survey and feedback); DC experience showed that when defendants felt they were fairly treated, the recidivism rate was lower; need to talk more about treatment and the quality and availability of services; need to talk about the way we do business; currently there is fear of change: too invested in the way things are done now.

Presentation—the Case Study of Abner Doolittle: (Meeting Objectives 5 and 6). Participants used the case study to illustrate the information typically used for case decisions, and then explored the possible uses of enhanced (EBP) information in those decisions.

Release Decision: Is other information needed?

Pretrial: Mental health, drugs and other issues; verify—support systems, employment, education, static factors, contacts—social and family (phone and three or more references); currently under treatment? medication? (asked by jail too); history of FTA; history under prior periods of supervision; suicide screening.

Prosecutor: Usually what is presented (from the case study) is all that is available and is enough to make decision.

Some jurisdictions don't do evaluations until booked.

What was happening with the defendant for last 5 years? Is the defendant eligible for another track: i.e., mental health?

What Is The Release Decision?

Judges: Would release, no bond, some pretrial supervision. What would EBP information look like?—pretrial risk assessment for FTA and new crime/arrest (static risk); FTA on similar offenders; FTA should be from perspective of defendant behavior, what was the FTA for; information needed for risk reduction—more specific predictions such as if defendant re-offends, will it be for a non-violent versus a person crime—consider dangerousness of the potential new crime; how they performed on supervision can help predict compliance issues and concerns.

In-Custody Classification: What information is currently used to classify an inmate? Mental health, gang affiliations, behavior in custody, assessment.

What EBP information is available? Risk to re-offend, risk of escape, behavior of similar offenders in-custody? Actuarial information—not sure if this is helpful, could be too many types of classifications and bog down operations. Opinions mixed. Should have a continuity of care and attention to re-entry.

Charging Decision—is other information needed? Mental health history.

More specific information about criminal history—what types of victims, nature of priors. Elements of the offense. Ability to pay restitution.

Charging Decision—would risk instrument help? May help with nature of charge but not enough time available to use assessment. May be considered in later decisions. Can't use propensity to commit crimes.

Charging Decision—similar offenders. Defense counsel has problems using profiles of defendants (actuarial risk assessments). Decisions should be individually based. Charging should be based on the merits of the case.

Defense Decision—information needed? Advice from social workers and other disposition specialists. Use information on social history and prior experiences/involvement in programs. Any special needs?

Plea Negotiation Decision—information needed for plea bargain? Discovery, police report, witness

interview, client/defendant statement. Talk to witnesses if enough time. What does victim want (prosecutor). Conference with counsels and judge (Cook County). More information on defendant can lead to more appropriate disposition for the individual. Sometimes communication among key parties is hampered when person is not in custody. Decision often resolved at day of trial. What the judges will and won't accept. The impact on defendant's family and dependants can influence what options will be considered in plea negotiation. Pretrial information and reports on compliance and performance. Research needed on role and value of a established relationship between defense attorney and defendant. Should have more time and opportunities to meet with the defendant before getting into plea discussions. Real concern with defense attorneys about the amount of risk assessment information available about the defendant at this stage. This is information that does not necessarily lead to better services or outcomes for the defendants. Services should not be contingent on pleading guilty.

Plea Negotiation Decision—would risk assessment assist decision? Risk assessment would help a judge when both parties are at an impasse and they come to the court to arbitrate. Statutes or guidance need to be in place regarding information that can be used and how it is used at this point in case processing. (e.g. is history of substance abuse appropriate for determining treatment options, but not for guilt determination?). Often defendants coming from jail (in-custody group) do not receive an assessment (depends on jurisdiction).

Pre-Sentence Report—PSI Report. What other information? Mental health Pretrial supervision/compliance/performance. Sentencing memorandum from defense.

Military history. Previous treatment and supervision performance. Example of Multnomah County's data warehouse presented. How does judge get information without a PSI? Nationally the rates at which PSI's are completed vary enormously (e.g. Multnomah only 3% v. Maricopa 100% of felons).

Sentencing—what information is available for sentencing? Examples from other jurisdictions provided.

Sentencing—what other information is currently used? Justice Abrahamson: Guidelines developed for judges to use. American Law Institute has project for developing sentencing guidelines. Oregon has guidelines. If additional information is available, parties should be creative and depart from guidelines to seek justice. Where should the

discretion lie? The prosecutor's office? Post or pre charging * * * behind closed doors? With the judge and on the record for others to see? Whether or not the defendant was detained may influence a favorable outcome for the defendant. Also, costs of sentencing options could impact decisions.

Examination of Outcomes: (Meeting Objective 6) participants identified the benefits and potential "hooks", legal and ethical issues, boundaries and challenges for increasing the importance of risk reduction as a central goal or outcome of their work. Participants were asked how they would accomplish this given the realities of—organizational culture, political climate, statutory mandates, available resources, and administrative directives.

Judges—Benefits and Hooks: more job satisfaction; resolve cases in way that enhances public safety; get data to judges to show that research is valid, including the limitation of research (don't over sell it); judges want to be within the norm/middle ground of what they should be doing with EBP; builds trusting relationships between judges and probation, can build system capacity; convince judges that this creates a national basis for making difficult decisions (less social science and more public safety language.)

Judges—Issues and Challenges: Getting judges to trust evidence and data; limitations of "good research;" how to work around mandatory sentencing; don't want to be "out in left field" (lost credibility); political—stakeholder, prosecutor, etc. * * * who won't go along with strategies; trust/relationships with other stakeholders; what is the best way to get information to the court? Ethical—make sure all the stakeholders are involved

Corrections—Benefits and Hooks: Potentially reduce jail overcrowding; expense of jail beds; increased accountability in system; more professional job satisfaction for individual and in system as a whole; prompts an environment of education (learning environment); public safety—long-term risk reduction; better work environment—"transformed system."

Corrections—Issues and Challenges: Culture change more accountability (silo orientation); more collaboration needed; pitfalls of short-term results; EBP implementation never ends; alignment issues—system, organization, staff; development of data systems—meaningful data and better consumers of research; change of personal orientation for everyone in system—fear of change and lack of understanding; time constraints; overstating what EBP can do.

Pretrial—Benefits and Hooks: Pretrial as front-end decision can create confidence in good information and system competence; pretrial risk reduction goal can enhance system management of cases (e.g., get some defendants out and identify high risk defendants); must have confidence in agency; impacts "accountable" release with valid risk assessment and reduction plans.

Pretrial—Issues and Challenges: Faith in information and strategies; getting the "right kind" of information and the "right" time to give information; defining "risk reduction"; power and influence of current bond system—\$\$\$-based, not offender performance-based; procedural protection of presumption of innocence. How does EBP apply in this context? Charging decisions and public safety concerns.

Defense (Public Defender)—Benefits and Hooks: "Holistic best interests"; potential benefit to clients; better targeting of services—can assist in finding defendant appropriate services; could save dollars for jail construction; long-term—possible reduction in workload; could result in lesser restrictive sentence; use of validated information to get around mandatory sentences; better case preparation could result in better outcomes; message—"save money by being more effective"; objectivity of EBP using validated assessment and information.

Defense (Public Defender)—Issues and Challenges: Ethical/cultural—holistic benefits for client vs. legal benefit to defendant; trusting risk tools to validate for individual differences (e.g., race, income status). Equal protection issues—will the defense need to get their own assessment? How data is defined/analyzed may be to detriment of defendant; fear of "profiling" the defendant; statute barriers may prohibit EBP; political power of some stakeholders (e.g., bail bondsmen); predictions of risk based on general profiles versus the individual; admissibility of assessment; manipulation of defendants when being assessed; promise of services if assessed as in need; may result in more defendants staying incarcerated; may result in harsher sentencing/interventions; organizationally—interference with professional judgment; culture of challenging the system. Internal and external politics; historically, the criminal justice system does not reform effectively (not messaged well); capacity needs to go along with assessment, otherwise it may lead to further justifications for incarceration.

Prosecutors—Benefits and Hooks: Better judgments individually and programmatically; more confidence in decision making; more information available can leverage service providers to raise capacities; help manage workload; collective accountability; everyone vested in seeing positive outcomes.

Prosecutors—Issues and Challenges: Driver is collateral consequences on how cases are handled: e.g., guns, sex offenders, INS/ICE, etc. * * *; there may require more work and faith that there is no manipulation of the process; time constraints; figure out development of plea policies: changing current structure and format.

Administration—Benefits and Hooks: Will help with resource management (volume and speed can help with spending more time on risk reduction); system improvement including front end to enhance risk reduction such as preventative services with juvenile and families.

Administration—Issues and Challenges: Alignment of all the organizational policies, resources, evaluations * * *; need to realize that EBP is not only for the adult system but has spillover to all components of the criminal justice system.

Identifying Strategies for NIC: (Meeting Objective 8) After reviewing the benefits and challenges, participants developed potential strategies to achieve project goals.

Note: The following list represents a full menu of proposed strategies. Not all of which were adopted in the current Request for Proposals.

Strategies to Use EBP to Reduce Risk:

Find a pilot site or demonstration sites to make the case for using EBP system-wide; need to be selected for success not failure; need leadership and commitment; need to take risk; all stakeholders should be at the same level of understanding; there should not be conflicting understanding, mixed messages and agendas (consensus amongst the participants); understanding that EBP is dynamic and needs learning environment.

Work with the National District Attorneys' Association and state prosecutors' associations at their training conferences; put together training packages; train trainers (prosecutors) at the various conferences with intent that demand for such training will spread to local jurisdictions; need to show results to convince prosecutors that this is in their best interest.

National Conference of State Legislatures' conference and other key

national conferences, e.g., the Conference of State Chief Justices; work with pretrial services and court administrators networks and associations; develop linkages to judges' associations for information sharing and raising awareness and interest.

Develop road show and information packets that can be done whenever the opportunities arise and need to carefully define public safety in terms of offender behavior change or reduction of risk to re offend.

Funding by NIC of a major process and outcome evaluation so eventually a compelling case can be made. Does EBP decision making save money and achieve better outcomes?

Target local public safety/criminal justice coordinating counsels to function as organizational models to introduce EBP.

Include governors, (National Governor's Association), Public Defender Association, American Bar Association.

Develop a framework for integrating and implementing EBP—a criminal justice systems approach. The framework paper would define the mission, goals and approach; identify the issues that need to be addressed from the perspective of different stakeholders; define terms; define roles of stakeholders, and so forth. EBP helps frame what to do; the principles of EBP will need to relate to the operational level (all the players need to know what to do and what it would look like for them).

Articulate the vision and core message of the project (something to rally behind).

Have outside experts come to local jurisdictions to do an analysis (not an evaluation) of the local system. (Don't start with locations that are dysfunctional.)

Build a national consensus on EBP and sentencing.

National symposium. Co-sponsorship by PEW, NIJ, NIC, JEHT * * * *et al*, to build sense of excitement and momentum, tying to reentry and jail overcrowding (target real issues and concerns that need new and effective direction). Provide opportunities to individuals and jurisdictions that have not had exposure to EBP and case decision making or collective policymaking. "Even just discussions can lead to positive change * * *".

Develop core principles for systems change. Insist that everything is done as a team modeling the continuum of EBP.

Tying this initiative to Re-entry: starts at charging and providing offenders a way to successfully re-enter society.

Prioritize the work with pretrial and corrections/probation agencies. These are the agencies that have the data and can operationalize and demonstrate how things work. These agencies can act as system pioneers. Judges can use the information and bring along other key players such as prosecutors.

Give judges concrete data on effective interventions and practices. Provide structure for judges to use data on individual offender.

Needs to be national salesperson for each of the system components who can market and teach practitioners about EBP and decision making.

Dated: February 14, 2008.

Thomas J. Beauclair,

Deputy Director.

[FR Doc. E8-3264 Filed 2-21-08; 8:45 am]

BILLING CODE 4410-36-P

DEPARTMENT OF LABOR

Employment and Training Administration

[TA-W-60,017]

Kimberly-Clark Corporation, Kimberly-Clark Global Sales, Incorporated, a Wholly Owned Subsidiary of Kimberly-Clark Corporation Including On-Site Leased Workers From Hewlett Packard, Neenah, WI; Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance and Alternative Trade Adjustment Assistance

In accordance with section 223 of the Trade Act of 1974 (19 U.S.C. 2273), and section 246 of the Trade Act of 1974 (26 U.S.C. 2813), as amended, the Department of Labor issued a Certification of Eligibility to Apply for Worker Adjustment Assistance and Alternative Trade Adjustment Assistance on September 26, 2006, applicable to workers of Kimberly-Clark Corporation, Kimberly-Clark Global Sales, Inc., a wholly owned subsidiary of Kimberly-Clark Corporation, Neenah, Wisconsin. The notice was published in the **Federal Register** on October 16, 2006 (71 FR 60762).

At the request of a petitioner, the Department reviewed the certification for workers of the subject firm. The workers were engaged in support activities for affiliated plants engaged in the production of disposable diapers, pull-ups and wipes.

New information shows that leased workers of Hewlett Packard were employed on-site at the Neenah, Wisconsin location of Kimberly-Clark Corporation, Kimberly-Clark Global

Sales, Inc., a wholly owned subsidiary of Kimberly-Clark Corporation. The Department has determined that these workers were sufficiently under the control of Kimberly-Clark Corporation, Kimberly-Clark Global Sales, Inc., a wholly owned subsidiary of Kimberly-Clark Corporation to be considered leased workers.

Based on these findings, the Department is amending this certification to include leased workers of Hewlett Packard working on-site at the Neenah, Wisconsin location of the subject firm.

The intent of the Department's certification is to include all workers employed at Kimberly-Clark Corporation, Kimberly-Clark Global Sales, Inc., a wholly owned subsidiary of Kimberly-Clark Corporation, Neenah, Wisconsin, who were adversely impacted by a shift in production of disposable diapers, pull-ups and wipes to Mexico.

The amended notice applicable to TA-W-60,017 is hereby issued as follows:

All workers of Kimberly-Clark Corporation, Kimberly-Clark Global Sales, Incorporated, a wholly owned subsidiary of Kimberly-Clark Corporation, including on-site leased workers of Hewlett Packard, Neenah, Wisconsin, who became totally or partially separated from employment on or after September 6, 2005 through September 26, 2008, are eligible to apply for adjustment assistance under section 223 of the Trade Act of 1974, and are also eligible to apply for alternative trade adjustment assistance under section 246 of the Trade Act of 1974.

Signed at Washington, DC, this 8th day of February 2008.

Elliott S. Kushner,

Certifying Officer, Division of Trade Adjustment Assistance.

[FR Doc. E8-3216 Filed 2-21-08; 8:45 am]

BILLING CODE 4510-FN-P

DEPARTMENT OF LABOR

Employment and Training Administration

Notice of Determinations Regarding Eligibility To Apply for Worker Adjustment Assistance and Alternative Trade Adjustment Assistance

In accordance with section 223 of the Trade Act of 1974, as amended (19 U.S.C. 2273) the Department of Labor herein presents summaries of determinations regarding eligibility to apply for trade adjustment assistance for workers (TA-W) number and alternative trade adjustment assistance (ATAA) by (TA-W) number issued during the

period of *February 4 through February 8, 2008.*

In order for an affirmative determination to be made for workers of a primary firm and a certification issued regarding eligibility to apply for worker adjustment assistance, each of the group eligibility requirements of section 222(a) of the Act must be met.

I. Section (a)(2)(A) all of the following must be satisfied:

A. A significant number or proportion of the workers in such workers' firm, or an appropriate subdivision of the firm, have become totally or partially separated, or are threatened to become totally or partially separated;

B. The sales or production, or both, of such firm or subdivision have decreased absolutely; and

C. Increased imports of articles like or directly competitive with articles produced by such firm or subdivision have contributed importantly to such workers' separation or threat of separation and to the decline in sales or production of such firm or subdivision; or

II. Section (a)(2)(B) both of the following must be satisfied:

A. A significant number or proportion of the workers in such workers' firm, or an appropriate subdivision of the firm, have become totally or partially separated, or are threatened to become totally or partially separated;

B. There has been a shift in production by such workers' firm or subdivision to a foreign country of articles like or directly competitive with articles which are produced by such firm or subdivision; and

C. One of the following must be satisfied:

1. The country to which the workers' firm has shifted production of the articles is a party to a free trade agreement with the United States;

2. The country to which the workers' firm has shifted production of the articles to a beneficiary country under the Andean Trade Preference Act, African Growth and Opportunity Act, or the Caribbean Basin Economic Recovery Act; or

3. There has been or is likely to be an increase in imports of articles that are like or directly competitive with articles which are or were produced by such firm or subdivision.

Also, in order for an affirmative determination to be made for secondarily affected workers of a firm and a certification issued regarding eligibility to apply for worker adjustment assistance, each of the group eligibility requirements of Section 222(b) of the Act must be met.

(1) Significant number or proportion of the workers in the workers' firm or an appropriate subdivision of the firm have become totally or partially separated, or are threatened to become totally or partially separated;

(2) The workers' firm (or subdivision) is a supplier or downstream producer to a firm (or subdivision) that employed a group of workers who received a certification of eligibility to apply for trade adjustment assistance benefits and such supply or production is related to the article that was the basis for such certification; and

(3) Either—

(A) The workers' firm is a supplier and the component parts it supplied for the firm (or subdivision) described in paragraph (2) accounted for at least 20 percent of the production or sales of the workers' firm; or

(B) A loss or business by the workers' firm with the firm (or subdivision) described in paragraph (2) contributed importantly to the workers' separation or threat of separation.

In order for the Division of Trade Adjustment Assistance to issue a certification of eligibility to apply for Alternative Trade Adjustment Assistance (ATAA) for older workers, the group eligibility requirements of section 246(a)(3)(A)(ii) of the Trade Act must be met.

1. Whether a significant number of workers in the workers' firm are 50 years of age or older.

2. Whether the workers in the workers' firm possess skills that are not easily transferable.

3. The competitive conditions within the workers' industry (i.e., conditions within the industry are adverse).

Affirmative Determinations for Worker Adjustment Assistance

The following certifications have been issued. The date following the company name and location of each determination references the impact date for all workers of such determination.

The following certifications have been issued. The requirements of section 222(a)(2)(A) (increased imports) of the Trade Act have been met.

None.

The following certifications have been issued. The requirements of section 222(a)(2)(B) (shift in production) of the Trade Act have been met.

None.

The following certifications have been issued. The requirements of section 222(b) (supplier to a firm whose workers are certified eligible to apply for TAA) of the Trade Act have been met.

None.

The following certifications have been issued. The requirements of section 222(b) (downstream producer for a firm whose workers are certified eligible to apply for TAA based on increased imports from or a shift in production to Mexico or Canada) of the Trade Act have been met.

None.

Affirmative Determinations for Worker Adjustment Assistance and Alternative Trade Adjustment Assistance

The following certifications have been issued. The date following the company name and location of each determination references the impact date for all workers of such determination.

The following certifications have been issued. The requirements of section 222(a)(2)(A) (increased imports) and section 246(a)(3)(A)(ii) of the Trade Act have been met.

TA-W-62,512; Dunlap Industries, Inc., Production Department, Dunlap, TN: November 13, 2006.
 TA-W-62,542; Syntax-Brilliant Corporation, Tempe, AZ: November 28, 2006.
 TA-W-62,695; Springs Global US, Inc., Fort Mill Executive Office, On-Site Workers from Diversco, Fort Mill, SC: January 28, 2008.
 TA-W-62,695A; Springs Global US, Inc., New York, NY: January 28, 2008.
 TA-W-62,695B; Springs Global US, Inc., Bentonville, AR: January 28, 2008.
 TA-W-62,695C; Springs Global US, Inc., Plano, TX: January 28, 2008.
 TA-W-62,695D; Springs Global US, Inc., Park Ridge, IL: January 28, 2008.
 TA-W-62,695E; Springs Global US, Inc., Minneapolis, MN: January 28, 2008.
 TA-W-62,180; Cooper Standard Automotive, Fluid Systems Division, Archbold, OH: September 20, 2006.
 TA-W-62,515; Drive Sol Global Steering, Inc., Steering Division, Watertown, CT: November 29, 2006.
 TA-W-62,570; Umpqua Lumber Company, Dillard, OR: December 10, 2006.
 TA-W-62,571; France—A Scott Fetzer Company, On-Site Leased Workers of Personnel Management, Fairview, TN: December 10, 2006.
 TA-W-62,624; State Tool and Manufacturing Company, Benton Harbor, MI: December 20, 2006.
 TA-W-62,782; Quality Industrial Services, Inc., QIS Lordstown Division, Warren, OH: January 30, 2007.

TA-W-62,664; Catawba Valley Finishing, LLC, Newton, NC: January 10, 2007.

The following certifications have been issued. The requirements of section 222(a)(2)(B) (shift in production) and section 246(a)(3)(A)(ii) of the Trade Act have been met.

TA-W-62,283; Cordis Corporation, A Subsidiary of Johnson and Johnson, Miami Lakes, FL: October 5, 2007.
 TA-W-62,474; Siemens VDO Automotive Corporation, Huntsville, AL: November 14, 2006.
 TA-W-62,532; The Hoover Company, Floor Care Division, Main Plant, North Canton, OH: January 25, 2008.
 TA-W-62,532A; The Hoover Company, Floor Care Division, Main Plant, North Canton, OH: January 25, 2008.
 TA-W-62,532B; The Hoover Company, Floor Care Division, Distribution Center, North Canton, OH: January 25, 2008.
 TA-W-62,573; Lexmark International, Inc., Lexington, KY: December 13, 2006.
 TA-W-62,575; Norgren, Inc., Filter, Regulator, Lubricator Division, Littleton, CO: January 20, 2008.
 TA-W-62,609; Standard Motor Products, Inc., Long Island City, NY: December 24, 2006.
 TA-W-62,620; Lohmann and Rauscher, Inc., A Subsidiary of Lohmann and Rauscher International GMBH, Burlingame, KS: December 17, 2006.
 TA-W-62,621; Carrier Access Corporation, Formerly Mangrove Systems, Wallingford, CT: December 31, 2006.
 TA-W-62,681; Tyco Electronics Corporation, On-Site Leased Workers From Kelly Services, Reading, PA: January 14, 2007.
 TA-W-62,681A; Tyco Electronics Corporation, On-Site Leased Workers From Kelly Services, Birdsboro, PA: January 14, 2007.
 TA-W-62,691; Von Weise, Inc., St. Clair, MO: January 14, 2007.
 TA-W-62,730; The Bartech Group, On-Site at Delphi Corporation, Powertrain Division, Oak Creek, WI: January 18, 2007.
 TA-W-62,730A; The Bartech Group, On-Site at Delphi Corporation, Electronics and Safety Division, Oak Creek, WI: January 18, 2007.
 TA-W-62,590; Imation Corporation, Consumer-Research and Development Division, Oakdale, MN: December 18, 2006.
 TA-W-62,601; H and H Tube, A Division of Sunspring America,

Leased Workers From Northern, Cheyboogan, MI: December 20, 2006.
 TA-W-62,601A; H and H Tube, A Division of Sunspring America, Leased Workers From Northern, Vanderbilt, MI: December 20, 2006.
 TA-W-62,610; Robert Bosch Tool Corp., A Subsidiary of Robert Bosch Corp., On-Site Leased Workers of Employee Staffing, Heber Springs, AR: February 8, 2008.
 TA-W-62,625; Milwaukee Electric Tool Corporation, Kosciusko, MS: December 20, 2006.
 TA-W-62,714; F.W. Rickard Seeds, Inc., Winchester, KY: January 21, 2007.

The following certifications have been issued. The requirements of section 222(b) (supplier to a firm whose workers are certified eligible to apply for TAA) and section 246(a)(3)(A)(ii) of the Trade Act have been met.

TA-W-62,764; Pineer Manufacturing Company, Rillton, PA: January 29, 2007.

The following certifications have been issued. The requirements of section 222(b) (downstream producer for a firm whose workers are certified eligible to apply for TAA based on increased imports from or a shift in production to Mexico or Canada) and section 246(a)(3)(A)(ii) of the Trade Act have been met.

None.

Negative Determinations for Alternative Trade Adjustment Assistance

In the following cases, it has been determined that the requirements of 246(a)(3)(A)(ii) have not been met for the reasons specified.

The Department has determined that criterion (1) of section 246 has not been met. The firm does not have a significant number of workers 50 years of age or older.

None.

The Department has determined that criterion (2) of section 246 has not been met. Workers at the firm possess skills that are easily transferable.

None.

The Department has determined that criterion (3) of section 246 has not been met. Competition conditions within the workers' industry are not adverse.

None.

Negative Determinations for Worker Adjustment Assistance and Alternative Trade Adjustment Assistance

In the following cases, the investigation revealed that the eligibility criteria for worker adjustment assistance have not been met for the reasons specified.

Because the workers of the firm are not eligible to apply for TAA, the workers cannot be certified eligible for ATAA.

The investigation revealed that criteria (a)(2)(A)(I.A.) and (a)(2)(B)(II.A.) (employment decline) have not been met.

TA-W-62,560; *Motorola, Inc., Motorola Credit Corporation, Finance Department QZ349, Schaumburg, IL.*

TA-W-62,790; *Donaldson Company, Inc., Grinnell, IA.*

The investigation revealed that criteria (a)(2)(A)(I.B.) (Sales or production, or both, did not decline) and (a)(2)(B)(II.B.) (shift in production to a foreign country) have not been met.

TA-W-62,608; *Precision Magnetics, Division of Arnold Magnetics Technologies, Wayne, NJ.*

TA-W-62,611; *Conn-Selmer, Inc., G. Leblanc, Inc. Division, Kenosha, WI.*

The investigation revealed that criteria (a)(2)(A)(I.C.) (increased imports) and (a)(2)(B)(II.B.) (shift in production to a foreign country) have not been met.

TA-W-62,458; *Hutchens Industries, Inc., Fabrication Department, Mansfield, MO.*

TA-W-62,569; *New York Air Brake Corp., A Subsidiary of Knorr Bremse, Watertown, NY.*

TA-W-62,723; *Chestertown Foods, Inc., Chestertown, MD.*

TA-W-62,683; *Harvey Industries, LLC, Wabash, IN.*

The workers' firm does not produce an article as required for certification under section 222 of the Trade Act of 1974.

TA-W-62,551; *Lenovo, Bellevue, WA.*
TA-W-62,558; *Decision One Mortgage Company, LLC, A Division of HSBC North America, Fort Mill, SC.*

TA-W-62,568; *IBM Corporation, Lexington, KY.*

TA-W-62,688; *SEI Data, Inc., A Subsidiary of SEI Communications, Dillsboro, IN.*

TA-W-62,698; *Bodycote Materials Testing, Inc., Hillsdale, MI.*

The investigation revealed that criteria of section 222(b)(2) has not been met. The workers' firm (or subdivision) is not a supplier to or a downstream producer for a firm whose workers were certified eligible to apply for TAA.

None.

I hereby certify that the aforementioned determinations were issued during the period of *February 4 through February 8, 2008*. Copies of these determinations are available for inspection in Room C-5311, U.S.

Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210 during normal business hours or will be mailed to persons who write to the above address.

Dated: February 14, 2008.

Ralph DiBattista,

Director, Division of Trade Adjustment Assistance.

[FR Doc. E8-3215 Filed 2-21-08; 8:45 am]

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DEPARTMENT OF LABOR

Employment and Training Administration

[TA-W-62,364; TA-W-62,364B]

Cellular Express, Inc., D/B/A Boston Communications Group, Inc., Bedford, MA; Including An Employee of Cellular Express, Inc., D/B/A Boston Communications Group, Inc., Bedford, MA Located in Roseville, MI; Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance and Negative Determination Regarding Eligibility To Apply for Alternative Trade Adjustment Assistance

In accordance with section 223 of the Trade Act of 1974 (19 U.S.C. 2273), and section 246 of the Trade Act of 1974 (26 U.S.C. 2813), as amended, the Department of Labor issued a Certification Regarding Eligibility to Apply for Worker Adjustment Assistance and a Negative Determination Regarding Eligibility to Apply for Alternative Trade Adjustment Assistance on November 14, 2007, applicable to workers of Cellular Express, Inc., d/b/a Boston Communications Group, Inc., Bedford, Massachusetts. The notice was published in the **Federal Register** on December 10, 2007 (72 FR 69710). The certification was amended on December 20, 2007 to include another location. The notice was published in the **Federal Register** on December 31, 2007 (72 FR 74341).

At the request of the State agency, the Department reviewed the certification for workers of the subject firm.

New information shows that a worker separation has occurred involving an employee of the Bedford, Massachusetts facility of Cellular Express, Inc., d/b/a Boston Communications Group, Inc., working out of Roseville, Michigan. Ms. Vicki Yax performed support duties for the firm's Bedford, Massachusetts, software development, testing, and monitoring.

Based on these findings, the Department is amending this

certification to include an employee of the Bedford, Massachusetts facility of Cellular Express, Inc., d/b/a Boston Communications Group, Inc. working out of Roseville, Michigan.

The intent of the Department's certification is to include all workers of Cellular Express, Inc., d/b/a Boston Communications Group, Inc., Bedford, Massachusetts who were adversely affected by increased imports following a shift in production to India.

The amended notice applicable to TA-W-62,364 is hereby issued as follows:

All workers of Cellular Express, Inc., d/b/a Boston Communications Group, Inc., Bedford, Massachusetts (TA-W-62,364), including an employee of Cellular Express, Inc., d/b/a Boston Communications Group, Inc., Bedford, Massachusetts located in Roseville, Michigan (TA-W-62,364B), who became totally or partially separated from employment on or after October 25, 2006, through November 14, 2009, are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.

I further determine that workers of Cellular Express, Inc., d/b/a Boston Communications Group, Inc., Bedford, Massachusetts (TA-W-62,364), including an employee of Cellular Express, Inc., d/b/a Boston Communications Group, Inc., Bedford, Massachusetts located in Roseville, Michigan (TA-W-62,364B), are denied eligibility to apply for alternative trade adjustment assistance under Section 246 of the Trade Act of 1974.

Signed at Washington, DC, this 8th day of February 2008.

Linda G. Poole,

Certifying Officer, Division of Trade Adjustment Assistance.

[FR Doc. E8-3219 Filed 2-21-08; 8:45 am]

BILLING CODE 4510-FN-P

DEPARTMENT OF LABOR

Employment and Training Administration

[TA-W-62,404]

Motor Wheel Commercial Vehicle Systems Full Cast/Assembly Area, Berea, KY; Notice of Revised Determination on Reconsideration

On January 30, 2008, the Department issued an Affirmative Determination Regarding Application for Reconsideration regarding eligibility to apply for Alternative Trade Adjustment Assistance (ATAA) applicable to workers and former workers of Motor Wheel Commercial Vehicle Systems, Full Cast/Assembly Area, Berea, Kentucky (the subject firm). The

Department's Notice of affirmative determination was published in the **Federal Register** on February 7, 2008 (73 FR 7317).

The request for reconsideration alleged that the skills of the worker group are not easily transferable to other positions in the local commuting area. Certification regarding eligibility to apply for Trade Adjustment Assistance (TAA) applicable to workers and former workers of the subject firm was issued on November 30, 2007.

During the reconsideration investigation, the Department received new information which indicated that, within the subject firm's local commuting area, the subject workers' skills are not easily transferable to other positions.

During the reconsideration investigation, the Department also confirmed that a significant number of workers at the firm are age 50 or over and that competitive conditions within the industry are adverse.

Conclusion

After careful review of the information obtained in the reconsideration investigation, I determine that workers and former workers of the subject firm have met the group eligibility criteria for Section 246 of the Trade Act of 1974 (26 U.S.C. 2813), as amended. In accordance with the provisions of the Act, I make the following certification:

All workers of Motor Wheel Commercial Vehicle Systems, Full Cast/Assembly Area, Berea, Kentucky, who became totally or partially separated from employment on or after October 28, 2006 through November 30, 2009, are eligible to apply for alternative trade adjustment assistance under section 246 of the Trade Act of 1974.

Signed at Washington, DC, this 12th day of February 2008.

Elliott S. Kushner,

Certifying Officer, Division of Trade Adjustment Assistance.

[FR Doc. E8-3220 Filed 2-21-08; 8:45 am]

BILLING CODE 4510-FN-P

DEPARTMENT OF LABOR

Employment and Training Administration

[TA-W-62,260]

Flexsteel Industries, Inc., Dubuque, IA; Notice of Revised Determination on Reconsideration

By application dated January 12, 2008, the United Steel Workers, District 11, Local 1861 (the Union) requested administrative reconsideration of the

Department's negative determination regarding eligibility for workers and former workers of Flexsteel Industries, Inc., Dubuque, Iowa (subject firm) to apply for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA).

Workers of the subject firm were certified eligible to apply for trade adjustment assistance under petition number TA-W-57,906, which expired on October 7, 2007. The initial investigation resulted in a negative determination signed on December 14, 2007 was based on the finding that the subject company did not separate or threaten to separate a significant number of workers. The denial notice was published in the **Federal Register** on December 31, 2007 (72 FR 74344).

To support the request for reconsideration, the petitioner supplied additional information regarding employment at the subject firm.

The review of the new information and findings of the initial investigation revealed that the subject firm separated a significant number of workers during the relevant period. The workers produce residential, commercial and recreational seating. The investigation also revealed that the company increased its imports of articles like or directly competitive with residential, commercial and recreational seating from 2005 to 2006 and from January through September of 2007 when compared with the same period in 2006. Furthermore, sales and production declined at the subject firm during the relevant period.

In accordance with Section 246 of the Trade Act of 1974 (26 U.S.C. 2813), as amended, the Department of Labor herein presents the results of its investigation regarding certification of eligibility to apply for alternative trade adjustment assistance (ATAA) for older workers.

In order for the Department to issue a certification of eligibility to apply for ATAA, the group eligibility requirements of Section 246 of the Trade Act must be met. The Department has determined in this case that the requirements of Section 246 have been met.

A significant number of workers at the firm are age 50 or over and possess skills that are not easily transferable. Competitive conditions within the industry are adverse.

Conclusion

After careful review of the facts obtained in the investigation, I determine that increases of imports of residential, commercial and recreational seating, produced by Flexsteel

Industries, Inc., Dubuque, Iowa, contributed importantly to the total or partial separation of workers and to the decline in sales or production at that firm or subdivision. In accordance with the provisions of the Act, I make the following certification:

All workers of Flexsteel Industries, Inc., Dubuque, Iowa, who became totally or partially separated from employment on or after October 8, 2007, through two years from the date of this certification, are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974, and are eligible to apply for alternative trade adjustment assistance under Section 246 of the Trade Act of 1974.

Signed at Washington, DC, this 11th day of February, 2008

Elliott S. Kushner,

Certifying Officer, Division of Trade Adjustment Assistance.

[FR Doc. E8-3218 Filed 2-21-08; 8:45 am]

BILLING CODE 4510-FN-P

DEPARTMENT OF LABOR

Employment and Training Administration

[TA-W-61,721]

Oregon Cutting Systems Group, a Wholly Owned Subsidiary of Blount Inc., Warehouse, Clackamas, OR; Notice of Revised Determination on Reconsideration

On August 31, 2007, the Department issued an Affirmative Determination Regarding Application for Reconsideration for the workers and former workers of Oregon Cutting Systems Group, a wholly owned subsidiary of Blount, Inc., Warehouse, Clackamas, Oregon (the subject facility). The Department's Notice of affirmative determination was published in the **Federal Register** on September 11, 2007 (72 FR 51846).

The negative determination regarding workers' eligibility to apply for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) was issued on June 29, 2007, and the Notice of determination was published in the **Federal Register** on July 19, 2007 (72 FR 39644). The determination stated that the subject workers performed warehousing activities related to the production of chainsaw chains, bars, and sprockets, and that the production that the workers supported had shifted to a country that is neither a party to a free trade agreement with the United States nor a beneficiary under either the African Growth and Opportunity Act or

the Caribbean Basin Economic Recovery Act.

The request for reconsideration alleged that the subject workers not only supported the production but also produced chainsaw chains, bars, and sprockets at the subject facility. The subject facility ceased to operate in March 2007.

During the reconsideration investigation, the Department received information confirming that the subject facility is a warehouse and that the subject workers produced neither chainsaw chains, bars, nor sprockets.

New information obtained during the investigation revealed that the subject facility supported production at domestic, affiliated facilities whose production declined during 2006 (compared to 2005 levels) and during 2007 (compared to 2006 levels), and that the subject firm's reliance on foreign-produced chainsaw chains, bars, and sprockets increased during the period of decreased domestic production.

In accordance with section 246 of the Trade Act of 1974 (26 U.S.C. 2813), as amended, the Department herein presents the results of its investigation regarding certification of eligibility to apply for ATAA.

The Department has determined in this case that the group eligibility requirements of section 246 have been met.

A significant number of workers at the firm are age 50 or over and possess skills that are not easily transferable. Competitive conditions within the industry are adverse.

Conclusion

After careful review of the information obtained in the reconsideration investigation, I determine that the subject workers' separations were caused by the decreased need of their services due to increased imports of articles like or directly competitive with those produced at an affiliated domestic facility that the workers supported.

In accordance with the provisions of the Act, I make the following certification:

All workers of Oregon Cutting Systems Group, a wholly owned subsidiary of Blount, Inc., Warehouse, Clackamas, Oregon, who became totally or partially separated from employment on or after June 19, 2006, through two years from the date of this certification, are eligible to apply for adjustment assistance under section 223 of the Trade Act of 1974, and are eligible to apply for alternative trade adjustment assistance under section 246 of the Trade Act of 1974.

Signed at Washington, DC this 11th day of February 2008.

Elliott S. Kushner,

Certifying Officer, Division of Trade Adjustment Assistance.

[FR Doc. E8-3217 Filed 2-21-08; 8:45 am]

BILLING CODE 4510-FN-P

DEPARTMENT OF LABOR

Employment and Training Administration

[TA-W-62,759]

Inverness Corporation, Fairlawn, NJ; Notice of Termination of Investigation

In accordance with section 221 of the Trade Act of 1974, as amended, an investigation was initiated on January 29, 2008 in response to a worker petition filed on behalf of workers of Inverness Corporation, Fairlawn, New Jersey.

The petition regarding the investigation was signed by only one worker and therefore has been deemed invalid. Consequently, this investigation has been terminated.

Another valid petition has been received for the same worker group. That petition was instituted February 13, 2008 under TA-W-62,839.

Signed in Washington, DC, this 13th day of February, 2008.

Richard Church,

Certifying Officer, Division of Trade Adjustment Assistance.

[FR Doc. E8-3214 Filed 2-21-08; 8:45 am]

BILLING CODE 4510-FN-P

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

[Docket No. OSHA-2007-0083]

Applied Research Laboratories, Inc.; Revocation of Recognition

AGENCY: Occupational Safety and Health Administration (OSHA), Labor.

ACTION: Notice.

SUMMARY: This notice announces the Occupational Safety and Health Administration's decision to revoke the recognition of Applied Research Laboratories, Inc., (ARL) as a Nationally Recognized Testing Laboratory under 29 CFR 1910.7.

DATES: The revocation was effective on January 28, 2008.

FOR FURTHER INFORMATION CONTACT:

MaryAnn Garrahan, Director, Office of Technical Programs and Coordination Activities, NRTL Program, Occupational

Safety and Health Administration, U.S. Department of Labor, 200 Constitution Avenue, NW., Room N-3655, Washington, DC 20210, or phone (202) 693-2110.

SUPPLEMENTARY INFORMATION:

I. Notice of Final Decision

The Occupational Safety and Health Administration (OSHA) is giving notice of the revocation of recognition of Applied Research Laboratories, Inc., (ARL) as a Nationally Recognized Testing Laboratory (NRTL). OSHA has taken this action following the requirements under Subsection II.E of Appendix A to 29 CFR 1910.7 ("Subsection E").

OSHA recognition of an NRTL signifies that the organization has met the legal requirements in section 1910.7 of Title 29, Code of Federal Regulations (29 CFR 1910.7), OSHA's NRTL Program regulations. Recognition is an acknowledgment that the organization can perform independent safety testing and certification of the specific products covered within its scope of recognition and is not a delegation or grant of government authority. As a result of recognition, employers may use products in the workplace that are properly approved by the NRTL to meet OSHA standards that require testing and certification.

Subsection E describes the process that OSHA must use in revoking the recognition of an NRTL. This subsection sets forth three potential causes of revocation and, in the event any cause applies, provides the NRTL with opportunities to correct the deficiencies leading to the proposed revocation. It also provides the NRTL an opportunity to request a hearing before an Administrative Law Judge on the revocation action. (ARL did not request such a hearing.)

OSHA followed the process set forth in Subsection E and is revoking ARL's recognition as an NRTL. OSHA identified deficiencies in ARL's testing and certification operations that were not adequately corrected. OSHA has determined that, as a result of these deficiencies, ARL has failed to substantially satisfy the requirements of 29 CFR 1910.7 and Appendix A, a cause for revocation under OSHA's NRTL Program regulations. OSHA has already notified ARL of the revocation decision, and this decision is final. The effective date of revocation is shown in the DATES section, above. Consequently, the Agency no longer accepts product certifications done by ARL on or after this effective date.

Docket No. OSHA-2007-0083 (formerly NRTL1-97) contains all public

materials in the record concerning the recognition of ARL. You may obtain or review copies of these public documents by contacting the Docket Office, Occupational Safety and Health Administration, U.S. Department of Labor, 200 Constitution Avenue, NW., Room N-2625, Washington, DC 20210.

Signed at Washington, DC, this 15th day of February, 2008.

Edwin G. Foulke, Jr.,

Assistant Secretary of Labor for Occupational Safety and Health.

[FR Doc. E8-3324 Filed 2-21-08; 8:45 am]

BILLING CODE 4510-26-P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[NOTICE: (08-017)]

Notice of Information Collection

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of information collection.

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. 104-13, 44 U.S.C. 3506(c)(2)(A)).

DATES: All comments should be submitted within 60 calendar days from the date of this publication.

ADDRESSES: All comments should be addressed to Dr. Walter Kit, National Aeronautics and Space Administration, Washington, DC 20546-0001.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Dr. Walter Kit, NASA PRA Officer, NASA Headquarters, 300 E Street, SW., JE0000, Washington, DC 20546, (202) 358-1350, *Walter.Kit-1@nasa.gov*.

SUPPLEMENTARY INFORMATION:

I. Abstract

This information collection is an application form to be considered for career exploration opportunities through job shadowing and access to NASA education resources. Students are required to submit an application package consisting of an application form, a teacher recommendation, and parent/guardian permission for parents to sign approving the child's participation.

II. Method of Collection

NASA will utilize a Web-base application form with instructions and other application materials also on-line.

III. Data

Title: Kennedy Education Experiences Program (KEEP) Application.

OMB Number: 2700-XXXX.

Type of Review: New Collection.

Affected Public: Individuals or households.

Estimated Number of Respondents: 20.

Estimated Time Per Response: 1 hour.

Estimated Total Annual Burden Hours: 20.

Estimated Total Annual Cost to Government: \$479.

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.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of this information collection. They will also become a matter of public record.

Gary Cox,

Executive Officer.

[FR Doc. E8-3295 Filed 2-21-08; 8:45 am]

BILLING CODE 7510-13-P

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

National Endowment for the Arts; Arts Advisory Panel

Pursuant to Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), as amended, notice is hereby given that four meetings of the Arts Advisory Panel to the National Council on the Arts will be held at the Nancy Hanks Center, 1100 Pennsylvania Avenue, NW., Washington, DC, 20506 as follows (ending times are approximate):

Presenting/National Initiatives (application review): March 7, 2008. This meeting will be by teleconference

from 3 p.m. to 4:30 p.m. and will be closed.

Opera Honors (nominations review): March 11, 2008 in Room 527. This meeting, from 9:30 a.m. to 11 a.m., will be closed.

Opera Honors (nominations review): March 11, 2008 in Room 527. This meeting, from 11 a.m. to 12:30 p.m., will be closed.

Opera Honors (overview/policy discussion): March 11, 2008 in Room 527. This meeting, from 2 p.m. to 3 p.m., will be open.

The closed portions of meetings are for the purpose of Panel review, discussion, evaluation, and recommendations on financial assistance under the National Foundation on the Arts and the Humanities Act of 1965, as amended, including information given in confidence to the agency. In accordance with the determination of the Chairman of February 21, 2007, these sessions will be closed to the public pursuant to subsection (c)(6) of section 552b of Title 5, United States Code.

Any person may observe meetings, or portions thereof, of advisory panels that are open to the public, and if time allows, may be permitted to participate in the panel's discussions at the discretion of the panel chairman. If you need special accommodations due to a disability, please contact the Office of AccessAbility, National Endowment for the Arts, 1100 Pennsylvania Avenue, NW., Washington, DC 20506, 202/682-5532, TDY-TDD 202/682-5496, at least seven (7) days prior to the meeting.

Further information with reference to these meetings can be obtained from Ms. Kathy Plowitz-Worden, Office of Guidelines & Panel Operations, National Endowment for the Arts, Washington, DC 20506, or call 202/682-5691.

Dated: February 19, 2008.

Kathy Plowitz-Worden,

Panel Coordinator, Panel Operations, National Endowment for the Arts.

[FR Doc. E8-3301 Filed 2-21-08; 8:45 am]

BILLING CODE 7537-01-P

NUCLEAR REGULATORY COMMISSION

Advisory Committee on Reactor Safeguards; Subcommittee Meeting on Wolf Creek Plant License Renewal Application; Notice of Meeting

The ACRS Subcommittee on Plant License Renewal will hold a meeting on March 5, 2008, Room T-2B3, 11545 Rockville Pike, Rockville, Maryland.

The entire meeting will be open to public attendance.

The agenda for the subject meeting shall be as follows:

Wednesday, March 5, 2008—10:30 a.m. until the conclusion of business.

The Subcommittee will discuss the application submitted by the Wolf Creek Nuclear Operating Corporation to extend the operating license of Wolf Creek Generating Station, Unit 1 by an additional 20 years. The purpose of this meeting is to gather information, analyze relevant issues and facts, and formulate proposed positions and actions, as appropriate, for deliberation by the full Committee.

Members of the public desiring to provide oral statements and/or written comments should notify the Designated Federal Official, Ms. Maitri Banerjee (Telephone: 301-415-6973) five days prior to the meeting, if possible, so that appropriate arrangements can be made. Electronic recordings will be permitted. Detailed procedures for the conduct of and participation in ACRS meetings were published in the **Federal Register** on September 26, 2007 (72 FR 54695).

Further information regarding this meeting can be obtained by contacting the Designated Federal Official between 7:30 a.m. and 4:15 p.m. (ET). Persons planning to attend this meeting are urged to contact the above named individual at least two working days prior to the meeting to be advised of any potential changes to the agenda.

Dated: February 14, 2008.

G.S. Shukla,

Acting Chief, Reactor Safety Branch.

[FR Doc. E8-3331 Filed 2-21-08; 8:45 am]

BILLING CODE 7590-01-P

NUCLEAR REGULATORY COMMISSION

Advisory Committee on Reactor Safeguards (ACRS); Subcommittee Meeting on Planning and Procedures; Notice of Meeting

The ACRS Subcommittee on Planning and Procedures will hold a meeting on March 5, 2008, Room T-2B1, 11545 Rockville Pike, Rockville, Maryland.

The entire meeting will be open to public attendance, with the exception of a portion that may be closed pursuant to 5 U.S.C. 552b (c) (2) and (6) to discuss organizational and personnel matters that relate solely to the internal personnel rules and practices of the ACRS, and information the release of which would constitute a clearly unwarranted invasion of personal privacy.

The agenda for the subject meeting shall be as follows:

Wednesday, March 5, 2008, 8:30 a.m. until 10 a.m.

The Subcommittee will discuss proposed ACRS activities and related matters. The Subcommittee will gather information, analyze relevant issues and facts, and formulate proposed positions and actions, as appropriate, for deliberation by the full Committee.

Members of the public desiring to provide oral statements and/or written comments should notify the Designated Federal Officer, Mr. Sam Duraiswamy (telephone: 301-415-7364) between 7:30 a.m. and 4 p.m. (ET) five days prior to the meeting, if possible, so that appropriate arrangements can be made. Electronic recordings will be permitted only during those portions of the meeting that are open to the public. Detailed procedures for the conduct of and participation in ACRS meetings were published in the **Federal Register** on September 26, 2007 (72 FR 54695).

Further information regarding this meeting can be obtained by contacting the Designated Federal Officer between 7:30 a.m. and 4 p.m. (ET). Persons planning to attend this meeting are urged to contact the above named individual at least two working days prior to the meeting to be advised of any potential changes in the agenda.

Dated: February 8, 2008,

Cayetano Santos,

Chief, Reactor Safety Branch.

[FR Doc. E8-3332 Filed 2-21-08; 8:45 am]

BILLING CODE 7590-01-P

NUCLEAR REGULATORY COMMISSION

Advisory Committee on Reactor Safeguards; Meeting Notice

In accordance with the purposes of Sections 29 and 182b. of the Atomic Energy Act (42 U.S.C. 2039, 2232b), the Advisory Committee on Reactor Safeguards (ACRS) will hold a meeting on March 6-8, 2008, 11545 Rockville Pike, Rockville, Maryland. The date of this meeting was previously published in the **Federal Register** on Monday, October 22, 2007 (72 FR 59574).

Thursday, March 6, 2008, Conference Room T-2B3, Two White Flint North, Rockville, Maryland.

8:30 a.m.-8:35 a.m.: Opening Remarks by the ACRS Chairman (Open)—The ACRS Chairman will make opening remarks regarding the conduct of the meeting.

8:35 a.m.-10:30 a.m.: Final Review of the License Renewal Application for the James A. FitzPatrick Nuclear Power Plant (Open)—The Committee will hear presentations by and hold discussions

with representatives of the NRC staff and Entergy Nuclear Operations, Inc., regarding the License Renewal Application for the James A. FitzPatrick Nuclear Power Plant and the associated NRC staff's Final Safety Evaluation Report (SER).

10:45 a.m.-12:15 p.m.: Final Review of the License Renewal Application for the Vermont Yankee Nuclear Power Station (Open)—The Committee will hear presentations by and hold discussions with representatives of the NRC staff and Entergy Nuclear Operations, Inc., regarding the License Renewal Application for the Vermont Yankee Nuclear Power Station and the associated NRC staff's Final SER, specifically, resolution of the environmentally assisted fatigue issue, and other related matters.

1:15 p.m.-3:15 p.m.: Selected Chapters of the SER Associated with the ESBWR Design Certification Application (Open/Closed)—The Committee will hear presentations by and hold discussions with representatives of the NRC staff and General Electric—Hitachi Nuclear Energy (GEH) regarding selected chapters of the SER with open items associated with the ESBWR design certification application.

[**Note:** A portion of this session may be closed to protect information that is proprietary to GEH and its contractors pursuant to 5 U.S.C. 552b(c)(4).]

3:30 p.m.-3:45 p.m.: Subcommittee Report (Open)—Report by and discussions with the Chairman of the ACRS regarding interim review of the License Renewal Application for the Wolf Creek Generating Station discussed during the Subcommittee meeting on March 5, 2008.

3:45 p.m.-7 p.m.: Preparation of ACRS Reports (Open)—The Committee will discuss proposed ACRS reports on matters considered during this meeting.

Friday, March 7, 2008, Conference Room T-2B3, Two White Flint North, Rockville, Maryland.

8:30 a.m.-8:35 a.m.: Opening Remarks by the ACRS Chairman (Open)—The ACRS Chairman will make opening remarks regarding the conduct of the meeting.

8:35 a.m.-9:30 a.m.: Meeting with Commissioner Lyons (Open)—The Chairman will hold discussions with NRC Commissioner Lyons regarding items of mutual interest.

9:30 a.m.-10:15 a.m.: Future ACRS Activities/Report of the Planning and Procedures Subcommittee (Open)—Discussion of the recommendations of the Planning and Procedures Subcommittee regarding items proposed for consideration by the full Committee

during future ACRS meetings as well as discussion of matters related to the conduct of ACRS business, including anticipated workload and member assignments.

10:15 a.m.–11:15 a.m.: Reconciliation of ACRS Comments and Recommendations (Open)—The Committee will discuss proposed ACRS reports on matters considered during this meeting.

11:30 a.m.–12:30 p.m.: Preparation of ACRS Reports (Open)—The Committee will discuss proposed ACRS reports on matters considered during this meeting.

1:30 p.m.–7 p.m.: Preparation of ACRS Reports (Open)—The Committee will discuss proposed ACRS reports on matters considered during this meeting.

Saturday, March 8, 2008, Conference Room T-2B3, Two White Flint North, Rockville, Maryland.

8:30 a.m.–1 p.m.: Anticipated Future Committee Schedule and Workload (Open)—The Committee will discuss anticipated future ACRS schedule and workload.

1 p.m.–1:30 p.m.: Miscellaneous (Open)—Discussion of matters related to the conduct of Committee matters that were not completed during previous meetings, as time and availability of information permit.

Procedures for the conduct of and participation in ACRS meetings were published in the **Federal Register** on September 26, 2007 (72 FR 54695). In accordance with those procedures, oral or written views may be presented by members of the public, including representatives of the nuclear industry. Electronic recordings will be permitted only during the open portions of the meeting. Persons desiring to make oral statements should notify the Cognizant ACRS staff named below five days before the meeting, if possible, so that appropriate arrangements can be made to allow necessary time during the meeting for such statements. Use of still, motion picture, and television cameras during the meeting may be limited to selected portions of the meeting as determined by the Chairman.

Information regarding the time to be set aside for this purpose may be obtained by contacting the Cognizant ACRS staff prior to the meeting. In view of the possibility that the schedule for ACRS meetings may be adjusted by the Chairman as necessary to facilitate the conduct of the meeting, persons planning to attend should check with the Cognizant ACRS staff if such rescheduling would result in major inconvenience.

In accordance with Subsection 10(d) Public Law 92–463, I have determined that it may be necessary to close a

portion of this meeting noted above to discuss and protect information classified as proprietary to General Electric—Hitachi Nuclear Energy and their contractors.

Further information regarding topics to be discussed, whether the meeting has been canceled or rescheduled, as well as the Chairman's ruling on requests for the opportunity to present oral statements and the time allotted therefor can be obtained by contacting Mr. Girija S. Shukla, Cognizant ACRS staff (301–415–6855), between 7:30 a.m. and 4 p.m. (ET). ACRS meeting agenda, meeting transcripts, and letter reports are available through the NRC Public Document Room at pdr@nrc.gov, or by calling the PDR at 1–800–397–4209, or from the Publicly Available Records System (PARS) component of NRC's document system (ADAMS) which is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> or <http://www.nrc.gov/reading-rm/doc-collections/> (ACRS & ACNW Mtg schedules/agendas).

Video teleconferencing service is available for observing open sessions of ACRS meetings. Those wishing to use this service for observing ACRS meetings should contact Mr. Theron Brown, ACRS Audio Visual Technician (301–415–8066), between 7:30 a.m. and 3:45 p.m. (ET), at least 10 days before the meeting to ensure the availability of this service. Individuals or organizations requesting this service will be responsible for telephone line charges and for providing the equipment and facilities that they use to establish the video teleconferencing link. The availability of video teleconferencing services is not guaranteed.

Dated: February 15, 2008.

Annette L. Vietti-Cook,
Secretary of the Commission.

[FR Doc. E8–3335 Filed 2–21–08; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

Advisory Committee on Reactor Safeguards (ACRS); Meeting of the ACRS Subcommittee on Reliability and Probabilistic Risk Assessment; Notice of Meeting

The ACRS Subcommittee on Reliability and Probabilistic Risk Assessment (PRA) will hold a meeting on February 22, 2008, Room T-2B3, 11545 Rockville Pike, Rockville, Maryland.

The entire meeting will be open to public attendance.

The agenda for the subject meeting shall be as follows:

Friday, February 22, 2008—8:30 a.m. until the conclusion of business.

The Subcommittee will discuss the draft report, "International HRA Empirical Study, Description of Overall Approach and First Pilot Results from Comparing HRA Methods to Simulator Data." The Subcommittee will hear presentations by and hold discussions with representatives of the NRC staff, Sandia National Laboratories, the Paul Scherrer Institute, and Scientech LLC. The Subcommittee will gather information, analyze relevant issues and facts, and formulate proposed positions and actions, as appropriate, for deliberation by the full Committee.

Members of the public desiring to provide oral statements and/or written comments should notify the Designated Federal Official, Dr. Hossein P. Nourbakhsh, (Telephone: 301–415–5622) five days prior to the meeting, if possible, so that appropriate arrangements can be made. Electronic recordings will be permitted. Detailed procedures for the conduct of and participation in ACRS meetings were published in the **Federal Register** on September 26, 2007 (72 FR 54695).

Further information regarding this meeting can be obtained by contacting the Designated Federal Official between 7:30 a.m. and 4:15 p.m. (ET). Persons planning to attend this meeting are urged to contact the above named individual at least two working days prior to the meeting to be advised of any potential changes to the agenda.

Dated: February 11, 2008.

Cayetano Santos,
Branch Chief, ACRS.

[FR Doc. E8–3334 Filed 2–21–08; 8:45 am]

BILLING CODE 7590–01–P

SECURITIES AND EXCHANGE COMMISSION

Sunshine Act Meetings

Notice is hereby given, pursuant to the provisions of the Government in the Sunshine Act, Pub. L. 94–409, that the Securities and Exchange Commission will hold the following meetings during the week of February 25, 2008:

Closed Meetings will be held on

Tuesday, February 26, 2008 at 2 p.m. and Wednesday, February 27, 2008 at 10 a.m.

Commissioners, Counsel to the Commissioners, the Secretary to the Commission, and recording secretaries will attend the Closed Meetings. Certain

staff members who have an interest in the matters may also be present.

The General Counsel of the Commission, or his designee, has certified that, in his opinion, one or more of the exemptions set forth in 5 U.S.C. 552b(c)(5), (7), (8), (9)(B), and (10) and 17 CFR 200.402(a)(5), (7), (8), 9(ii) and (10), permit consideration of the scheduled matters at the Closed Meetings.

Commissioner Atkins, as duty officer, voted to consider the items listed for the closed meetings in closed sessions.

The subject matter of the Closed Meeting scheduled for Tuesday, February 26, 2008 will be:

Institution and settlement of injunctive actions; and

Institution and settlement of administrative proceedings of an enforcement nature.

The subject matter of the Closed Meeting scheduled for Wednesday, February 27, 2008 will be:

Formal orders of investigation;

Institution and settlement of injunctive actions;

Institution and settlement of administrative proceedings of an enforcement nature; and

A regulatory matter regarding a financial institution.

At times, changes in Commission priorities require alterations in the scheduling of meeting items.

For further information and to ascertain what, if any, matters have been added, deleted or postponed, please contact: The Office of the Secretary at (202) 551-5400.

Dated: February 19, 2008.

Nancy M. Morris,
Secretary.

[FR Doc. E8-3343 Filed 2-21-08; 8:45 am]

BILLING CODE 8011-01-P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34-57336; File No. SR-Amex-2007-36]

Self-Regulatory Organizations; American Stock Exchange LLC; Order Approving a Proposed Rule Change, as modified by Amendment No. 1, to Eliminate a Volume Add-on to Amex Options Specialist Financial Requirements

I. Introduction

On April 10, 2007, the American Stock Exchange LLC ("Amex" or "Exchange") filed with the Securities and Exchange Commission ("Commission"), pursuant to section

19(b)(1) of the Securities Exchange Act of 1934 ("Act")¹ and Rule 19b-4 thereunder,² a proposal to amend its rules to eliminate a volume add-on to Amex options specialist financial requirements. The Amex filed Amendment No. 1 to the proposal on December 12, 2007. The proposed rule change, as modified by Amendment No. 1, was published for comment in the **Federal Register** on January 14, 2008.³ The Commission received no comments regarding the proposed rule change, as amended. This order approves the proposed rule change.

II. Description of the Proposal

The Amex proposes to amend Rule 950-ANTE(h). Rule 950-ANTE(h) currently requires an option specialist to maintain minimum tentative net capital in the amount of \$1,000,000 plus \$25,000 for each option issue (option class) in excess of the initial twenty-five issues in which the specialist is registered. The amendment would eliminate the \$25,000 add-on for each option class in excess of the initial twenty-five option classes.

III. Discussion

The Commission finds that the proposed rule change, as amended, is consistent with the requirements of the Act and the rules and regulations under the Act applicable to a national securities exchange.⁴ In particular, the Commission finds that the proposal is consistent with section 6(b)(5) of the Act,⁵ which requires, among other things, that the rules of a national securities exchange be designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, to remove impediments to and perfect the mechanism of a free and open market and a national market system, and, in general, to protect investors and the public interest.

Amex member firms are subject to both the Amex and the Commission's net capital rule.⁶ The multiple listing of options across markets, as well as quoting obligations of registered options traders, remote registered options traders, and supplemental registered options traders now provides multiple

sources of liquidity in each options class, which diminishes the role and need to highly capitalize any one liquidity provider. Therefore, the benefits of requiring Amex options specialists to maintain net capital beyond the Commission's net capital rule have been greatly reduced. Reducing the amount of capital required to be held under the Amex net capital rule also would allow options specialists to use funds previously maintained to meet Amex net capital requirements for other purposes, lowering their cost of business and helping to ensure that they can continue to function as options specialists on the Exchange.

IV. Conclusion

It is therefore ordered, pursuant to section 19(b)(2) of the Act,⁷ that the proposed rule change (SR-Amex-2007-36), as modified by Amendment No. 1, be, and hereby is, approved.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority:⁸

Florence E. Harmon,
Deputy Secretary.

[FR Doc. E8-3254 Filed 2-21-08; 8:45 am]

BILLING CODE 8011-01-P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34-57298A; File No. SR-DTC-2007-13]

Self-Regulatory Organizations; The Depository Trust Company; Order Granting Approval of a Proposed Rule Change Relating to the Foreign Currency Payment Option

February 8, 2008.

Correction

In FR Doc. No. E8-2823, beginning on page 8921, the date was incorrectly stated as February 8, 2007. The correct date appears above.

Florence E. Harmon,
Deputy Secretary.

[FR Doc. E8-3307 Filed 2-21-08; 8:45 am]

BILLING CODE 8011-01-P

¹ 15 U.S.C. 78s(b)(1).

² 17 CFR 240.19b-4.

³ See Securities Exchange Act of 1934 Release No. 34-57106 (January 4, 2008), 73 FR 2291.

⁴ In approving this proposed rule change, the Commission has considered the impact on efficiency, competition, and capital formation of the proposed rule change. See 15 U.S.C. 78c(f).

⁵ 15 U.S.C. 78f(b)(5).

⁶ Rule 15c3-1 under the Act (17 CFR 240.15c3-1).

⁷ 15 U.S.C. 78s(b)(2).

⁸ 17 CFR 200.30-3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34-57335; File No. SR-NFA-2007-05]

Self-Regulatory Organizations; National Futures Association; Notice of Filing and Immediate Effectiveness of Proposed Amendments, as Modified by Amendment No. 1 Thereto, to the Interpretive Notice Regarding Compliance Rule 2-4: Misuse of Trade Secrets and Proprietary Information

February 14, 2008.

Pursuant to section 19(b)(7) of the Securities Exchange Act of 1934 ("Exchange Act"),¹ and Rule 19b-7 thereunder,² notice is hereby given that on November 30, 2007, the National Futures Association ("NFA") filed with the Securities and Exchange Commission ("SEC" or "Commission") the proposed rule change described in Items I, II, and III below, which Items have been substantially prepared by NFA. On December 19, 2007, NFA filed Amendment No. 1 to the proposed rule change. The Commission is publishing this notice to solicit comments on the proposed rule change, as amended, from interested persons. NFA also has filed the proposed rule change with the Commodity Futures Trading Commission ("CFTC").

NFA, on November 30, 2007, submitted the proposed rule change to the CFTC for approval and invoked the "ten-day" provision of section 17(j) of the Commodity Exchange Act ("CEA").³ The "ten-day" provision permits NFA to make any rule changes or amendments effective ten days after receipt by the CFTC unless, within those ten days, NFA requests review or approval by the CFTC or the CFTC notifies NFA of its intent to review the filing. By letter dated December 11, 2007, the CFTC notified NFA of its determination not to review the proposed rule change.⁴

I. Self-Regulatory Organization's Description of the Proposed Rule Change

Text of Rule Change

Interpretive Notices

NFA Compliance Rule 2-4: Misuse of Trade Secrets and Proprietary Information

National Futures Association ("NFA") Compliance Rule 2-4 provides that

Members and Associates shall observe high standards of commercial honor and just and equitable principles of trade in the conduct of their commodity futures business. Over the years, NFA's Board of Directors ("Board") has provided guidance on certain issues to ensure that Members and Associates understand their responsibilities to observe just and equitable principles of trade and to act honestly, fairly, and in the best interests of customers.

Compliance Rule 2-4 prohibits Members and Associates from knowingly obtaining or seeking to obtain another Member's or Associate's confidential information or trade secrets without that person's permission. It also prohibits Members and Associates from knowingly or recklessly misusing confidential information or trade secrets in their possession. Although that rule does not seek to regulate business disputes between Members or extend beyond their commodity futures activities, it does reach conduct that could potentially harm futures customers.

Conduct that may violate Compliance Rule 2-4 includes:

- Misusing sensitive personal information, such as a Social Security number, or purposefully or recklessly violating the firm's privacy policy;
- Disclosing customer orders prior to execution (except as permitted by exchange rules); or
- Obtaining or attempting to obtain information disclosing a CTA's historical trading positions without the CTA's permission.

These are merely examples of conduct that could potentially harm customers. Any Member or Associate that knowingly obtains or seeks to obtain confidential information or trade secrets of another Member or Associate without that person's permission or that knowingly or recklessly misuses trade secrets and/or proprietary information in the conduct of its commodity futures business violates Compliance Rule 2-4.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, NFA has prepared statements concerning the purpose of, and basis for, the proposed rule change, burdens on competition, and comments received from members, participants, and others. The text of these statements may be examined at the places specified in Item IV below. NFA 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

Section 15A(k) of the Exchange Act⁵ makes NFA a national securities association for the limited purpose of regulating the activities of NFA Members who are registered as brokers or dealers in security futures products under section 15(b)(11) of the Exchange Act.⁶ The revised interpretive notice applies to all NFA Members, including those who are registered as security futures brokers or dealers under section 15(b)(11).

NFA Compliance Rule 2-4 requires NFA Members and Associates to observe high standards of commercial honor and just and equitable principles of trade in the conduct of their commodity futures business. The notice makes clear that NFA Members and Associates violate NFA Compliance Rule 2-4 if they knowingly obtain or seek to obtain another NFA Member's or Associate's confidential information or trade secrets without that person's permission, or knowingly or recklessly misuse confidential information or trade secrets in their possession when these activities may harm futures customers. The amendments to the notice make technical changes that do not affect the substance of the interpretive notice.

2. Statutory Basis

The rule change is authorized by, and consistent with, section 15A(k) of the Exchange Act. Section 15(A)(k) requires NFA to have rules that are designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, and, in general, to protect investors and the public interest in connection with security futures products. The proposed rule change accomplishes this by prohibiting the misuse of nonpublic information.

B. Self-Regulatory Organization's Statement on Burden on Competition

The rule change will not impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Exchange Act. The interpretive notice should, however, prevent NFA Members from using illegitimate means to gain a competitive advantage when those means could harm futures customers.

⁵ 15 U.S.C. 78o-3(k).

⁶ 15 U.S.C. 78o(b)(11).

¹ 15 U.S.C. 78s(b)(7).

² 17 CFR 240.19b-7.

³ 7 U.S.C. 21(j).

⁴ See Letter from Lawrence B. Patent, Deputy Director, CFTC, to Thomas W. Sexton, III, General Counsel, NFA (Dec. 11, 2007) ("Letter").

C. Self-Regulatory Organization's Statement of 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

NFA, on November 30, 2007, submitted the proposed Interpretive Notice entitled "NFA Compliance Rule 2-4: Misuse of Trade Secrets and Proprietary Information" to the CFTC for approval and invoked the "ten-day" provision of section 17(j) of the CEA.⁷ The CFTC notified NFA of its determination not to review the proposed rule change.⁸ The proposed rule change became effective on December 11, 2007.

Within 60 days of the date of effectiveness of the proposed rule change, the Commission, after consultation with the CFTC, could have summarily abrogated the proposed rule change and required that the proposed rule change be re-filed in accordance with the provisions of section 19(b)(1) of the Exchange Act.⁹

IV. Solicitation of Comments

Interested persons are invited to submit written data, views and arguments concerning the foregoing, including whether the proposed rule change conflicts with the Exchange 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-NFA-2007-05 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-NFA-2007-05. 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](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, 100 F Street, NE., Washington, DC 20549-1090, on official business days between the hours of 10 a.m. and 3 p.m. Copies of such filing also will be available for inspection and copying at the principal office of the NFA. 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-NFA-2007-05 and should be submitted on or before March 14, 2008.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.¹⁰

Florence E. Harmon,
Deputy Secretary.

[FR Doc. E8-3255 Filed 2-21-08; 8:45 am]

BILLING CODE 8011-01-P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34-57343; File No. SR-NYSEArca-2008-18]

Self-Regulatory Organizations; NYSE Arca, Inc.; Notice of Filing and Immediate Effectiveness of Proposed Rule Change Relating To Listing Standards for Index-Linked Exchangeable Notes in NYSE Arca Equities Rule 5.2(j)(4)

February 15, 2008.

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 February 8, 2008, NYSE Arca, Inc. ("NYSE Arca" or "Exchange"), through its wholly owned subsidiary, NYSE Arca Equities, Inc. ("NYSE Arca Equities"), filed with the Securities and Exchange Commission ("Commission") the proposed rule change as described in Items I and II below, which Items have

been substantially prepared by the Exchange. NYSE Arca filed the proposal pursuant to section 19(b)(3)(A) of the Act³ and Rule 19b-4(f)(6) thereunder,⁴ 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 Exchange proposes to amend its rules governing NYSE Arca, LLC (also referred to as the "NYSE Arca Marketplace"), which is the equities trading facility of NYSE Arca Equities. The Exchange is proposing to amend NYSE Arca Equities Rule 5.2(j)(4), the Exchange's initial listing standards for "Index-Linked Exchangeable Notes." The text of the proposed rule change is available at the Exchange, the Commission's Public Reference Room, and <http://www.nyse.com>.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the Exchange 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. The Exchange 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

The Exchange is proposing to amend NYSE Arca Equities Rule 5.2(j)(4)(d), the Exchange's initial listing standards for "Index-Linked Exchangeable Notes," to correct certain cross-references to reflect the current numbering of NYSE Arca's Rules.⁵ More specifically, NYSE Arca Equities Rule 5.2(j)(4)(d) is being updated to cross-reference provisions of NYSE Arca Rules 5.13(b) and (c), which govern the designation of and

³ 15 U.S.C. 78s(b)(3)(A).

⁴ 17 CFR 240.19b-4(f)(6).

⁵ In 2004, in connection with its demutualization, the Exchange amended the numbering of the NYSE Arca Rules, but inadvertently failed to update the numbering of the NYSE Arca rule cross-references in NYSE Arca Equities Rule 5.2(j)(4). See Securities Exchange Act Release No. 49718 (May 17, 2004), 69 FR 29611 (May 24, 2004) (SR-PCX-2004-08).

⁷ 7 U.S.C. 21(j) (2002).

⁸ See Letter, *supra* note 4.

⁹ 15 U.S.C. 78s(b)(1).

¹⁰ 17 CFR 200.30-3(a)(75).

¹ 15 U.S.C. 78s(b)(1).

² 17 CFR 240.19b-4.

maintenance criteria for narrow based indices upon which options may be based. The rule currently cross-references a rule no longer in existence, former Rule 7.3(b) and (c), which also governed the designation of and maintenance criteria for narrow based indices upon which options may be based.⁶

2. Statutory Basis

The Exchange believes that the proposed rule change is consistent with section 6(b) of the Act,⁷ in general, and furthers the objectives of section 6(b)(5) of the Act,⁸ in particular, in that it is designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, to foster cooperation and coordination with persons engaged in facilitating transactions in securities, and to remove impediments to and 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 Exchange believes that the proposed rule change will clarify the rule cross-references and eliminate unnecessary confusion in its rule structure.

B. Self-Regulatory Organization's Statement on Burden on Competition

The Exchange does not believe that the proposed rule change will 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

The Exchange states that written comments on the proposed rule change were neither solicited nor received.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Because the foregoing proposed rule change: (1) Does not significantly affect the protection of investors or the public interest; (2) does not impose any significant burden on competition; and (3) by its terms does not become operative for 30 days after the date of this filing, or such shorter time as the Commission may designate if consistent with the protection of investors and the public interest, the proposed rule change has become effective pursuant to

section 19(b)(3)(A) of the Act⁹ and Rule 19b-4(f)(6) thereunder.¹⁰

A proposed rule change filed under Rule 19b-4(f)(6) normally does not become operative for 30 days after the date of filing. However, Rule 19b-4(f)(6)(iii) permits the Commission to designate a shorter time if such action is consistent with the protection of investors and the public interest. The Exchange requests that the Commission waive the 30-day operative delay. The Commission believes that waiving the 30-day operative delay is consistent with the protection of investors and the public interest.¹¹ The Exchange proposes only to correct outdated cross-references within NYSE Arca Equities Rule 5.2(j)(4)(d),¹² and there is no reason to delay bringing NYSE Arca's rulebook up to date.

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

⁹ 15 U.S.C. 78s(b)(3)(A).

¹⁰ 17 CFR 240.19b-4(f)(6). In addition, Rule 19b-4(f)(6)(iii) requires a self-regulatory organization to provide the Commission with written notice of its intent to file the proposed rule change, along with a brief description and text of the proposed rule change, at least five business days prior to the date of filing of the proposed rule change, or such shorter time as designated by the Commission. The Exchange fulfilled this requirement.

¹¹ For purposes only of waiving the 30-day operative delay, the Commission has also considered the proposed rule's impact on efficiency, competition, and capital formation. See 15 U.S.C. 78c(f).

¹² In 2005, the Exchange amended NYSE Arca Rule 5.13(b)(6) by increasing the amount that no single security represents more than the weight of the index from 25% to 30% and that the five highest weighted components in the index was increased from 60% to 65% for indexes consisting of fewer than 25 components. See Securities Exchange Act Release No. 52923 (December 7, 2005), 70 FR 74399 (December 15, 2005) (SR-PCX-2005-79). Other than this amendment, current NYSE Arca Rules 5.13(b) and (c) are substantively identical to the previously cross-referenced rules. See February 15 Email, *supra* at n. 6.

- Send an e-mail to rule-comments@sec.gov. Please include File Number SR-NYSEArca-2008-18 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-NYSEArca-2008-18. 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, 100 F Street, NE., Washington, DC 20549, on official business days between the hours of 10 a.m. and 3 p.m. Copies of the filing also will be available for inspection and copying at the principal office of the Exchange. 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-NYSEArca-2008-18 and should be submitted on or before March 14, 2008.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.¹³

Florence E. Harmon,

Deputy Secretary.

[FR Doc. E8-3326 Filed 2-21-08; 8:45 am]

BILLING CODE 8011-01-P

SMALL BUSINESS ADMINISTRATION

[Disaster Declaration # 11167 and # 11168]

Tennessee Disaster Number TN-00018

AGENCY: U.S. Small Business Administration,

⁶ See e-mail from Tim Malinowski, Director, Exchange Traded Funds, NYSE Euronext, to Christopher Chow, Special Counsel, Commission, dated February 15, 2008 ("February 15 e-mail").

⁷ 15 U.S.C. 78f(b).

⁸ 15 U.S.C. 78f(b)(5).

¹³ 17 CFR 200.30-3(a)(12).

ACTION: Amendment 1.

SUMMARY: This is an amendment of the Presidential declaration of a major disaster for the State of Tennessee (FEMA—1745—DR), dated 02/07/2008.

Incident: Severe Storms, Tornadoes, Straight-Line Winds, and Flooding
Incident Period: 02/05/2008 through 02/06/2008.

Effective Date: 02/12/2008.

Physical Loan Application Deadline Date: 04/07/2008.

EIDL Loan Application Deadline Date: 11/07/2008.

ADDRESSES: *Submit completed loan applications to:* U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

FOR FURTHER INFORMATION CONTACT:

Alan 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 Tennessee, dated 02/07/2008 is hereby amended to include the following areas as adversely affected by the disaster:

Primary Counties: Benton, Hickman, Houston, Lewis, Montgomery, Perry, Trousdale, Williamson.

Contiguous Counties:

Kentucky: Christian, Todd.

Tennessee: Cheatham, Dickson, Henry, Humphreys, Lawrence, Marshall, Maury, Rutherford, Stewart.

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. E8–3336 Filed 2–21–08; 8:45 am]

BILLING CODE 8025–01–P

DEPARTMENT OF STATE

[Public Notice 6106]

60-Day Notice of Proposed Information Collection: DS–573, DS–574, DS–575, and DS–576, Overseas Schools Grant Request Automated Submissions Program (GRASP), OMB Control No. 1405–0036

ACTION: Notice of request for public comments.

SUMMARY: The Department of State is seeking Office of Management and Budget (OMB) approval for the information collection described below.

The purpose of this notice is to allow 60 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

- Title of Information Collection: Overseas Schools Grant Request Automated Submissions Program (GRASP).
- OMB Control Number: OMB Control No. 1405–0036.
- Type of Request: Extension of a Currently Approved Collection.
- Originating Office: Bureau of Administration, A/OPR/OS.
- Form Number: DS–573, DS–574, DS–575, and DS–576.
- Respondents: Recipients of grants.
- Estimated Number of Respondents: 194.
- Estimated Number of Responses: 194.
- Average Hours Per Response: 90 minutes.
- Total Estimated Burden: 291 hours.
- Frequency: Annually.
- Obligation to Respond: Required to Obtain a benefit.

DATES: The Department will accept comments from the public up to 60 days from February 22, 2008.

ADDRESSES: Public comments, or requests for additional information, regarding the collection listed in this notice, should be directed to Keith D. Miller, Office of Overseas Schools.

You may submit comments by any of the following methods:

- *E-mail:* millerkd2@state.gov.
- *Mail (paper, disk, or CD-ROM submissions):* Keith D. Miller, Office of Overseas Schools, U.S. Department of State, Room H–328, 2301 C Street, NW., Washington, DC 20522–0132.
- *Fax:* 202–261–8224.
- *Hand Delivery or Courier:* Keith D. Miller, Office of Overseas Schools, U.S. Department of State, Room H–328, 2401 E Street, NW., Washington, DC 20037.

You must include the DS form number (if applicable), information collection title, and OMB control number in any correspondence.

FOR FURTHER INFORMATION CONTACT: Direct requests for additional information regarding the collection listed in this notice, including requests for copies of the proposed information collection and supporting documents, to Keith D. Miller, Office of Overseas Schools, U.S. Department of State, Room H–328, 2301 C Street, NW., Washington, DC 20522–0132, who may be reached on 202–261–8200 or at millerkd2@state.gov.

SUPPLEMENTARY INFORMATION: We are soliciting public comments to permit the Department to:

- Evaluate whether the proposed information collection is necessary for the proper performance of our functions.

- Evaluate the accuracy of our estimate of the burden of the proposed collection, including the validity of the methodology and assumptions used.

- Enhance the quality, utility, and clarity of the information to be collected.

- Minimize the reporting burden on those who are to respond, including the use of automated collection techniques or other forms of technology.

Abstract of proposed collection: The Office of Overseas Schools of the Department of State (A/OPR/OS) is responsible for determining that adequate educational opportunities exist at Foreign Service posts for dependents of U.S. Government personnel stationed abroad and for assisting American-sponsored overseas schools to demonstrate U.S. educational philosophy and practice. The information gathered enables A/OPR/OS to advise the Department and other foreign affairs agencies regarding current and constantly changing conditions, and enables A/OPR/OS to make judgments regarding assistance to schools for the improvement of educational opportunities.

Methodology: Information is collected via electronic media.

Dated: December 12, 2007.

Peggy M. Philbin,

Executive Director, Bureau of Administration, Department of State.

[FR Doc. E8–3361 Filed 2–21–08; 8:45 am]

BILLING CODE 4710–24–P

DEPARTMENT OF STATE

[Public Notice 6107]

30-Day Notice of Proposed Information Collection: Public Diplomacy Evaluation Office: Performance Measurement, Evaluation and Public Diplomacy Program Surveys, OMB Control No. 1405–0158

ACTION: Notice of request for public comment and submission to OMB of proposed collection of information.

SUMMARY: The Department of State has submitted the following information collection request to the Office of Management and Budget (OMB) for approval in accordance with the Paperwork Reduction Act of 1995.

- *Title of Information Collection:* Public Diplomacy Evaluation Office: Performance Measurement, Evaluation and Public Diplomacy Program Surveys.

- *OMB Control Number*: 1405–0158.
- *Type of Request*: Revision of a Currently Approved Collection.

• *Originating Office*: Public Diplomacy Evaluation Office (PDEO).

- *Form Number*: None.
- *Respondents*: Respondents of program assessments and/or program monitoring of public diplomacy activities under the collection may include program applicants, participants, alumni, administrators, and hosts or grantee organizations involved in the programs that PDEO is assessing or evaluating.

• *Estimated Number of Respondents*: 25,131.

• *Estimated Number of Responses*: 25,131.

• *Average Hours Per Response*: 30 minutes.

• *Total Estimated Burden*: 12,565 hours.

- *Frequency*: On Occasion.
- *Obligation to Respond*: Voluntary.

DATES: Submit comments to the Office of Management and Budget (OMB) for up to 30 days from February 22, 2008.

ADDRESSES: Direct comments and questions to Katherine Astrich, the Department of State Desk Officer in the Office of Information and Regulatory Affairs at the Office of Management and Budget (OMB), who may be reached at 202–395–4718. You may submit comments by any of the following methods:

- *E-mail*: kastrich@omb.eop.gov. You must include the DS form number, information collection title, and OMB control number in the subject line of your message.

• *Mail (paper, disk, or CD-ROM submissions)*: Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW., Washington, DC 20503.

• *Fax*: 202–395–6974

FOR FURTHER INFORMATION CONTACT: You may obtain copies of the proposed information collection and supporting documents from Melinda L. Crowley, U.S. Department of State, Public Diplomacy Evaluation Office (PDEO), 301 4th Street SW., Room 848 (SA–44), Washington, DC 20547, who may be reached on 202–203–7136 or at CrowleyML@state.gov.

SUPPLEMENTARY INFORMATION: We are soliciting public comments to permit the Department to:

- Evaluate whether the proposed information collection is necessary to properly perform our functions.
- Evaluate the accuracy of our estimate of the burden of the proposed collection, including the validity of the methodology and assumptions used.

- Enhance the quality, utility, and clarity of the information to be collected.

• Minimize the reporting burden on those who are to respond, including the use of automated collection techniques or other forms of technology.

Abstract of proposed collection: The information collection allows PDEO the ability to regularly collect necessary data from program participants. The performance measurement and evaluation data obtained from program participants allows PDEO to better assess and improve the DOS exchange and public diplomacy programs, while complying with the reporting requirements mandated by Congress and the Office of Management and Budget. These programs assist the Department of State's mission to promote a balanced and accurate view of the United States and build world partnerships.

Methodology: Data captured through this information collection will be derived from respondents' electronic surveys, personal interviews and/or focus groups. Respondents include program applicants, participants, alumni, administrators, hosts and grantee organizations involved in the programs that PDEO is assessing or evaluating.

Dated: February 8, 2008.

Rick Ruth,

Executive Director, Public Diplomacy Evaluation Office, Department of State.

[FR Doc. E8–3369 Filed 2–21–08; 8:45 am]

BILLING CODE 4710–11–P

DEPARTMENT OF STATE

[Public Notice 6105]

Culturally Significant Objects Imported for Exhibition Determinations: “El Greco to Velazquez: Art During the Reign of Philip III”

SUMMARY: Notice is hereby given of the following determinations: Pursuant to the authority vested in me by the Act of October 19, 1965 (79 Stat. 985; 22 U.S.C. 2459), Executive Order 12047 of March 27, 1978, the Foreign Affairs Reform and Restructuring Act of 1998 (112 Stat. 2681, *et seq.*; 22 U.S.C. 6501 note, *et seq.*), Delegation of Authority No. 234 of October 1, 1999, Delegation of Authority No. 236 of October 19, 1999, as amended, and Delegation of Authority No. 257 of April 15, 2003 [68 FR 19875], I hereby determine that the objects to be included in the exhibition “El Greco to Velazquez: Art During the Reign of Philip III”, imported from abroad for temporary exhibition within the United States, are of cultural significance. The

objects are imported pursuant to loan agreements with the foreign owners or custodians. I also determine that the exhibition or display of the exhibit objects at the The Museum of Fine Arts, Boston, MA, from on or about April 20, 2008, until on or about July 27, 2008; at the Nasher Museum of Art at Duke University, Durham, NC, from on or about August 21, 2008, until on or about November 9, 2008; and at possible additional exhibitions or venues yet to be determined, is in the national interest. Public Notice of these Determinations is ordered to be published in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: For further information, including a list of the exhibit objects, contact Richard Lahne, Attorney-Adviser, Office of the Legal Adviser, U.S. Department of State (telephone: 202/453–8058). The address is U.S. Department of State, SA–44, 301 4th Street, SW., Room 700, Washington, DC 20547–0001.

Dated: February 14, 2008.

C. Miller Crouch,

Principal Deputy Assistant Secretary for Educational and Cultural Affairs, Department of State.

[FR Doc. E8–3344 Filed 2–21–08; 8:45 am]

BILLING CODE 4710–05–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Noise Exposure Map Notice: Receipt of Noise Compatibility Program and Request for Review for Centennial Airport, Englewood, CO

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice.

SUMMARY: The Federal Aviation Administration (FAA) announces its determination that the noise-exposure maps (NEM's) submitted for Centennial Airport, Englewood, CO, under the provisions of 49 U.S.C. 47501 *et seq.* (Aviation Safety and Noise Abatement Act) and 14 CFR Part 150, are in compliance with applicable requirements. In conjunction with the NEM's, the FAA also announces that it is reviewing a proposed noise compatibility program (NCP) submitted for Centennial Airport, per 14 CFR Part 150. This program will be approved or disapproved on or before August 12, 2008.

DATES: *Effective Date*: The effective date of the FAA's determination on the NEM's and the start of the FAA's review

of the associated NCP is February 14, 2008.

DATES: Comments must be received on or before April 22, 2008.

FOR FURTHER INFORMATION CONTACT:

Linda Bruce, Federal Aviation Administration, Denver Airports District Office, 26805 E. 68th Avenue, Suite 224, Denver, CO 80249, telephone: 303-342-1264, e-mail: linda.bruce@faa.gov. Comments on the proposed noise compatibility program also should be submitted to the above office.

SUPPLEMENTARY INFORMATION: This notice announces the FAA's finding that NEM's submitted for Centennial Airport are in compliance with applicable requirements of 14 CFR Part 150, effective February 14, 2008. Further, the FAA is reviewing that airport's proposed NCP, which will be approved or disapproved on or before August 12, 2008. This notice also announces the availability of this proposed program for public review and comment.

Under 49 U.S.C., section 47503 (the Aviation Safety and Noise Abatement Act, hereinafter referred to as "the Act"), an airport operator may submit to the FAA NEM's that meet applicable regulations and depict non-compatible land uses, as of the date of submission of such maps; a description of projected aircraft operations; and the ways in which such operations will affect such maps. The Act requires such maps to be developed in consultation with interested and affected parties in the local community, government agencies, and persons using the airport.

An airport operator who has submitted NEM's that are found by the FAA to be in compliance with the requirements of Title 14 Code of Federal Regulations, Part 150, Airport Noise Compatibility Planning (14 CFR Part 150), promulgated pursuant to the Act, may submit to the FAA for approval a NCP that sets forth the measures the operator has taken or proposes to take to reduce existing non-compatible uses and prevent the introduction of additional non-compatible uses.

The Arapahoe County Public Airport Authority owns and operates Centennial Airport, located in the Denver suburb of Englewood, CO. In April 2002, the Executive Director of the Arapahoe County Public Airport Authority requested the FAA to review the NCP and NEM's for Centennial Airport, contained in the *Centennial Airport FAR Part 150 Noise Exposure and Land Use Compatibility Study Program*. The FAA requested corrections be made to the NCP, and worked with the airport authority to revise the study. Subsequently, the airport authority

submitted to FAA a revised version of the compatibility study program in August 2003. Due to unrelated issues, FAA action on the study was delayed until June 2006, when the FAA issued a grant to the Arapahoe County Public Airport Authority to update Centennial Airport's noise exposure maps. This update was completed in November 2007.

On December 1, 2007, the Executive Director of the Arapahoe County Public Airport Authority submitted to the FAA NEM's, descriptions, and other documentation developed as part of an update to the *Centennial Airport FAR Part 150 Noise Exposure and Land Use Compatibility Study Program*. The authority requested the FAA to review this material and the NEM's, as described in section 47503 of the Act; and approve the noise mitigation measures, to be implemented jointly by the airport and surrounding communities, as a NCP under section 47504 of the Act.

These updated NEM's reference in this notice are the maps that FAA has determined are in compliance with application requirements. Further, the NCP submitted in conjunction with these updated NEM's and referenced in this notice, is the final version of the *Centennial Airport FAR Part 150 Noise Exposure and Land Use Compatibility Study Program*, dated August 2003.

The FAA has completed its review of the NEM's and related descriptions submitted for Centennial Airport. The specific documentation determined to constitute the NEM's includes the following from the *Centennial Airport FAR Part 150 Noise Exposure and Land Use Compatibility Study Program* and *Centennial Airport Noise Contour Map Update*:

- Supplemental chapter, titled *Centennial Airport Noise Contour Map Update: Noise Contour and Population Analysis*, provides—
 - Updates to Forecasts of Aviation Activity (see pages 1–4)
 - Figure 4, Revised 2006 Existing Noise Exposure Map (page 13)
 - Figure 5, Revised Future 2012 Noise Exposure Map (page 15)
- Section B describes prior forecasts of aviation activity.
- Section C describes noise analysis used to develop the existing and future contours.
- Section D describes land use analysis.
- Section F describes the noise abatement alternative evaluation, including prior existing Noise Exposure Map (Figure F.17).
- Section G summarizes actions and recommendations, including prior

Future Noise Exposure Map (Figure G.4).

- Section H—Public and Airport User Consultation Summary.
- Appendix—Public Hearing Comments and Responses and Public Involvement Plan.

The FAA has determined that these maps for Centennial Airport are in compliance with applicable requirements. This determination is effective on February 14, 2008. The FAA's determination on an airport operator's NEM's is limited to a finding that the maps were developed in accordance with the procedures contained in appendix A of 14 CFR part 150. Such determination does not constitute approval of the applicant's data, information or plans, or a commitment to approve a NCP or to fund the implementation of that program.

If questions arise concerning the precise relationship of specific properties to noise exposure contours depicted on a NEM submitted under section 47503 of the Act, it should be noted that the FAA is not involved in any way in determining the relative locations of specific properties with regard to the depicted noise contours, or in interpreting the NEM's to resolve questions concerning, for example, which properties should be covered by the provisions of section 47506 of the Act. These functions are inseparable from the ultimate land use control and planning responsibilities of local government. These local responsibilities are not changed in any way under 14 CFR Part 150 or through the FAA's review of NEM's. Therefore, the responsibility for the detailed overlaying of noise exposure contours onto the map depicting properties on the surface rests exclusively with the airport sponsor that submitted those maps, or with those public agencies and planning agencies with which consultation is required under section 47503 of the Act. The FAA has relied on the certification by the airport sponsor, under 14 CFR Part 150.21, that the statutorily required consultation has been accomplished.

The FAA has formally received the NCP for Centennial Airport, also effective on February 14, 2008. Preliminary review of the submitted material indicates that it conforms to the requirements for the submittal of a NCP, but requires further review prior to approval or disapproval of the program. The formal review period, limited by law to a maximum of 180 days, will be completed on or before August 12, 2008.

The FAA's detailed evaluation will be conducted under the provisions of 14

CFR Part 150.33. The primary considerations in the evaluation process are whether the proposed measures may reduce the level of aviation safety, create an undue burden or interstate or foreign commerce, or be reasonably consistent with obtaining the goal of reducing existing non-compatible land uses and preventing the introduction of additional non-compatible land uses.

Interested persons are invited to comment on the proposed program with specific reference to these factors. The FAA will consider, to the extent practicable, all comments, other than those properly addressed to local land use authorities. Electronic versions of the noise exposure map update and the proposed noise compatibility program are available at the following Internet sites:

1. http://www.faa.gov/airports_airtraffic/airports/regional_guidance/northwest_mountain_environmental/.

2. www.centennialairport.com.

ADDRESSES: Paper copies of these documents are available for examination at the following locations:

1. Federal Aviation Administration, Airports Division, 1601 Lind Avenue, SW., Suite 315, Renton, Washington 98057-3356, (425) 227-2611.

2. Federal Aviation Administration, Denver Airports District Office, 26805 E. 68th Avenue, Suite 224, Denver, CO 80249-6361, (303) 342-1264.

3. Arapahoe County Public Airport Authority, 7800 South Peoria Street, Englewood, CO 80112, (303) 790-0598.

Issued in Renton, Washington, on February 14, 2008.

Donna P. Taylor,

Manager, Airports Division, Northwest Mountain Region.

[FR Doc. 08-788 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

[Summary Notice No. PE-2008-04]

Petition for Exemption; Summary of Petition Received

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of petition for exemption received.

SUMMARY: This notice contains a summary of a petition seeking relief from specified requirements of 14 CFR. The purpose of this notice is to improve the public's awareness of, and participation in, this aspect of FAA's

regulatory activities. Neither publication of this notice nor the inclusion or omission of information in the summary is intended to affect the legal status of the petition or its final disposition.

DATES: Comments on this petition must identify the petition docket number involved and must be received on or before March 13, 2008.

ADDRESSES: You may send comments identified by Docket Number FAA-2007-28456 using any of the following methods:

- *Government-wide rulemaking Web site:* Go to <http://www.regulations.gov> and follow the instructions for sending your comments electronically.

- *Mail:* Send comments to the Docket Management Facility; U.S. Department of Transportation, 1200 New Jersey Avenue, SE., West Building Ground Floor, Room W12-140, Washington, DC 20590.

- *Fax:* Fax comments to the Docket Management Facility at 202-493-2251.

- *Hand Delivery:* Bring comments to the Docket Management Facility in Room W12-140 of the West Building Ground Floor at 1200 New Jersey Avenue, SE., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Privacy: We will post all comments we receive, without change, to <http://www.regulations.gov>, including any personal information you provide. Using the search function of our docket web site, anyone can find and read the comments received into any of our dockets, including the name of the individual sending the comment (or signing the comment for an association, business, labor union, etc.). You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477-78).

Docket: To read background documents or comments received, go to <http://www.regulations.gov> at any time or to the Docket Management Facility in Room W12-140 of the West Building Ground Floor at 1200 New Jersey Avenue, SE., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Frances Shaver (202) 267-9681 or Katrina Holiday (202) 267-3603, Office of Rulemaking, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591.

This notice is published pursuant to 14 CFR 11.85.

Issued in Washington, DC, on February 15, 2008.

Pamela Hamilton-Powell,
Director, Office of Rulemaking.

Petition for Exemption

Docket No.: FAA-2007-28456.

Petitioner: Gordon Burin.

Section of 14 CFR Affected: § 65.83.

Description of Relief Sought: The petitioner seeks relief to apply for a mechanic certificate without exercising the privileges and ratings within the preceding 24 months.

[FR Doc. E8-3398 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-13-P

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Notice of Final Federal Agency Action on Proposed Highway in California

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of limitation on claims.

SUMMARY: This notice announces that Federal actions taken by the California Department of Transportation (Department) pursuant to its assigned responsibilities under 23 U.S.C. 327, as well as actions by other Federal agencies, are final within the meaning of 23 U.S.C. 139 (j)(1). The actions relate to a proposed Interstate 80 Across the Top Bus/Carpool Lanes Project (Post Miles 0.3 to 10.4), from west of West El Camino Avenue to Watt Avenue in Sacramento County, State of California. This action grants approval for the project.

DATES: By this notice, FHWA, on behalf of the Department, is advising the public of final actions subject to 23 U.S.C. 139 (j)(1). These actions have been taken by the Department pursuant to its assigned responsibilities under 23 U.S.C. 327, as well as by other Federal agencies. A claim seeking judicial review of the Federal agency actions on the highway project will be barred unless the claim is filed on or before August 20, 2008. If the Federal law that authorizes judicial review of a claim provides a time period of less than 180 days for filing such claim, then that shorter time period still applies.

FOR FURTHER INFORMATION CONTACT: John Webb, Supervisory Environmental Planner, California Department of Transportation, 2389 Gateway Oaks Dr., Sacramento, CA 95833, weekdays between 8 a.m. and 4:30 p.m., (916) 274-0588, John_Webb@dot.ca.gov.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the Department and

other Federal agencies have taken final agency actions by issuing licenses, permits, and approvals for the following highway project in the State of California. The Interstate 80 Across the Top Bus/Carpool Lanes Project would improve operations and safety of Interstate 80 in Sacramento County, California. This would be accomplished by adding bus/carpool lanes in the median the entire length of the project and adding auxiliary lanes in both directions from West El Camino Avenue to Interstate 5. The actions by the Department and other Federal agencies, and the laws under which such actions were taken, are described in the Environmental Assessment (EA)/ Finding of No Significant Impact (FONSI) for the project, approved by the Department on January 31, 2008. The EA/FONSI and other project records are available by contacting the Department at the address provided above. The EA/FONSI can be viewed and downloaded from the project Web site at http://www.dot.ca.gov/dist3/projects/Sac_80/ or viewed at the Sacramento County Public Library—South Natomas Branch, 2901 Truxel Road, Sacramento, CA 95833.

This notice applies to the Department and other Federal agency decisions as of the issuance date of this notice and all laws under which such actions were taken, including but not limited to the following Federal environmental statutes and Executive orders:

1. General: National Environmental Policy Act (NEPA) [42 U.S.C. 4321–4351]; Federal-Aid Highway Act [23 U.S.C. 109 and 23 U.S.C. 128].

2. Air: Clean Air Act [42 U.S.C. 7401–7671(q)].

3. Land: Section 4(f) of the Department of Transportation Act of 1966 [49 U.S.C. 303]; Landscaping and Scenic Enhancement (Wildflowers) [23 U.S.C. 319].

4. Wildlife: Endangered Species Act [16 U.S.C. 1531–1544 and Section 1536]; Fish and Wildlife Coordination Act [16 U.S.C. 661–667(d)]; Migratory Bird Treaty Act [16 U.S.C. 703–712].

5. Historic and Cultural Resources: Section 106 of the National Historic Preservation Act of 1966, as amended [16 U.S.C. 470(f) *et seq.*]; Archeological Resources Protection Act of 1977 [16 U.S.C. 470(aa)–470(ll)]; Archeological and Historic Preservation Act [16 U.S.C. 469–469(c)]; Native American Grave Protection and Repatriation Act (NAGPRA) [25 U.S.C. 3001–3013].

6. Social and Economic: Civil Rights Act of 1964 [42 U.S.C. 2000(d)–2000(d)(1)]; American Indian Religious Freedom Act [42 U.S.C. 1996]; Farmland Protection Policy Act (FPPA) [7 U.S.C.

4201–4209]; The Uniform Relocation Assistance and Real Property Acquisition Act of 1970, as amended.

7. Hazardous Materials: Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), 42 U.S.C. 9601–9675; Superfund Amendments and Reauthorization Act of 1986 (SARA); Resource Conservation and Recovery Act (RCRA), 42 U.S.C. 6901–6992(k).

8. Wetlands and Water Resources: Clean Water Act (Section 404, Section 401, Section 319) [33 U.S.C. 1251–1377]; Land and Water Conservation Fund (LWCF) [16 U.S.C. 4601–4604]; Safe Drinking Water Act (SDWA) [42 U.S.C. 300(f)–300(j)(6)]; Rivers and Harbors Act of 1899 [33 U.S.C. 401–406]; Wild and Scenic Rivers Act [16 U.S.C. 1271–1287]; Emergency Wetlands Resources Act [16 U.S.C. 3921, 3931]; Wetlands Mitigation [23 U.S.C. 103(b)(6)(M) and 133(b)(11)]; Flood Disaster Protection Act [42 U.S.C. 4001–4128].

9. Executive Orders: E.O. 11990 Protection of Wetlands; E.O. 11988 Floodplain Management; E.O. 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations; E.O. 11593 Protection and Enhancement of Cultural Resources; E.O. 13007 Indian Sacred Sites; E.O. 13287 Preserve America; E.O. 13175 Consultation and Coordination with Indian Tribal Governments; E.O. 11514 Protection and Enhancement of Environmental Quality; E.O. 13112 Invasive Species.

(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.)

Authority: 23 U.S.C. 139(l)(1).

Issued on: February 14, 2008.

Nancy Bobb,

Director, State Programs, Sacramento, California.

[FR Doc. E8–3303 Filed 2–21–08; 8:45 am]

BILLING CODE 4910-RY-P

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

National Safe Routes to School Task Force to the Secretary of Transportation

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of teleconference meeting of advisory committee.

SUMMARY: This document announces the scheduling of a teleconference by the National Safe Routes to School Task Force to the Secretary of Transportation. The purpose of the Task Force is to advise the Secretary of Transportation, through the Federal Highway Administration (FHWA) Office of Safety, on strategies to advance Safe Routes to School (SRTS) Programs nationwide and to encourage children, including those with disabilities, to walk and bicycle to school pursuant to section 1404(h) of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) (Pub. L. 109–59, Aug. 10, 2005). During this teleconference, the Task Force will discuss their draft report to the Secretary.

DATES: A teleconference meeting of the Task Force is scheduled for 1 p.m. to 3 p.m. e.t. on March 4, 2008.

ADDRESSES: This teleconference will originate at the U.S. Department of Transportation, Federal Highway Administration, Office of Safety, 1200 New Jersey Ave., SE., Washington, DC 20590. Room E71–124 will be available to the public to listen to this teleconference but visitors must first report to the DOT reception desk to receive a visitor's badge and call (202) 366–2288 for a security escort. Members of the public will not be permitted to participate in the conference call via telephone.

FOR FURTHER INFORMATION CONTACT: Mr. Tim Arnade, the Designated Federal Official, Safe Routes to School Program Manager, FHWA Office of Safety Programs, (202) 366–2205, Tim.Arnade@dot.gov; Federal Highway Administration, 1200 New Jersey Ave., SE., Washington, DC 20590.

SUPPLEMENTARY INFORMATION:

Background

Section 1404 of SAFETEA-LU required the Secretary of Transportation to establish a Safe Routes to School (SRTS) Program. The purpose of the program is to enable and encourage children, including those with disabilities, to walk and bicycle to school and to make bicycling and walking to school a safer and more appealing transportation alternative. Section 1404(h) requires the establishment of a National SRTS Task Force. This teleconference is the sixth meeting of the Task Force. Complete meeting minutes from the previous

meetings are posted on the Web site listed below.

The agenda for this teleconference will include discussion of a draft report to the Secretary of Transportation about national strategies to advance SRTS programs nationwide.

Further information about the Task Force can be found at http://www.saferoutesinfo.org/task_force/.

Once a detailed agenda is developed, it will be posted on this Web site. Please note that agenda items are subject to change as priorities dictate.

Conclusion

A teleconference by National Safe Routes to School Task Force will be held at the U.S. Department of Transportation, Room E71-124, Federal Highway Administration, Office of Safety, 1200 New Jersey Ave., SE., Washington, DC 20590, from 1 p.m.-3 p.m. e.t., on March 4, 2008. Members of the public will not be permitted to participate in the conference call via telephone, but are invited to listen to the teleconference at the address listed above.

(Authority: Section 1404(h), Pub. L. 109-59; 5 U.S.C., App. II § 1)

Issued on: February 15, 2008.

J. Richard Capka,

Federal Highway Administrator.

[FR Doc. E8-3311 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-22-P

DEPARTMENT OF TRANSPORTATION

Maritime Administration

[Docket No. 2008 0015]

Reports, Forms and Recordkeeping Requirements Agency Information Collection Activity Under OMB Review

AGENCY: Maritime Administration, DOT.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the Maritime Administration's (MARAD) intention to request the Office of Management and Budget's (OMB) approval for a new information collection related to marine transportation economic impact model data needs.

DATES: Comments must be submitted on or before March 24, 2008.

FOR FURTHER INFORMATION CONTACT:

Wassel Mashagbeh, Maritime Administration, MAR-700, 1200 New Jersey Avenue, SE., Washington, DC 20590. Telephone: (202) 366-1715 or E-Mail: wassel.mashagbeh@dot.gov.

Copies of this collection can also be obtained from that office.

SUPPLEMENTARY INFORMATION: Maritime Administration (MARAD)

Title of Collection: Marine Transportation Economic Impact Model Data Needs.

Type of Request: New collection.

OMB Control Number: 2133-New.

Expiration Date of Approval: Three years from date of approval by the Office of Management and Budget.

Affected Public: The target population for the survey will be approximately 100 U.S. vessel and marine terminal operating companies.

Form Numbers: MA-1051, MA-1052.

Abstract: This collection will provide current marine transportation system operational data for the Marine Transportation Economic Impact Model that is not available through other means. The model uses information collected through surveys of the maritime operating areas to develop a profile of the industry. Since the last survey in 1999, significant increases in fuel, surface transportation, and security costs have occurred, as well as the introduction of new information and environmental technologies that have substantially affected marine transportation system operations.

Expiration Date of Approval: Three years from date of approval by the Office of Management and Budget.

Annual Estimated Burden Hours: 17.5 hours.

ADDRESSES: Send comments to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW., Washington, DC 20503, Attention: MARAD Desk Officer.

Comments are invited on: 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; the accuracy of the agency's estimate of the burden of the proposed information collection; 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 on respondents, including the use of automated collection techniques or other forms of information technology. A comment to OMB is best assured of having its full effect, if OMB receives it within 30 days of publication.

Dated: February 15, 2008.

Christine S. Gurland,

Acting Secretary, Maritime Administration.

[FR Doc. E8-3308 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-81-P

DEPARTMENT OF TRANSPORTATION

Maritime Administration

[Docket No. MARAD 2008 0012]

Information Collection Available for Public Comments and Recommendations

ACTION: Notice of intention to request extension of OMB approval and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the Maritime Administration's (MARAD's) intention to request extension of approval (with modifications) for three years of a currently approved information collection.

DATES: Comments should be submitted on or before April 22, 2008.

FOR FURTHER INFORMATION CONTACT: Jean McKeever, Maritime Administration, 1200 New Jersey Avenue, SE., Washington, DC 20590. Telephone: 202-366-5737; or E-Mail: jean.mckeever@dot.gov. Copies of this collection also can be obtained from that office.

SUPPLEMENTARY INFORMATION:

Title of Collection: Title XI Obligation Guarantees.

Type of Request: Extension of currently approved information collection.

OMB Control Number: 2133-0018.

Form Numbers: MA-163, MA-163A.

Expiration Date of Approval: Three years from date of approval by the Office of Management and Budget.

Summary of Collection of Information: In accordance with the Merchant Marine Act, 1936, MARAD is authorized to execute a full faith and credit guarantee by the United States of debt obligations issued to finance or refinance the construction or reconstruction of vessels. In addition, the program allows for financing shipyard modernization and improvement projects.

Need and Use of the Information: The information collected is necessary for MARAD officials to evaluate an applicant's project and capabilities, make the required determinations, and administer any agreements executed upon approval of loan guarantees.

Description of Respondents:

Individuals/businesses interested in obtaining loan guarantees for construction or reconstruction of vessels as well as businesses interested in shipyard modernization and improvements.

Annual Responses: 4 responses.

Annual Burden: 280 hours.

Comments: Comments should refer to the docket number that appears at the top of this document. Written comments may be submitted to the Docket Clerk, U.S. DOT Dockets, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC 20590. Comments also may be submitted by electronic means via the Internet at <http://dms.dot.gov/submit>. Specifically address whether this information collection is necessary for proper performance of the functions of the agency and will have practical utility, accuracy of the burden estimates, ways to minimize this burden, and ways to enhance the quality, utility, and clarity of the information to be collected. All comments received will be available for examination at the above address between 10 a.m. and 5 p.m. EDT (or EST), Monday through Friday, except Federal holidays. An electronic version of this document is available on the World Wide Web at <http://dms.dot.gov>.

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>.

Authority: 49 CFR 1.66.

By Order of the Maritime Administrator.
Dated: February 15, 2008.

Christine S. Gurland,

Acting Secretary, Maritime Administration.
[FR Doc. E8-3309 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-81-P

DEPARTMENT OF TRANSPORTATION

Maritime Administration

Reports, Forms and Recordkeeping Requirements; Agency Information Collection Activity Under OMB Review

AGENCY: Maritime Administration, DOT.

ACTION: Notice and request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, this notice announces that the Information Collection abstracted below will be submitted to the Office of Management and Budget (OMB) for review and approval. The nature of the information collection is described as well as its expected burden. The **Federal Register** Notice with a 60-day comment period

soliciting comments on the following collection of information was published on November 19, 2007. No comments were received.

DATES: Comments must be submitted on or before March 24, 2008.

FOR FURTHER INFORMATION CONTACT:

Patricia Thomas, Maritime Administration, 1200 New Jersey Avenue, SE., Washington, DC 20590. Telephone: (202) 366-2646; or E-Mail: Patricia.Thomas@dot.gov. Copies of this collection can also be obtained from that office.

SUPPLEMENTARY INFORMATION: Maritime Administration (MARAD).

Title of Collection: Regulations for Making Excess or Surplus Federal Property Available to the U.S. Merchant Marine Academy, State Maritime Academies and Non-Profit Maritime Training Facilities.

Type of Request: Extension of currently approved information collection.

OMB Control Number: 2133-0504.

Expiration Date of Approval: Three years from date of approval by the Office of Management and Budget.

Affected Public: Maritime training institutions such as the U.S. Merchant Marine Academy, State Maritime Academies and non-profit maritime institutions.

Form Numbers: None.

Abstract: The Maritime Administration requires approved maritime training institutions seeking excess or surplus government property to provide a statement of need/justification prior to acquiring the property.

Expiration Date of Approval: Three years from date of approval by the Office of Management and Budget.

Annual Estimated Burden Hours: 40 hours.

ADDRESSES: Send comments to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW., Washington, DC 20503, Attention: MARAD Desk Officer.

Comments are invited on: 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; the accuracy of the agency's estimate of the burden of the proposed information collection; 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 on respondents, including the use of automated collection techniques or other forms of information technology.

A comment to OMB is best assured of having its full effect, if OMB receives it within 30 days of publication.

Dated: February 15, 2008.

Christine S. Gurland,

Acting Secretary, Maritime Administration.

[FR Doc. E8-3310 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-81-P

DEPARTMENT OF TRANSPORTATION

Maritime Administration

[Docket No 2008 0015]

Reports, Forms and Recordkeeping Requirements Agency Information Collection Activity Under OMB Review

AGENCY: Maritime Administration, DOT.

ACTION: Notice and request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, this notice announces that the Information Collection abstracted below will be submitted to the Office of Management and Budget (OMB) for review and approval. The nature of the information collection is described as well as its expected burden. The **Federal Register** Notice with a 60-day comment period soliciting comments on the following collection of information was published on November 29, 2007. No comments were received.

DATES: Comments must be submitted on or before March 24, 2008.

FOR FURTHER INFORMATION CONTACT: Rita Jackson, Maritime Administration, 1200 New Jersey Avenue, SE., Washington, DC 20590. Telephone: 202-366-0284; or E-mail: rita.jackson@dot.gov. Copies of this collection also can be obtained from that office.

SUPPLEMENTARY INFORMATION: Maritime Administration (MARAD).

Title of Collection: Request for Waiver of Service Obligation, Request for Deferment of Service Obligation and Application for Review.

Type of Request: Extension of currently approved information collection.

OMB Control Number: 2133-0510.

Expiration Date of Approval: Three years from date of approval by the Office of Management and Budget.

Affected Public: U.S. Merchant Marine Academy students and graduates, and subsidized students and graduates.

Form Numbers: MA-935, MA-936 and MA-937.

Abstract: This information collection is essential for determining if a student or graduate of the United States

Merchant Marine Academy (USMMA) or subsidized student or graduate of a State maritime academy has a waive able situation preventing them from fulfilling the requirements of a service obligation contract signed at the time of their enrollment in a Federal maritime training program. It also permits the Maritime Administration (MARAD) to determine if a graduate, who wishes to defer the service obligation to attend graduate school, is eligible to receive a deferment. Their service obligation is required by law.

Expiration Date of Approval: Three years from date of approval by the Office of Management and Budget.

Annual Estimated Burden Hours: 4.2 hours.

ADDRESSES: Send comments to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW., Washington, DC 20503, Attention: MARAD Desk Officer.

Comments are invited on: 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; the accuracy of the agency's estimate of the burden of the proposed information collection; 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 on respondents, including the use of automated collection techniques or other forms of information technology. A comment to OMB is best assured of having its full effect, if OMB receives it within 30 days of publication.

Dated: February 15, 2008.

Christine S. Gurland,

Acting Secretary, Maritime Administration.

[FR Doc. E8-3316 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-81-P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[U.S. DOT Docket Number NHTSA-2008-0033]

Reports, Forms and Recordkeeping Requirements

AGENCY: National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation.

ACTION: Request for public comment on renewal of existing information collections.

SUMMARY: Before a Federal agency can collect certain information from the

public, it must receive approval from the Office of Management and Budget (OMB). Under procedures established by the Paperwork Reduction Act of 1995, before seeking OMB approval, Federal agencies must solicit public comment on proposed collections of information, including extensions and reinstatement of previously approved collections. This document describes a renewal of existing information collections for which NHTSA intends to seek OMB approval.

DATES: Comments must be received on April 22, 2008.

ADDRESSES: Comments must refer to the docket notice numbers cited at the beginning of this notice and be submitted to Docket Management Facility, U.S. Department of Transportation, 1200 New Jersey Avenue, SE., West Building, Ground Floor, Room W12-140, Washington, DC 20590-0001. Please identify the proposed collection of information for which a comment is provided. It is requested, but not required, that one (1) original plus two (2) copies of the comment be provided. The docket section is open on weekdays from 10 a.m. to 5 p.m.

FOR FURTHER INFORMATION CONTACT:

Larry Hershman, Office of Defects Investigation, NHTSA, 1200 New Jersey Avenue, SE., West Building, NVS-222, Washington, DC 20590. Telephone: (202) 366-4929.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA), before an agency submits a proposed collection of information to OMB for approval, it must first publish a document in the **Federal Register** providing a 60-day comment period and otherwise consult with members of the public and affected agencies concerning the proposed collection of information. OMB has promulgated regulations describing what must be included in such a document. Under OMB's regulation (at 5 CFR 1320.8(d)), an agency must ask for public comment on the following:

(i) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(ii) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(iii) How to enhance the quality, utility, and clarity of the information to be collected;

(iv) How to minimize the burden of the collection of information on those

who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

In compliance with these requirements, NHTSA asks for public comments on the renewal of the following described collections of information:

Title: Record Retention.

Type of Request: Revision of a currently approved information collection.

OMB Control Number: 2127-0042.

Affected Public: Business or other for-profit.

Abstract: Under 49 U.S.C. 30166(e), NHTSA "reasonably may require a manufacturer of a motor vehicle or motor vehicle equipment to keep records, and a manufacturer, distributor, or dealer to make reports, to enable [NHTSA] to decide whether the manufacturer, distributor or dealer has complied or is complying with this chapter or a regulation prescribed or order issued under this chapter."

To ensure that NHTSA will have access to this type of information, the agency exercised the authority granted in 49 U.S.C. 30166(e) and promulgated 49 CFR part 576, Record Retention, initially published on August 20, 1974 [39 FR 30045] and most recently amended on July 10, 2002 [67 FR 45873], requiring manufacturers to retain one copy of all records that contain information concerning malfunctions that may be related to motor vehicle safety for a period of five calendar years after the record is generated or acquired by the manufacturer. Part 576 also requires manufacturers to retain for five years the underlying records related to early warning reporting (EWR) information submitted under 49 CFR part 579.

Estimated Annual Burden:

Approximately one thousand manufacturers of vehicles and equipment (including tires and child restraint systems) are required to maintain records. We estimate their burden at 40 hours each for a subtotal of 40,000 hours (1,000 respondents × 40 hours). In addition, there are approximately 23,600 equipment manufacturers (excluding child seat and tire manufacturers) whose record retention requirements under part 576 are limited to the documents underlying their part 579 reporting requirements. Their part 579 requirements include only the reporting of incidents involving deaths. Therefore, based on the number of death reports submitted to date by these equipment manufacturers, we

estimate that an additional 20 equipment manufacturers have record retention requirements imposed by part 576. We estimate that it will take one hour each to maintain the necessary records for a subtotal burden of 20 hours (20 respondents $\times$ one hour). Accordingly, the estimate of total annual burden hours is 40,020 hours (1,000 respondents $\times$ 40 hours plus 20 respondents $\times$ 1 hour).

Number of Respondents: 1,020.

Kathleen C. DeMeter,

*Director, Office of Defects Investigation,
Office of Enforcement.*

[FR Doc. E8-3269 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-59-P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

Announcing the Seventeenth Public Meeting of the Crash Injury Research and Engineering Network (CIREN)

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.
ACTION: Meeting announcement.

SUMMARY: This notice announces the Seventeenth Public Meeting of members of the Crash Injury Research and Engineering Network. CIREN is a collaborative effort to conduct research on crashes and injuries at eight Level 1 Trauma Centers across the United States linked by a computer network. Researchers can review data and share expertise, which may lead to a better understanding of crash injury mechanisms and the design of safer vehicles. Seven presentations on current research based on CIREN cases will be presented. The agenda will be posted to the CIREN Web site that can be accessed by going to the NHTSA homepage <http://www.nhtsa.dot.gov/>, click on Vehicle Safety Research on the right side of the top toolbar, then click on Crash Injury Research and Engineering Network (CIREN) in the box on the left. The agenda will be posted two weeks prior to the meeting.

DATES: *Date and Time:* The meeting is scheduled from 8:30 a.m. to 4 p.m. on Tuesday, March 25, 2008.

ADDRESSES: The meeting will be held at: United States Department of Transportation, 1200 New Jersey Avenue, SE., Oklahoma Conference Rooms A, B, C, Washington, DC 20590.

TO REGISTER FOR THIS EVENT: If you do not have a Federal Government identification card, it is suggested that you notify us in advance in order to put your name on the security list. This will

expedite your admission to the building. You may still attend the public hearing but there could be a delay in granting you access. Please e-mail your name, affiliation, phone number and e-mail address to Tasha.Allen@dot.gov by Thursday, March 20, 2008, in order to get on the pre-registration list.

For General Information: Mark Scarboro (202) 366-5078, Cathy McCullough (202) 366-4734 or Rodney Rudd (202) 366-5932.

SUPPLEMENTARY INFORMATION: CIREN cases may be viewed from the NHTSA/CIREN Web site at the address provided above. NHTSA has held three Annual Conferences where CIREN research results were presented. Further information about the three previous CIREN conferences is also available through the NHTSA Web site. NHTSA has held CIREN public meetings on a regular basis since 2000. Presentations from these meetings are available through the NHTSA Web site. NHTSA plans to continue holding CIREN meetings on a regular basis to disseminate CIREN information to interested parties. This is the Seventeenth such meeting. The CIREN Centers will be presenting papers on pediatric injuries; obesity and pelvic fractures; elderly and thoracic injuries; a comparison of CIREN crashes to crash tests; identifying changing injury patterns; evaluation and outcome of spinal cord injuries; and a new methodology of identifying frontal offset crashes.

Should it be necessary to cancel the meeting due to inclement weather or to any other emergencies, a decision to cancel will be made as soon as possible and posted immediately on CIREN's Web site as indicated above. If you do not have access to the Web site, you may call or e-mail the contacts listed in this announcement and leave your telephone number or e-mail address. You will be contacted only if the meeting is postponed or canceled.

Issued on: February 15, 2008.

Joseph N. Kianianthra,

Associate Administrator for Vehicle Safety Research.

[FR Doc. E8-3314 Filed 2-21-08; 8:45 am]

BILLING CODE 4910-59-P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

February 14, 2007.

The Department of Treasury will submit the following public information collection requirement(s) to OMB for

review and clearance under the Paperwork Reduction Act of 1995, Public Law 104-13, on or after the publication date of this notice. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 11000, 1750 Pennsylvania Avenue, NW., Washington, DC 20220.

Dates: Written comments should be received on or before March 24, 2008 to be assured of consideration.

Bureau of Public Debt (BPD)

OMB Number: 1535-0137.

Type of Review: Revision.

Title: U.S. Treasury Auctions Submitter Agreement.

Forms: PD F 5441, PD F 5441-2, PD F 5441-1.

Description: Used to request information from entities wishing to participate in U.S. Treasury Securities Auctions via TAPPS Link.

Respondents: Businesses or other for-profit institutions

Estimated Total Burden Hours: 80 hours.

OMB Number: 1535-0111.

Type of Review: Extension.

Title: Authorization for Purchase and Request For Change U.S. Savings Bonds.

Forms: 2362, 2378, 2383.

Description: Used to authorize employers to allot funds from employee's pay for the purchase of Savings Bonds.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 21,667 hours.

Clearance Officer: Brian Lallemon, (304) 480-8150, Bureau of the Public Debt, 200 Third Street, Parkersburg, West Virginia 26106.

OMB Reviewer: Alexander T. Hunt, (202) 395-7316, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

Robert Dahl,

Treasury PRA Clearance Officer.

[FR Doc. E8-3275 Filed 2-21-08; 8:45 am]

BILLING CODE 4810-39-P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

February 14, 2008.

The Department of Treasury has submitted the following public

information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 11000, 1750 Pennsylvania Avenue, NW., Washington, DC 20220.

Dates: Written comments should be received on or before March 24, 2008 to be assured of consideration.

Bureau of Engraving and Printing (BEP)

OMB Number: 1520–0007.

Type of Review: Extension.

Title: Redesigned Currency, Benchmark Survey.

Description: The Bureau of Engraving and Printing requests approval to conduct a series of information collection activities with the public in support of its public education program regarding the introduction of redesigned currency. These collections will include: A survey used to establish baseline measures of awareness of currency changes, confidence in the currency and authentication behavior, and subsequent surveys to evaluate changes in these measures; a survey to evaluate potential messages designed to encourage the public to examine and learn currency security features; a survey to evaluate potential taglines that will help call attention to new security features while maintaining confidence in U.S. currency; and, a survey to test draft materials to be developed in support of the program. The collection will also include in-depth interviews with bank tellers and others who frequently conduct cash transactions as part of their job, to identify special needs and tools for their use.

Respondents: Individuals or households.

Estimated Total Burden Hours: 1,821 hours.

Clearance Officer: Pamela V. Grayson, (202) 874–2212, Bureau of Engraving and Printing, 14th & C Street, SW., Washington, DC 20228.

OMB Reviewer: Alexander T. Hunt, (202) 395–7316, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

Robert Dahl,

Treasury PRA Clearance Officer.

[FR Doc. E8–3304 Filed 2–21–08; 8:45 am]

BILLING CODE 4840–01–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

February 13, 2008.

The Department of Treasury will submit the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13 on or after the date of publication of this notice. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 11000, and 1750 Pennsylvania Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before March 24, 2008 to be assured of consideration.

Internal Revenue Service (IRS)

OMB Number: 1545–1915.

Type of Review: Extension.

Title: Notice 2005–04, Fuel Tax Guidance, Request for Comments

Description: This notice provides guidance on certain excise Code provisions that were added or effected by the American Jobs Creation Act of 2004, Pub. L. 108–357. The information will be used by the IRS to verify that the proper amount of tax is reported, excluded, refunded, or credited.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 76,190 hours.

OMB Number: 1545–1420.

Type of Review: Extension.

Title: Claim for Refund of Excise Taxes.

Form: 8849.

Description: IRC sections 6402, 6404, 6511 and sections 301.6402–2, 301.6404–1, and 301.6404–3 of the regulations, allow for refunds of taxes (except income taxes) or refund, abatement, or credit of interest, penalties, and additions to tax in the event of errors or certain actions by IRS. Form 8849 is used by taxpayers to claim refunds of excise taxes.

Respondents: Individuals or households.

Estimated Total Burden Hours: 716,604 hours.

OMB Number: 1545–1394.

Type of Review: Extension.

Title: U.S. Income Tax Return for Settlement Funds (Under Section 468B). *Form:* 1120–SF.

Description: Form 1120–SF is used by settlement funds to report income and

taxes on earnings of the fund. The fund may be established by court order, a breach of contract, a violation of law, an arbitration panel, or the Environmental Protection Agency. The IRS uses Form 1120–SF to determine if income and taxes are correctly computed.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 27,330 hours.

OMB Number: 1545–1634.

Type of Review: Extension.

Title: REG–106902–98 (Final)

Consolidated Returns—Consolidated Overall Foreign Losses and Separate Limitation Losses.

Description: The regulations provide guidance relating to the amount of overall foreign losses and separate limitation losses in the computation of the foreign tax credit. The regulations affect consolidated groups of corporations that compute the foreign tax credit limitation or that disposes of property used in a foreign trade or business.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 3,000 hours.

OMB Number: 1545–0197.

Type of Review: Extension.

Title: Form 5300, Application for Determination for Employee Benefit Plan, Schedule Q (Form 5300), Elective Determination Requests.

Form: 5300.

Description: IRS needs certain information on the financing and operating of employee benefit and employee contribution plans set up by employers. IRS uses Form 5300 to obtain the information needed to determine whether the plans qualify under Code sections 401(a) and 501(a). Schedule Q provides information related to the manner in which a plan satisfies certain qualification requirements relating to minimum participation, coverage, and nondiscrimination.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 7,972,750 hours.

OMB Number: 1545–1478.

Type of Review: Extension.

Title: INTL–9–95 (Final) Certain Transfers of Domestic Stock or Securities by U.S. Persons to Foreign Corporation's (TD 8702).

Description: Transfers of stock or securities by U.S. persons in tax-free transactions are treated as taxable transactions when the acquirer is a foreign corporation, unless an exception applies (section 367(a)). Under the

regulations, no U.S. person will qualify for an exception unless the U.S. target company complies with certain reporting requirements.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 1,000 hours.

OMB Number: 1545–1624.

Type of Review: Extension.

Title: Notice 98–52 Cash or Deferred Arrangements; Nondiscrimination; REG–108639–99 (Final) Retirement Plans; Cash or Deferred Arrangements Under Section 401(k) and Matching Contributions.

Description: Section 1433(a) of the Small Business Job Protection Act of 1996 requires that the Service provide nondiscriminatory safe harbors with respect to section 401(k)(12) and section 401(m)(11) for plan years beginning after December 31, 1998. This notice implements that statutory requirement.

Respondents: Businesses and other for-profits.

Estimated Total Burden Hours: 80,000 hours.

OMB Number: 1545–2084.

Type of Review: Extension.

Title: Foreign Based Importers—Non-Filers.

Description: Foreign corporations are subject to tax on income that is effectively connected with a U.S. trade or business and are required to file form 1120, 1120-f or 1065 reporting taxable income. The respondents will be foreign corporations. The information gathered will be used to determine if the foreign corporation has a U.S. trade or business and is required to file a U.S. Income Tax return.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 30 hours.

OMB Number: 1545–1896.

Type of Review: Extension.

Title: Application to Participate in the IRS Acceptance Agent Program.

Form: 13551.

Description: Form 13551 is used to gather information to determine applicant's eligibility in the Acceptance Agent Program.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 6,413 hours.

OMB Number: 1545–1423.

Type of Review: Extension.

Title: PS–106–91 (Final) State Housing Credit Ceiling and other Rules Relating to the Low-Income Housing Credit.

Description: The regulations provide the order in which credits are allocated

from each State's credit ceiling under section 42(h)(3)(C) and the determination of which states qualify for credits from a National Pool of credits under section 42(h)(3)(D).

Allocating agencies need this information to correctly allocate credits and determine National Pool eligibility.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 275 hours.

OMB Number: 1545–1990.

Type of Review: Extension.

Title: Reg–152354–04 (final) designated Roth Contributions to cash or deferred arrangements under section 401(k).

Description: The final regulation provides guidance concerning the requirement for designated Roth contributions to qualified cash or deferred arrangements under section 401(k). The IRS need this information to insure compliance with section 401(k) and (m) and section 402A.

Respondents: Businesses and other for-profit institutions.

Estimated Total Burden Hours: 157,500 hours.

OMB Number: 1545–1951.

Type of Review: Extension.

Title: Notice 2005–04, Fuel Tax guidance, Request.

Description: This notice provide guidance on certain excise Code provisions that were added or affected by the American jobs creation Act of 2004 Pub. L. 108–357. The information will be used by the IRS to verify that the proper amount of tax is reported, excluded, refunded or credited.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 76,190 hours.

OMB Number: 1545–1640.

Type of Review: Extension.

Title: REG–104924–989NPRM) Mark to Market accounting for dealers in commodities and traders in securities or commodities.

Description: The collection of information in this proposed regulation is required by the Internal Revenue Service to determine whether an exemption for mark to market treatment is properly claimed. This information will be used to make that determination upon audit of taxpayer's books and records. The likely recordkeepers are businesses or other for-profit institutions.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 1,000 hours.

OMB Number: 1545–1931.

Type of Review: Extension.

Title: REG–152354–04 (Final)

Designated Roth Contributions to Cash or Deferred Arrangements Under Section 401(k).

Description: The final regulations provide guidance concerning the requirements for designated Roth contributions to qualified cash or deferred arrangements under section 401(k). The IRS needs this information to insure compliance with section 401(k) and (m) and section 402A.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 157,500 hours.

OMB Number: 1545–1756.

Type of Review: Extension.

Title: Revenue procedure 2001–56, Demonstration Automobile use.

Form: 8849.

Description: This revenue procedure provides optional simplified methods for determining the value of the use of demonstration automobiles provided to employees by automobile dealerships.

Respondents: Not-for-Profit institutions.

Estimated Total Burden Hours: 100,000 hours.

OMB Number: 1545–1624.

Type of Review: Extension.

Title: Notice 98–52 Cash or Deferred Arrangements; Nondiscrimination; REG–108639–99 (Final) Retirement Plans; Cash or Deferred Arrangements Under Section 401(k) and Matching Contributions.

Description: Section 1433(a) of the Small Business Job Protection Act of 1996 requires that the Service provide nondiscriminatory safe harbors with respect to section 401(k)(12) and section 401(m)(11) for plan years beginning after December 31, 1998. This notice implements that statutory requirement.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 80,000 hours.

OMB Number: 1545–1750.

Type of Review: Extension.

Title: Request for Recovery of Overpayments Under Arbitrage Rebate Provisions.

Forms: 8038–R.

Description: Under Treasury Regulations section 1.148–3(i), bond issuers may recover an overpayment of arbitrage rebate paid to the United States under Internal Revenue Code section 148. Form 8038–R is used to request recovery of any overpayment of arbitrage rebate made under the arbitrage rebate provisions.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 2,458 hours.

OMB Number: 1545–1478.

Type of Review: Extension.

Title: INTL–9–95 (Final) Certain Transfers of Domestic Stock or Securities by U.S. Persons to Foreign Corporation's (TD 8702).

Description: Transfers of stock or securities by U.S. persons in tax-free transactions are treated as taxable transactions when the acquirer is a foreign corporation, unless an exception applies (section 367(a)). Under the regulations, no U.S. person will qualify for an exception unless the U.S. target company complies with certain reporting requirements.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 1,000 hours.

OMB Number: 1545–2084.

Type of Review: Extension.

Title: Foreign Based Importers—Non-Filers.

Description: Foreign corporations are subject to tax on income that is effectively connected with a U.S. trade or business and are required to file form 1120, 1120–f or 1065 reporting taxable income. The respondents will be foreign corporations. The information gathered will be used to determine if the foreign corporation has a U.S. trade or business and is required to file a U.S. Income Tax return.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 30 hours.

OMB Number: 1545–1770.

Type of Review: Extension.

Title: REG–115054–01 (Final)

Treatment of Community Income for Certain Individuals Not Filing Joint Returns.

Description: The regulations provide rules to determine how community income is treated under section 66 for certain married individuals in community property states who do not file joint individual Federal income tax returns. The regulations also reflect changes in the law made by the IRS Restructuring and Reform Act of 1998.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 1 hour.

OMB Number: 1545–2083.

Type of Review: Extension.

Title: Form 8921—Applicable

Insurance Contracts Information Return.

Description: To comply with IRC section 6050V, as added by the Pension Protection Act of 2006, an applicable exempt organization must file a Form

8921 for each structured transaction under which it makes reportable acquisitions of applicable insurance contracts. The information gathered will be used by the Treasury to issue a two-year report to Congress.

Respondents: Businesses or other for-profit institutions.

Estimated Total Burden Hours: 1,796,500 hours.

Clearance Officer: Glenn P. Kirkland, (202) 622–3428, Internal Revenue Service, Room 6516, 1111 Constitution Avenue, NW., Washington, DC 20224.

OMB Reviewer: Alexander T. Hunt, (202) 395–7316, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

Robert Dahl,

Treasury PRA Clearance Officer.

[FR Doc. E8–3305 Filed 2–21–08; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

[REG–209060–86]

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 notice of final regulation, REG–209060–86 (TD 8851), Return Requirement for United States Persons Acquiring or Disposing of an Interest in a Foreign Partnership, or Whose Proportional Interest in a Foreign Partnership Changes (§ 1.6046-A).

DATES: Written comments should be received on or before *April 22, 2008* to be assured of consideration.

ADDRESSES: Direct all written comments to Glenn P. Kirkland, Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of this regulation should be directed to R. Joseph Durbala, (202)

622–3634, Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or through the Internet at RJoseph.Durbala@irs.gov.

SUPPLEMENTARY INFORMATION:

Title: Return Requirement for United States Persons Acquiring or Disposing of an Interest in a Foreign Partnership, or Whose Proportional Interest in a Foreign Partnership Changes.

OMB Number: 1545–1646.

Regulation Project Number: REG–209060–86.

Abstract: Section 6046A requires U.S. persons to provide certain information with respect to the acquisition or disposition of a 10-percent interest in, or a 10-percent change in ownership of, a foreign partnership. This regulation provides reporting rules to identify U.S. persons with significant interests in foreign partnerships to ensure the correct reporting of items with respect to these interests.

Current Actions: There is no change to this existing regulation.

Type of Review: Extension of a currently approved collection.

Affected Public: Business or other for-profit organizations, individuals or households and not-for-profit institutions.

The burden is reflected in the burden of Form 8865.

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: February 13, 2008.

Glenn P. Kirkland,

IRS Reports Clearance Officer.

[FR Doc. E8-3349 Filed 2-21-08; 8:45 am]

BILLING CODE 4830-01-P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

[REG-107069-97]

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 existing final regulation, REG-107069-97 (TD 8940), Purchase Price Allocations in Deemed and Actual Asset Acquisitions (§§ 1.338-2, 1.338-5, 1.338-10, 1/338(h)(10)-1, and 1.1060-1).

DATES: Written comments should be received on or before April 22, 2008 to be assured of consideration.

ADDRESSES: Direct all written comments to Glenn P. Kirkland, Internal Revenue Service, Room 6510, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or

copies of the regulations should be directed to R. Joseph Durbala, at Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622-3634, or through the Internet at RJoseph.Durbala@irs.gov.

SUPPLEMENTARY INFORMATION:

Title: Purchase Price Allocation in Deemed and Actual Asset Acquisition.

OMB Number: 1545-1658.

Regulation Project Number: REG-107069-97.

Abstract: Section 338 of the Internal Revenue Code provides rules under which a qualifying stock acquisition is treated as an asset acquisition (a "deemed asset acquisition") when an appropriate election is made. Section 1060 provides rules for the allocation of consideration when a trade or business is transferred. The collection of information is necessary to make the election, to calculate and collect the appropriate amount of tax liability when a qualifying stock acquisition is made, to determine the persons liable for such tax, and to determine the bases of assets acquired in the deemed asset acquisition.

Current Actions: There are no changes to the paperwork burden previously approved by OMB. This document is being submitted for renewal purposes only.

Type of Review: Extension of OMB approval.

Affected Public: Business or other for-profit organizations, and farms.

The regulation provides that a section 338 election is made by filing Form 8023. The burden for this requirement is reflected in the burden of Form 8023. The regulation also provides that both a seller and a purchaser must each file an asset acquisition statement on Form 8594. The burden for this requirement is reflected in the burden of Form 8594.

The burden for the collection of information in § 1.338-2T(e)(4) is as follows:

Estimated Number of Respondents/Recordkeeper: 45.

Estimated Average Annual Burden Per Respondent/Recordkeeper: 34 minutes.

Estimated Total Annual Reporting/Recordkeeping Hours: 25.

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: February 13, 2008.

Glenn P. Kirkland,

IRS Reports Clearance Officer.

[FR Doc. E8-3351 Filed 2-21-08; 8:45 am]

BILLING CODE 4830-01-P



Federal Register

**Friday,
February 22, 2008**

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

**42 CFR Parts 410, 412, et al.
Medicare and Medicaid Programs;
Correction; Final Rule**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 410, 411, 412, 413, 414, 416, 419, 482, and 485

[(CMS–1392–CN), (CMS–1533–CN), and (CMS–1531–CN)]

RIN 0938–AO71, RIN 0938–AO70, and RIN 0938–AO35

Medicare Program; Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals; Correction

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

ACTION: Correction of final rule with comment period.

SUMMARY: This document corrects technical errors that appeared in the final rule with comment period published in the **Federal Register** (FR) on November 27, 2007, entitled “Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals.”

DATES: *Effective Date:* January 1, 2008 except that the correction to §485.610(e) is effective February 22, 2008.

FOR FURTHER INFORMATION CONTACT: Alberta Dwivedi, (410) 786–0378.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 07–5507 of November 27, 2007 (72 FR 66579), we have identified a number of technical and typographical errors that we describe in the “Summary of Errors” section and correct in the “Correction of Errors” section below.

The provisions in this correction notice are effective as if they had been included in the document published on November 27, 2007. Accordingly, the corrections are effective January 1, 2008.

II. Summary of Errors

On November 27, 2007, we published a final rule with comment period entitled, “Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals,” (hereinafter referred to as the OPPTS/ASC final rule with comment period). Included in that document were technical and typographical errors.

We incorrectly stated that the application deadline for submitting applications for a new class of new technology intraocular lenses in the “Dates” section under *Application Deadline—New Class of New Technology Intraocular Lens* was April 1, 2008. In the preamble to the OPPTS/ASC final rule with comment period (72 FR 66855), we stated the correct application deadline date as March 14, 2008. We are changing the application deadline in the “Dates” section to reflect the correct date of March 14, 2008. We also stated that approximately 131 million final action claims were used for hospital outpatient department services furnished on or after January 1, 2006 and before January 1, 2007 for the purpose of recalibrating the OPPTS relative weights for CY 2008. The actual number of final action claims used was 141 million. In addition, we stated that we would provide further instructions about reporting echocardiography procedures with and without contrast in the January 2007 OPPTS update. The correct reference should have been to the January 2008 OPPTS update and we are correcting the statement. Furthermore, we are correcting the typographical errors that mistakenly reversed the listings for the composite APC procedure codes for APC 8001 and APC 8000.

We also inadvertently failed to address in the OPPTS/ASC final rule with comment period two timely public comments. This document includes summaries of those public comments and our responses.

The OPPTS/ASC final rule with comment period included several addenda. We are adding three HCPCS codes (CPT codes 90650, 90681, and 90696) to Addendum B because they are new active CPT codes for CY 2008 that we omitted from the CY 2008 OPPTS/ASC final rule with comment period. In publishing Addenda A and B, we inadvertently published incorrect minimum unadjusted copayment rates for several pass-through drugs and biologicals. Additionally, for several HCPCS codes where payment is based on mean costs from hospital claims, we inadvertently published CY 2007 payment rates instead of CY 2008 payment rates. In addition, in Addendum B, we inadvertently assigned status indicator “L” to new CPT codes 90661, 90662, and 90663 that indicated these codes would be paid in CY 2008. These three CPT codes actually describe vaccines where there are currently no FDA-approved products and, therefore, these codes are noncovered by Medicare as of January 2008. We are changing the status indicator to “E”, to reflect the correct status. Furthermore, we inadvertently assigned a payable status indicator to HCPCS code G0377. We note that this is a noncovered service under Medicare Part B in accordance with the statute as of January 1, 2008. Also, in Addendum B, we incorrectly assigned status indicator “M”, indicating services not billable to the fiscal intermediary, to new CY 2008 HCPCS code G9140, when this service may be paid off another fee schedule by fiscal intermediaries.

In addition, we are republishing Addenda AA and BB to take into account updated Medicare Physician Fee Schedule (MPFS) CY 2008 information. As required at 42 CFR § 416.171(d), the revised ASC payment system limits payment for office-based procedures and covered ancillary radiology services to the lesser of the ASC rate or the amount calculated by multiplying the nonfacility practice expense (PE) relative value units (RVUs) for the service by the conversion factor under the MPFS. However, the PE RVUs listed for many CPT codes in Addendum B of the CY 2008 MPFS final rule (72 FR 66222) were incorrect due to a methodological error and consequently, have been corrected in a correction notice to that final rule (73 FR 2568). Since the ASC payment amounts for office-based procedures and covered ancillary services are determined using the amounts in the MPFS final rule, we must correct the CY 2008 payment amounts for ASC procedures and services using the

corrected MPFS amounts. The corrected payment amounts are reflected in Addenda AA and BB to this correction notice. Lastly, we inadvertently labeled two Addendum as Addendum DD2 and are correcting “Addendum DD2—OPPS Comment Indicators” to read “Addendum D2—OPPS Comment Indicators.” In Addendum M, we inadvertently assigned incorrect APCs to HCPCS codes 90862, 96102, and M0064. The APC assignments of these individual services were correct in Addendum B to the CY 2008 OPPS/ASC final rule with comment period (72 FR 67096, 67103, and 67160) that identified OPPS payment by HCPCS code. Therefore, we are correcting their assignments in Addendum M that identified HCPCS codes that may be paid through composite APCs to reflect their correct OPPS treatment if they are paid through a single code APC.

III. Correction of Errors

In FR Doc. 07–5507 (72 FR 66579), we are making the following corrections:

1. On page 66580, in the second column, line 6 of the paragraph entitled, “Application Deadline—New Class of New Technology Intraocular Lens:” in the “Dates” section, the application deadline date “April 1, 2008” is corrected to read “March 14, 2008”.

2. On page 66589, in the first column, in line 15, the number “131 million” is corrected to read “141 million.”

3. On page 66644, in the third column, in lines 12 and 13, the date “January 2007” is corrected to read “January 2008.”

4. On page 66669, in the third column, fourth full paragraph, the paragraph is deleted and replaced in its entirety to read as follows:

We received one comment related to our proposal.

Comment: A commenter disagreed with the statement in the CY 2008 OPPS/ASC proposed rule that the circumstances in which total body hypothermia would be provided to a Medicare beneficiary would be extremely rare. The commenter stated that approximately 72 percent of all U.S. hospitals do not have cardiac catheterization or open heart surgery capabilities. The commenter also stated that it would be common for many post-cardiac arrest patients who are treated in these hospitals to be transferred to another facility that can provide the necessary services. The commenter also disagreed that low-cost methods to induce hypothermia, such as applying ice packs to the patient, are viable alternatives to technologically advanced methods of inducing hypothermia, specifically because the low-cost

methods are ineffective and inconvenient. According to the commenter, the small number of claims (39 in CY 2006) and low median cost (\$35) for CPT code 99816 (Hypothermia; total body) mean that a hospital receives no additional payment when providing hypothermia. The commenter recommended that CMS create a Level II HCPCS G-code for technologically advanced methods of inducing hypothermia, and that CMS pay separately for this new code.

Response: We proposed to package payment for CPT code 99816 for CY 2008. We continue to believe that when a patient presents to one hospital and then is cooled and transported to another hospital without admission to the first hospital, payment for the hypothermia service would be most appropriately packaged into payment for the many other separately payable services that it most likely accompanied and that would be paid to the first hospital under the OPPS. To the extent that technologically advanced methods to induce hypothermia may become an adopted standard of care by more hospitals over time based on the evolution of clinical practice, the median cost for CPT code 99186 may change to reflect contemporary utilization patterns. In general, if a service is described by an existing CPT code, we do not create an additional Level II HCPCS code for payment. Instead, the commenter may wish to discuss the hypothermia service with the AMA’s CPT Editorial Panel in order to assess the need for any changes to CPT codes. Therefore, we are finalizing our proposal to maintain the packaged status of CPT code 99186 for CY 2008.

5. On page 66726, in the second column, first full paragraph, under the heading “b. Endovenous Ablation (APC 0092)”, the paragraph is deleted and replaced in its entirety to read as follows:

“For CY 2008, we proposed to pay approximately \$1,684 for CPT codes 36476 (Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites) and 36478 (Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated) through their proposed assignment to APC 0092 (Level I Vascular Ligation). In CY 2007, CPT code 36476 is assigned to APC 0091 (Level II Vascular Ligation), which has a proposed CY 2008 payment rate of \$2,781. The proposed APC assignment

for CPT code 36478 is the same as its CY 2007 APC assignment.

6. On page 66726, in the second column, second full paragraph, under the heading “b. Endovenous Ablation (APC 0092)”, the paragraph is deleted and replaced in its entirety to read as follows:

“We received several public comments on the proposed CY 2008 payment for CPT codes 36476 and 36478. A summary of the public comments and our response follow.”

Comment: A commenter disagreed with our proposed reassignment of add-on CPT code 36476 (Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites) from APC 0091 (Level II Vascular Ligation), with a proposed CY 2008 payment of approximately \$2,781, to APC 0092 (Level I Vascular Ligation), with a proposed CY 2008 payment of approximately \$1,684. According to the commenter, CPT code 36476 should remain in APC 0091, the same APC to which its associated primary CPT code, 36475 (Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated), was proposed for assignment in CY 2008. The commenter asserted that the procedures described by CPT codes 36475 and 36476 are clinically similar and use comparable resources, and that the application of the multiple procedure reduction to lower-paying APC 0092 would result in inaccurate payment for the CPT code 36476 add-on procedure, which always must be performed in conjunction with the primary procedure.

Response: We proposed to reassign 36476 from APC 0091 to APC 0092 because proposed rule claims data indicated that the costs associated with CPT code 36476 are more similar to the costs of other procedures assigned to APC 0092, taking into account the multiple surgical procedure 50 percent payment reduction that would be applied in the typical cases where CPT code 36476 was reported in conjunction with CPT code 36475. Final rule claims data support this reassignment; the median cost for CPT code 36476 is approximately \$971, while the CY 2008 payment rate for APC 0092 is approximately \$1,646, and the payment rate for APC 0091 is approximately \$2,714. The median cost for the first vessel CPT code 36475 is much higher than that of CPT code 36476, at approximately \$2,396, which we believe

to be a reflection of the significantly higher relative cost of furnishing the initial service described by CPT code 36475 compared to the additional service described by CPT code 36476, likely due in part to the radiofrequency catheter cost that is associated with the initial service. We disagree with the commenter that CPT codes 36475 and 36476 are similar in terms of resource utilization based on this cost data.

The application of the multiple procedure reduction of 50 percent to APC 0092 when CPT code 36476 is billed with another procedure with status indicator "T," such as CPT code 36475, would result in a payment of approximately \$823, a sum that is only slightly less than the approximate \$971 median cost of CPT code 36476. In contrast, if CPT code 36476 were assigned to APC 0091, the payment with the multiple procedure reduction would be approximately \$1,357, a substantial overpayment. Therefore, we disagree with the commenter that assignment of CPT code 36476 to APC 0092 would result in inaccurate payment, even with application of the multiple procedure reduction. While it is true that the procedure described by CPT code 36476 is clinically similar to the procedure described by CPT code 36475 which is assigned to APC 0091 as the commenter asserts, it also is clinically similar to other procedures in APC 0092, which includes a variety of surgical procedures involving veins.

In summary, we continue to believe that the procedure described by CPT code 36476 is similar both clinically and in terms of resource utilization to other procedures assigned to APC 0092, even with application of the multiple procedure reduction. Therefore, after review of the public comment received, we are finalizing our proposal, without modification, to reassign CPT code 36476 to APC 0092 for CY 2008.

7. On page 66726, in the third column, the third full paragraph, the paragraph is deleted and replaced in its entirety to read as follows:

"After consideration of the public comments received, we are finalizing our CY 2008 proposal, without modification, to assign CPT codes 36476 and 36478 to APC 0092, with a median cost of about \$1,626".

8. On page 66906, in the third column, in the first full paragraph—

A. In line 16, the APC code "8000" is corrected to read "8001."

B. In line 24, the APC code, "8001" is corrected to read "8000."

Correction to Regulations Text

■ On page 66934, the introductory text of § 485.610(e) is revised to read as follows:

§ 485.610 Conditions of participation: Status and location.

* * * * *

(e) *Standard: Off-campus and co-location requirements for CAHs.* A CAH may continue to meet the location requirements of paragraph (c) of this section only if the CAH meets the following:

* * * * *

Corrections to Addenda

Addendum A.—OPPS APCS for CY 2008

■ 1. On page 66939, for APC 0825, in line 74, in column 7, the minimum unadjusted copayment "\$17.37" is corrected to read "\$17.20."

■ 2. On page 66940, for APC 0911, in line 43—

■ A. In column 5, the payment rate "\$129.75" is corrected to read "\$20.89."

■ B. In column 7, the minimum unadjusted copayment "25.95" is corrected to read "\$4.18."

■ 3. On page 66940, for APC 0951, in line 7 from the bottom of the page, in column 7, the minimum unadjusted copayment "\$44.16" is corrected to read "\$43.74."

■ 4. On page 66941, for APC 0998, in line 11—

■ A. In column 5, the payment rate "\$88.15" is corrected to read "\$12.24."

■ B. In column 7, the minimum unadjusted copayment "\$17.63" is corrected to read "\$2.45."

■ 5. On page 66941, for APC 1041, in line 27—

■ A. In column 5, the payment rate "\$172.41" is corrected to read "\$19.81."

■ B. In column 7, the minimum unadjusted copayment "\$34.48" is corrected to read "\$3.96."

■ 6. On page 66941, for APC 1141, in line 36—

■ A. In column 5, the payment rate "\$67.96" is corrected to read "\$42.24."

■ B. In column 7, the minimum unadjusted copayment "\$13.59" is corrected to read "\$8.37."

■ 7. On page 66941, for APC 1168, in line 42, in column 7, the minimum unadjusted copayment "\$9.68" is corrected to read "\$9.59."

■ 8. On page 66941, for APC 1169, in line 43—

■ A. In column 5, the payment rate "\$482.56" is corrected to read "\$407.56."

■ B. In column 7, the minimum unadjusted copayment "\$96.51" is corrected to read "\$80.74."

■ 9. On page 66942, for APC 1606, in line 52—

■ A. In column 5, the payment rate "\$2,693.80" is corrected to read "\$1,706.04."

■ B. In column 7, the minimum unadjusted copayment "\$538.76" is corrected to read "\$341.21."

■ 10. On page 66943, for APC 2940, in line 37—

■ A. In column 5, the payment rate "\$168.90" is corrected to read "\$42.69."

■ B. In column 7, the minimum unadjusted copayment "\$33.78" is corrected to read "\$8.54."

■ 11. On page 66944, for APC 9051, in line 5—

■ A. In column 5, the payment rate "\$74.16" is corrected to read "\$23.23."

■ B. In column 7, the minimum unadjusted copayment "\$14.83" is corrected to read "\$4.65."

■ 12. On page 66944, for APC 9126, in line 17, in column 7, the minimum unadjusted copayment "\$1.50" is corrected to read "\$1.49."

■ 13. On page 66944, for APC 9140, in line 23—

■ A. In column 5, the payment rate "\$119.86" is corrected to read "\$118.82."

■ B. In column 7, the minimum unadjusted copayment "\$23.97" is corrected to read "\$23.76."

■ 14. On page 66944, for APC 9141, in line 24—

■ A. In column 5, the payment rate "\$45.53" is corrected to read "\$66.38."

■ B. In column 7, the minimum unadjusted copayment "\$9.11" is corrected to read "\$13.28."

■ 15. On page 66944, for APC 9167, in line 29—

■ A. In column 5, the payment rate "\$77.96" is corrected to read "\$219.39."

■ B. In column 7, the minimum unadjusted copayment "\$15.59" is corrected to read "\$43.88."

■ 16. On page 66944—

■ A. For APC 9227, in line 43, in column 7, the minimum unadjusted copayment "\$0.29" is corrected to read "\$0.28."

■ B. For APC 9229, in line 45, in column 7, the minimum unadjusted copayment "\$27.79" is corrected to read "\$27.53."

■ C. For APC 9230, in line 46, in column 7, the minimum unadjusted copayment "\$3.74" is corrected to read "\$3.70."

■ D. For APC 9232, in line 48, in column 7, the minimum unadjusted copayment "\$91.01" is corrected to read "\$90.15."

■ E. For APC 9233, in line 49, in column 7, the minimum unadjusted copayment "\$406.05" is corrected to read "\$402.22."

■ F. For APC 9235, in line 51, in column 7, the minimum unadjusted copayment "\$16.63" is corrected to read "\$16.47."

■ G. For APC 9236, in line 52, in column 7, the minimum unadjusted copayment "\$35.28" is corrected to read "\$34.94."

■ 17. On page 66944, for APC 9350, in line 55—

■ A. In column 5, the payment rate "\$482.56" is corrected to read "\$496.87."

■ B. In column 7, the minimum unadjusted copayment "\$96.51" is corrected to read "\$98.44."

■ 18. On page 66944, for APC 9351, in line 56—

■ A. In column 5, the payment rate "\$67.96" is corrected to read "\$95.32."

■ B. In column 7, the minimum unadjusted copayment "\$13.59" is corrected to read "\$18.88."

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008

We are republishing Addendum AA in its entirety. See attached chart.

ADDENDUM B.—OPPS PAYMENT BY HCPCS CODE FOR CY 2008

■ 1. On page 67095, the chart for HCPCS codes starting with HCPCS code 90649 through HCPCS code 90708 should read as follows:

HCPCS code	Short descriptor	CI	SI	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
90650	Hpv typ bival 3 dose, im	NI	E .....	.....	.....	.....	.....	.....
90655	Flu vaccine no preserv 6–35m .....	.....	L .....	.....	.....	.....	.....	.....
90656	Flu vaccine no preserv 3 & > .....	.....	L .....	.....	.....	.....	.....	.....
90657	Flu vaccine, 3 yrs, im .....	.....	L .....	.....	.....	.....	.....	.....
90658	Flu vaccine, 3 yrs & >, im .....	.....	L .....	.....	.....	.....	.....	.....
90660	Flu vaccine, nasal .....	.....	L .....	.....	.....	.....	.....	.....
90661	Flu vacc cell cult prsv free	NI	E .....	.....	.....	.....	.....	.....
90662	Flu vacc prsv free inc antig	NI	E .....	.....	.....	.....	.....	.....
90663	Flu vacc pandemic	NI	E .....	.....	.....	.....	.....	.....
90665	Lyme disease vaccine, im .....	.....	N .....	.....	.....	.....	.....	.....
90669	Pneumococcal vacc, ped <5	CH	L .....	.....	.....	.....	.....	.....
90675	Rabies vaccine, im .....	.....	K	9139	.....	\$150.80	.....	\$30.16
90676	Rabies vaccine, id .....	.....	K	9140	.....	\$118.82	.....	\$23.76
90680	Rotavirus vacc 3 dose, oral .....	.....	N .....	.....	.....	.....	.....	.....
90681	Rotavirus vacc 2 dose, oral	NI	E .....	.....	.....	.....	.....	.....
90690	Typhoid vaccine, oral .....	.....	N .....	.....	.....	.....	.....	.....
90691	Typhoid vaccine, im .....	.....	N .....	.....	.....	.....	.....	.....
90692	Typhoid vaccine, h-p, sc/id .....	.....	N .....	.....	.....	.....	.....	.....
90693	Typhoid vaccine, akd, sc .....	.....	N .....	.....	.....	.....	.....	.....
90696	Dtap-ipv vacc 4–6 yr, im	NI	E .....	.....	.....	.....	.....	.....
90698	Dtap-hib-ipv vaccine, im .....	.....	N .....	.....	.....	.....	.....	.....
90700	Dtap vaccine, < 7 yrs, im .....	.....	N .....	.....	.....	.....	.....	.....
90701	Dtp vaccine, im .....	.....	N .....	.....	.....	.....	.....	.....
90702	Dt vaccine < 7, im .....	.....	N .....	.....	.....	.....	.....	.....
90703	Tetanus vaccine, im .....	.....	N .....	.....	.....	.....	.....	.....
90704	Mumps vaccine, sc .....	.....	N .....	.....	.....	.....	.....	.....
90705	Measles vaccine, sc .....	.....	N .....	.....	.....	.....	.....	.....
90706	Rubella vaccine, sc .....	.....	N .....	.....	.....	.....	.....	.....
90707	Mmr vaccine, sc .....	.....	N .....	.....	.....	.....	.....	.....
90708	Measles-rubella vaccine, sc .....	.....	K	9141	.....	\$66.38	.....	\$13.28

■ 2. On page 67118, for HCPCS code C9239, in line 25, in column 9, the minimum unadjusted copayment "\$9.68" is corrected to read "\$9.59."

■ 3. On page 67118, for HCPCS code C9352, in line 28—

■ A. In column 7, the payment rate "\$482.56" is corrected to read "\$496.87."

■ B. In column 9, the minimum unadjusted copayment "\$96.51" is corrected to read "\$98.44."

■ 4. On page 67118, for HCPCS code C9353, in line 29—

■ A. In column 7, the payment rate "\$482.56" is corrected to read "\$407.56."

■ B. In column 9, the minimum unadjusted copayment "\$96.51" is corrected to read "\$80.74."

■ 5. On page 67134, for HCPCS code G0377, in line 47—

■ A. In column 4, the SI code "S" is corrected to read "E."

■ B. In column 5, the APC code "0437" is removed.

■ C. In column 6, the relative weight number "0.3945" is removed.

■ D. In column 7, the payment rate "\$25.13" is removed.

■ E. In column 9, the minimum unadjusted copayment "\$5.03" is removed.

■ 6. On page 67139, for HCPCS code G9140, in line 40, in column 4, the SI code "M" is corrected to read "A".

■ 7. On page 67139, for HCPCS code J0129, in line 43, in column 9, the minimum unadjusted copayment "\$3.74" is corrected to read "\$3.70."

■ 8. On page 67139, for HCPCS code J0190, in line 52—

■ A. In column 7, the payment rate "\$88.15" is corrected to read "\$12.24."

■ B. In column 9, the minimum unadjusted copayment "\$17.63" is corrected to read "\$2.45."

■ 9. On page 67139, for HCPCS code J0350, in line 74—

■ A. In column 7, the payment rate "\$2,693.80" is corrected to read "\$1,706.04."

■ B. In column 9, the minimum unadjusted copayment "\$538.76" is corrected to read "\$341.21."

■ 10. On page 67141, for HCPCS code J1300, in line 17, in column 9, the minimum unadjusted copayment "\$35.28" is corrected to read "\$34.94."

■ 11. On page 67142—

■ A. For HCPCS code J1740, in line 4, in column 9, the minimum unadjusted copayment "\$27.79" is corrected to read "\$27.53."

■ B. For HCPCS code J1743, in line 6, in column 9, the minimum unadjusted copayment "\$91.01" is corrected to read "\$90.15."

■ C. For HCPCS code J2248, in line 43, in column 9, the minimum unadjusted copayment "\$0.29" is corrected to read "\$0.28."

■ D. For HCPCS code J2323, in line 57, in column 9, the minimum unadjusted

copayment "\$1.50" is corrected to read "\$1.49."

■ 12. On page 67143 for HCPCS code J2778, in line 21, in column 9, the minimum unadjusted copayment "\$406.05" is corrected to read "\$402.22."

■ 13. On page 67143, for HCPCS code J2940, in line 39—

■ A. In column 7, the payment rate "\$168.90" is corrected to read "\$42.69."

■ B. In column 9, the minimum unadjusted copayment "\$33.78" is corrected to read "\$8.54."

■ 14. On page 67143, for HCPCS code J2995, in line 43—

■ A. In column 7, the payment rate "\$129.75" is corrected to read "\$20.89."

■ B. In column 9, the minimum unadjusted copayment "\$25.95" is corrected to read "\$4.18."

■ 15. On page 67143, for HCPCS code J3350, in line 72—

■ A. In column 7, the payment rate "\$74.16" is corrected to read "\$23.23."

■ B. In column 9, the minimum unadjusted copayment "\$14.83" is corrected to read "\$4.65."

■ 16. On page 67144, for HCPCS code J3488, in line 15, in column 9, the minimum unadjusted copayment "\$44.16" is corrected to read "\$43.74."

■ 17. On page 67144, for HCPCS code J7348, in line 65—

■ A. In column 7, the payment rate "\$67.96" is corrected to read "\$95.32,"

■ B. In column 9, the minimum unadjusted copayment "\$13.59" is corrected to read "\$18.88."

■ 18. On page 67144, for HCPCS code J7349, in line 66—

■ A. In column 7, the payment rate "\$67.96" is corrected to read "\$42.24,"

■ B. In column 9, the minimum unadjusted copayment "\$13.59" is corrected to read "\$8.37."

■ 19. On page 67146, for HCPCS code J9261, in line 65, in column 9, the minimum unadjusted copayment

"\$17.37" is corrected to read "\$17.20."

■ 20. On page 67146, for HCPCS code J9270, in line 71—

■ A. In column 7, the payment rate "\$172.41" is corrected to read "\$19.81."

■ B. In column 9, the minimum unadjusted copayment "\$34.48" is corrected to read "\$3.96."

■ 21. On page 67146, for HCPCS code J9303, in line 77, in column 9, the minimum unadjusted copayment "\$16.63" is corrected to read "\$16.47."

■ 22. On page 67147, for HCPCS code J9357, in line 4—

■ A. In column 7, the payment rate "\$77.96" is corrected to read "\$219.39."

■ B. In column 9, the minimum unadjusted copayment "\$15.59" is corrected to read "\$43.88."

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008

We are republishing Addendum BB in its entirety, see attached chart.

ADDENDUM DD2.—OPPS COMMENT INDICATORS

■ On page 67190, in line 1, the header "ADDENDUM DD2.—OPPS COMMENT INDICATORS" is corrected to read "ADDENDUM D2.—OPPS COMMENT INDICATORS."

ADDENDUM M.—HCPCS CODES FOR ASSIGNMENT TO COMPOSITE APCs FOR CY 2008

■ On page 67225—

■ A. For HCPCS code 90862, in line 19, in column 5, the single code APC assignment number "0605" is corrected to read "0606."

■ B. For HCPCS code 96102, in line 24, in column 5, the single code APC assignment number "0373" is corrected to read "0382."

■ C. For HCPCS code M0064, in line 37, in column 5, the single code APC assignment number "0605" is corrected to read "0606."

IV. Waiver of Proposed Rulemaking and Delay in Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a notice such as this takes effect in

accordance with section 553(b) of the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). We also ordinarily provide a 30-day delay in the effective date of the provisions of a notice in accordance with section 553(d) of the APA (5 U.S.C. 553(d)). However, we can waive both the notice and comment procedure and the 30-day delay in effective date if the Secretary finds, for good cause, that it is impracticable, unnecessary or contrary to the public interest, and incorporates a statement of the finding and the reasons therefore in the notice. The policies and payment methodology finalized in the CY 2008 OPPS/ASC final rule with comment period have previously been subjected to notice and comment procedures.

This correction notice merely provides technical corrections to the CY 2008 OPPS/ASC final rule with comment period that was promulgated through notice and comment rulemaking, and does not make substantive changes to the policies or payment methodologies that were finalized in the final rule with comment period. For example, in order to conform the document to the final policies of the CY 2008 OPPS/ASC final rule with comment period, this notice corrects typographical errors, makes clarifications to the preamble text, and revises inaccurate tabular data. Therefore, we find it unnecessary to undertake further notice and comment procedures with respect to this correction notice. For the reasons stated above, we find that both notice and comment and the 30-day delay in effective date for this correction notice are unnecessary. Therefore, we find there is good cause to waive notice and comment procedures and the 30-day delay in effective date for this correction notice.

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

Dated: February 5, 2008.

Ann Agnew,

Executive Secretary to the Department.

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008

[Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
0016T	Thermotx choroid vasc lesion	Y		R2		4.1331	\$171.11	\$171.11
0017T	Photocoagulat macular drusen	Y		R2		4.1331	\$171.11	\$171.11
0027T	Endoscopic epidural lysis	Y		G2		18.0518	\$747.36	\$747.36
0031T	Speculoscopy	N		N1				
0032T	Speculoscopy w/direct sample	N		N1				
0046T	Cath lavage, mammary duct(s)	Y		R2		16.1001	\$666.56	\$666.56
0047T	Cath lavage, mammary duct(s)	Y		R2		16.1001	\$666.56	\$666.56
0062T	Rep intradisc annulus; 1 lev	Y		G2		29.19	\$1,208.50	\$1,208.50
0063T	Rep intradisc annulus; >1 lev	Y		G2		29.19	\$1,208.50	\$1,208.50
0084T	Temp prostate urethral stent	Y		G2		2.0077	\$83.12	\$83.12
0088T	Rf tongue base vol reduxn	Y	CH	G2		16.3288	\$676.03	\$676.03
0099T*	Implant corneal ring	Y		R2		16.171	\$669.50	\$669.50
0100T	Prosth retina receive & gen	Y		G2		37.2078	\$1,540.44	\$1,540.44
0101T	Extracorp shockwv tx, hi enrg	Y		G2		29.19	\$1,208.50	\$1,208.50
0102T	Extracorp shockwv tx, anesth	Y		G2		29.19	\$1,208.50	\$1,208.50
0123T	Scleral fistulization	Y		G2		23.1758	\$959.50	\$959.50
0124T*	Conjunctival drug placement	Y		R2		5.1169	\$211.84	\$211.84
0137T	Prostate saturation sampling	Y	CH	G2		11.0338	\$456.81	\$456.81
0170T	Anorectal fistula plug rpr	Y	CH	G2		30.1606	\$1,248.68	\$1,248.68
0176T	Aqu canal dilat w/o retent	Y		A2	\$1,339.00	39.7101	\$1,644.04	\$1,415.26
0177T	Aqu canal dilat w retent	Y		A2	\$1,339.00	39.7101	\$1,644.04	\$1,415.26
0186T	Suprachoroidal drug delivery	Y	NI	G2		18.235	\$754.95	\$754.95
10021	Fna w/o image	Y		P2		1.1097	\$45.94	\$45.94
10022	Fna w/image	Y		G2		4.327	\$179.14	\$179.14
10040	Acne surgery	Y		P2		0.793	\$32.83	\$32.83
10060	Drainage of skin abscess	Y		P3		1.1191	\$46.33	\$46.33
10061	Drainage of skin abscess	Y		P2		1.4066	\$58.23	\$58.23
10080	Drainage of pilonidal cyst	Y		P2		1.4066	\$58.23	\$58.23
10081	Drainage of pilonidal cyst	Y		P3		3.1106	\$128.78	\$128.78
10120	Remove foreign body	Y		P2		1.4066	\$58.23	\$58.23
10121	Remove foreign body	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
10140	Drainage of hematoma/fluid	Y		P3		1.6623	\$68.82	\$68.82
10160	Puncture drainage of lesion	Y		P2		1.4066	\$58.23	\$58.23
10180	Complex drainage, wound	Y		A2	\$446.00	18.3197	\$758.45	\$524.11
11000	Debride infected skin	Y		P3		0.5348	\$22.14	\$22.14
11001	Debride infected skin add-on	Y		P3		0.1894	\$7.84	\$7.84
11010	Debride skin, fx	Y		A2	\$251.52	4.3039	\$178.19	\$233.19
11011	Debride skin/muscle, fx	Y		A2	\$251.52	4.3039	\$178.19	\$233.19
11012	Debride skin/muscle/bone, fx	Y		A2	\$251.52	4.3039	\$178.19	\$233.19
11040	Debride skin, partial	Y		P3		0.4937	\$20.44	\$20.44
11041	Debride skin, full	Y		P3		0.5679	\$23.51	\$23.51
11042	Debride skin/tissue	Y		A2	\$164.42	2.6604	\$110.14	\$150.85
11043	Debride tissue/muscle	Y		A2	\$164.42	2.6604	\$110.14	\$150.85
11044	Debride tissue/muscle/bone	Y		A2	\$423.10	6.8816	\$284.91	\$388.55
11055	Trim skin lesion	Y		P3		0.5596	\$23.17	\$23.17
11056	Trim skin lesions, 2 to 4	Y		P3		0.6253	\$25.89	\$25.89
11057	Trim skin lesions, over 4	Y		P3		0.7077	\$29.30	\$29.30
11100	Biopsy, skin lesion	Y		P2		0.793	\$32.83	\$32.83
11101	Biopsy, skin add-on	Y		P3		0.3046	\$12.61	\$12.61
11200	Removal of skin tags	Y	CH	P2		0.793	\$32.83	\$32.83
11201	Remove skin tags add-on	Y		P3		0.1316	\$5.45	\$5.45
11300	Shave skin lesion	Y		P2		0.793	\$32.83	\$32.83
11301	Shave skin lesion	Y		P2		0.793	\$32.83	\$32.83
11302	Shave skin lesion	Y		P2		0.793	\$32.83	\$32.83
11303	Shave skin lesion	Y		P2		1.4595	\$60.42	\$60.42
11305	Shave skin lesion	Y		P3		0.7901	\$32.71	\$32.71
11306	Shave skin lesion	Y	CH	P2		0.793	\$32.83	\$32.83
11307	Shave skin lesion	Y		P2		0.793	\$32.83	\$32.83
11308	Shave skin lesion	Y		P2		0.793	\$32.83	\$32.83
11310	Shave skin lesion	Y	CH	P2		0.793	\$32.83	\$32.83
11311	Shave skin lesion	Y		P2		0.793	\$32.83	\$32.83
11312	Shave skin lesion	Y		P2		0.793	\$32.83	\$32.83
11313	Shave skin lesion	Y	CH	P2		0.793	\$32.83	\$32.83
11400	Exc tr-ext b9+marg 0.5 < cm	Y		P3		1.5963	\$66.09	\$66.09
11401	Exc tr-ext b9+marg 0.6–1 cm	Y		P3		1.7444	\$72.22	\$72.22
11402	Exc tr-ext b9+marg 1.1–2 cm	Y		P3		1.9009	\$78.70	\$78.70
11403	Exc tr-ext b9+marg 2.1–3 cm	Y		P3		2.0408	\$84.49	\$84.49
11404	Exc tr-ext b9+marg 3.1–4 cm	Y		A2	\$333.00	16.1001	\$666.56	\$416.39
11406	Exc tr-ext b9+marg > 4.0 cm	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
11420	Exc h-f-nk-sp b9+marg 0.5 <	Y		P3		1.4811	\$61.32	\$61.32
11421	Exc h-f-nk-sp b9+marg 0.6–1	Y		P3		1.7611	\$72.91	\$72.91
11422	Exc h-f-nk-sp b9+marg 1.1–2	Y		P3		1.9338	\$80.06	\$80.06
11423	Exc h-f-nk-sp b9+marg 2.1–3	Y		P3		2.1642	\$89.60	\$89.60
11424	Exc h-f-nk-sp b9+marg 3.1–4	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
11426	Exc h-f-nk-sp b9+marg > 4 cm	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11440	Exc face-mm b9+marg 0.5 < cm	Y		P3		1.728	\$71.54	\$71.54
11441	Exc face-mm b9+marg 0.6–1 cm	Y		P3		1.942	\$80.40	\$80.40

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
11442	Exc face-mm b9+marg 1.1–2 cm	Y		P3		2.1313	\$88.24	\$88.24
11443	Exc face-mm b9+marg 2.1–3 cm	Y		P3		2.3864	\$98.80	\$98.80
11444	Exc face-mm b9+marg 3.1–4 cm	Y		A2	\$333.00	8.685	\$359.57	\$339.64
11446	Exc face-mm b9+marg > 4 cm	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11450	Removal, sweat gland lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11451	Removal, sweat gland lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11462	Removal, sweat gland lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11463	Removal, sweat gland lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11470	Removal, sweat gland lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11471	Removal, sweat gland lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11600	Exc tr-ext mlg+marg 0.5 < cm	Y		P3		2.2135	\$91.64	\$91.64
11601	Exc tr-ext mlg+marg 0.6–1 cm	Y		P3		2.5263	\$104.59	\$104.59
11602	Exc tr-ext mlg+marg 1.1–2 cm	Y		P3		2.7485	\$113.79	\$113.79
11603	Exc tr-ext mlg+marg 2.1–3 cm	Y		P3		2.9294	\$121.28	\$121.28
11604	Exc tr-ext mlg+marg 3.1–4 cm	Y		A2	\$418.49	8.685	\$359.57	\$403.76
11606	Exc tr-ext mlg+marg > 4 cm	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
11620	Exc h-f-nk-sp mlg+marg 0.5 <	Y		P3		2.2384	\$92.67	\$92.67
11621	Exc h-f-nk-sp mlg+marg 0.6–1	Y		P3		2.5509	\$105.61	\$105.61
11622	Exc h-f-nk-sp mlg+marg 1.1–2	Y		P3		2.8224	\$116.85	\$116.85
11623	Exc h-f-nk-sp mlg+marg 2.1–3	Y		P3		3.0692	\$127.07	\$127.07
11624	Exc h-f-nk-sp mlg+marg 3.1–4	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
11626	Exc h-f-nk-sp mlg+marg > 4 cm	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11640	Exc face-mm malig+marg 0.5 <	Y		P3		2.3536	\$97.44	\$97.44
11641	Exc face-mm malig+marg 0.6–1	Y		P3		2.7403	\$113.45	\$113.45
11642	Exc face-mm malig+marg 1.1–2	Y		P3		3.061	\$126.73	\$126.73
11643	Exc face-mm malig+marg 2.1–3	Y		P3		3.3246	\$137.64	\$137.64
11644	Exc face-mm malig+marg 3.1–4	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
11646	Exc face-mm mlg+marg > 4 cm	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
11719	Trim nail(s)	Y		P3		0.2551	\$10.56	\$10.56
11720	Debride nail, 1–5	Y		P3		0.3292	\$13.63	\$13.63
11721	Debride nail, 6 or more	Y		P3		0.4031	\$16.69	\$16.69
11730	Removal of nail plate	Y	CH	P2		0.793	\$32.83	\$32.83
11732	Remove nail plate, add-on	Y		P3		0.4031	\$16.69	\$16.69
11740	Drain blood from under nail	Y	CH	P2		0.2963	\$12.27	\$12.27
11750	Removal of nail bed	Y		P3		2.1065	\$87.21	\$87.21
11752	Remove nail bed/finger tip	Y		P3		2.9048	\$120.26	\$120.26
11755	Biopsy, nail unit	Y		P3		1.4811	\$61.32	\$61.32
11760	Repair of nail bed	Y		G2		2.1051	\$87.15	\$87.15
11762	Reconstruction of nail bed	Y	CH	P3		2.7072	\$112.08	\$112.08
11765	Excision of nail fold, toe	Y		P2		1.4595	\$60.42	\$60.42
11770	Removal of pilonidal lesion	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
11771	Removal of pilonidal lesion	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
11772	Removal of pilonidal lesion	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
11900	Injection into skin lesions	Y		P3		0.6418	\$26.57	\$26.57
11901	Added skin lesions injection	Y		P3		0.6831	\$28.28	\$28.28
11920	Correct skin color defects	Y		P2		2.1051	\$87.15	\$87.15
11921	Correct skin color defects	Y		P2		2.1051	\$87.15	\$87.15
11922	Correct skin color defects	Y		P3		0.8476	\$35.09	\$35.09
11950	Therapy for contour defects	Y		P3		0.8311	\$34.41	\$34.41
11951	Therapy for contour defects	Y		P3		0.9874	\$40.88	\$40.88
11952	Therapy for contour defects	Y	CH	P2		1.2792	\$52.96	\$52.96
11954	Therapy for contour defects	Y		P2		1.2792	\$52.96	\$52.96
11960	Insert tissue expander(s)	Y		A2	\$446.00	20.2069	\$836.59	\$543.65
11970	Replace tissue expander	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
11971	Remove tissue expander(s)	Y		A2	\$333.00	21.1098	\$873.97	\$468.24
11976	Removal of contraceptive cap	Y		P3		1.4154	\$58.60	\$58.60
11980	Implant hormone pellet(s)	N		P2		0.631	\$26.12	\$26.12
11981	Insert drug implant device	N		P2		0.631	\$26.12	\$26.12
11982	Remove drug implant device	N		P2		0.631	\$26.12	\$26.12
11983	Remove/insert drug implant	N		P2		0.631	\$26.12	\$26.12
12001	Repair superficial wound(s)	Y		P2		1.2792	\$52.96	\$52.96
12002	Repair superficial wound(s)	Y		P2		1.2792	\$52.96	\$52.96
12004	Repair superficial wound(s)	Y		P2		1.2792	\$52.96	\$52.96
12005	Repair superficial wound(s)	Y		A2	\$91.24	1.2792	\$52.96	\$81.67
12006	Repair superficial wound(s)	Y		A2	\$91.24	1.2792	\$52.96	\$81.67
12007	Repair superficial wound(s)	Y		A2	\$91.24	1.2792	\$52.96	\$81.67
12011	Repair superficial wound(s)	Y		P2		1.2792	\$52.96	\$52.96
12013	Repair superficial wound(s)	Y		P2		1.2792	\$52.96	\$52.96
12014	Repair superficial wound(s)	Y		P2		1.2792	\$52.96	\$52.96
12015	Repair superficial wound(s)	Y		G2		1.2792	\$52.96	\$52.96
12016	Repair superficial wound(s)	Y		A2	\$91.24	1.2792	\$52.96	\$81.67
12017	Repair superficial wound(s)	Y		A2	\$91.24	1.2792	\$52.96	\$81.67
12018	Repair superficial wound(s)	Y		A2	\$91.24	1.2792	\$52.96	\$81.67
12020	Closure of split wound	Y		A2	\$91.24	4.5263	\$187.39	\$115.28
12021	Closure of split wound	Y		A2	\$91.24	4.5263	\$187.39	\$115.28
12031	Layer closure of wound(s)	Y		P2		2.1051	\$87.15	\$87.15
12032	Layer closure of wound(s)	Y		P2		2.1051	\$87.15	\$87.15

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
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HCCPS code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
12034	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12035	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12036	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12037	Layer closure of wound(s)	Y		A2	\$323.28	2.1051	\$87.15	\$264.25
12041	Layer closure of wound(s)	Y		P2		2.1051	\$87.15	\$87.15
12042	Layer closure of wound(s)	Y		P2		2.1051	\$87.15	\$87.15
12044	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12045	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12046	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12047	Layer closure of wound(s)	Y		A2	\$323.28	2.1051	\$87.15	\$264.25
12051	Layer closure of wound(s)	Y		P2		2.1051	\$87.15	\$87.15
12052	Layer closure of wound(s)	Y		P2		2.1051	\$87.15	\$87.15
12053	Layer closure of wound(s)	Y		P2		2.1051	\$87.15	\$87.15
12054	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12055	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12056	Layer closure of wound(s)	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
12057	Layer closure of wound(s)	Y		A2	\$323.28	2.1051	\$87.15	\$264.25
13100	Repair of wound or lesion	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
13101	Repair of wound or lesion	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
13102	Repair wound/lesion add-on	Y		A2	\$91.24	4.5263	\$187.39	\$115.28
13120	Repair of wound or lesion	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
13121	Repair of wound or lesion	Y		A2	\$91.24	4.5263	\$187.39	\$115.28
13122	Repair wound/lesion add-on	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
13131	Repair of wound or lesion	Y		A2	\$91.24	4.5263	\$187.39	\$115.28
13132	Repair of wound or lesion	Y		A2	\$91.24	4.5263	\$187.39	\$115.28
13133	Repair wound/lesion add-on	Y		A2	\$91.24	4.5263	\$187.39	\$115.28
13150	Repair of wound or lesion	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
13151	Repair of wound or lesion	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
13152	Repair of wound or lesion	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
13153	Repair wound/lesion add-on	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
13160	Late closure of wound	Y		A2	\$446.00	20.2069	\$836.59	\$543.65
14000	Skin tissue rearrangement	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
14001	Skin tissue rearrangement	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
14020	Skin tissue rearrangement	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
14021	Skin tissue rearrangement	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
14040	Skin tissue rearrangement	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
14041	Skin tissue rearrangement	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
14060	Skin tissue rearrangement	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
14061	Skin tissue rearrangement	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
14300	Skin tissue rearrangement	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
14350	Skin tissue rearrangement	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15002	Wnd prep, ch/inf, trk/arm/leg	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15003	Wnd prep, ch/inf addl 100 cm	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15004	Wnd prep ch/inf, f/n/hf/g	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15005	Wnd prep, f/n/hf/g, addl cm	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15040	Harvest cultured skin graft	Y		A2	\$91.24	2.1051	\$87.15	\$90.22
15050	Skin pinch graft	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15100	Skin spl't grft, trnk/arm/leg	Y		A2	\$446.00	20.2069	\$836.59	\$543.65
15101	Skin spl't grft t/a/l, add-on	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15110	Epidrm autogrft trnk/arm/leg	Y		A2	\$446.00	4.5263	\$187.39	\$381.35
15111	Epidrm autogrft t/a/l add-on	Y		A2	\$333.00	4.5263	\$187.39	\$296.60
15115	Epidrm a-grft face/nck/hf/g	Y		A2	\$446.00	4.5263	\$187.39	\$381.35
15116	Epidrm a-grft f/n/hf/g addl	Y		A2	\$333.00	4.5263	\$187.39	\$296.60
15120	Skn spl't a-grft fac/nck/hf/g	Y		A2	\$446.00	20.2069	\$836.59	\$543.65
15121	Skn spl't a-grft f/n/hf/g add	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15130	Derm autograft, trnk/arm/leg	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
15131	Derm autograft t/a/l add-on	Y		A2	\$333.00	15.0458	\$622.91	\$405.48
15135	Derm autograft face/nck/hf/g	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
15136	Derm autograft, f/n/hf/g add	Y		A2	\$333.00	15.0458	\$622.91	\$405.48
15150	Cult epiderm grft t/arm/leg	Y		A2	\$446.00	4.5263	\$187.39	\$381.35
15151	Cult epiderm grft t/a/l addl	Y		A2	\$333.00	4.5263	\$187.39	\$296.60
15152	Cult epiderm graft t/a/l +%	Y		A2	\$333.00	4.5263	\$187.39	\$296.60
15155	Cult epiderm graft, f/n/hf/g	Y		A2	\$446.00	4.5263	\$187.39	\$381.35
15156	Cult epiderm grft f/n/hfg add	Y		A2	\$333.00	4.5263	\$187.39	\$296.60
15157	Cult epiderm grft f/n/hfg +%	Y		A2	\$333.00	4.5263	\$187.39	\$296.60
15200	Skin full graft, trunk	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
15201	Skin full graft trunk add-on	Y		A2	\$323.28	15.0458	\$622.91	\$398.19
15220	Skin full graft sclp/arm/leg	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
15221	Skin full graft add-on	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15240	Skin full grft face/genit/hf	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
15241	Skin full graft add-on	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15260	Skin full graft een & lips	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
15261	Skin full graft add-on	Y		A2	\$323.28	15.0458	\$622.91	\$398.19
15300	Apply skinallogrft, t/arm/leg	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15301	Apply skinallogrft t/a/l addl	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15320	Apply skin allogrft f/n/hf/g	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15321	Aply skinallogrft f/n/hfg add	Y		A2	\$323.28	4.5263	\$187.39	\$289.31

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
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HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
15330	Aply acell alogrft t/arm/leg	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15331	Aply acell grft t/a/l add-on	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15335	Apply acell graft, t/n/hf/g	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15336	Aply acell grft f/n/hf/g add	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15340	Apply cult skin substitute	Y	CH	G2		2.1051	\$87.15	\$87.15
15341	Apply cult skin sub add-on	Y		G2		2.1051	\$87.15	\$87.15
15360	Apply cult derm sub, t/a/l	Y		G2		2.1051	\$87.15	\$87.15
15361	Aply cult derm sub t/a/l add	Y		G2		2.1051	\$87.15	\$87.15
15365	Apply cult derm sub f/n/hf/g	Y		G2		2.1051	\$87.15	\$87.15
15366	Apply cult derm f/hf/g add	Y		G2		2.1051	\$87.15	\$87.15
15400	Apply skin xenograft, t/a/l	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15401	Apply skn xenogrft t/a/l add	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15420	Apply skin xgrft, t/n/hf/g	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15421	Apply skn xgrft f/n/hf/g add	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15430	Apply acellular xenograft	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15431	Apply acellular xgrft add	Y		A2	\$323.28	4.5263	\$187.39	\$289.31
15570	Form skin pedicle flap	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15572	Form skin pedicle flap	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15574	Form skin pedicle flap	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15576	Form skin pedicle flap	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15600	Skin graft	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15610	Skin graft	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15620	Skin graft	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15630	Skin graft	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15650	Transfer skin pedicle flap	Y		A2	\$717.00	20.2069	\$836.59	\$746.90
15731	Forehead flap w/vasc pedicle	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15732	Muscle-skin graft, head/neck	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15734	Muscle-skin graft, trunk	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15736	Muscle-skin graft, arm	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15738	Muscle-skin graft, leg	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15740	Island pedicle flap graft	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
15750	Neurovascular pedicle graft	Y		A2	\$446.00	20.2069	\$836.59	\$543.65
15760	Composite skin graft	Y		A2	\$446.00	20.2069	\$836.59	\$543.65
15770	Derma-fat-fascia graft	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15775	Hair transplant punch grafts	Y		A2	\$323.28	1.2792	\$52.96	\$255.70
15776	Hair transplant punch grafts	Y		A2	\$323.28	1.2792	\$52.96	\$255.70
15780	Abrasion treatment of skin	Y		P3		9.3645	\$387.70	\$387.70
15781	Abrasion treatment of skin	Y		P2		4.3039	\$178.19	\$178.19
15782	Abrasion treatment of skin	Y		P2		4.3039	\$178.19	\$178.19
15783	Abrasion treatment of skin	Y		P2		2.6604	\$110.14	\$110.14
15786	Abrasion, lesion, single	Y		P2		0.793	\$32.83	\$32.83
15787	Abrasion, lesions, add-on	Y		P3		0.7901	\$32.71	\$32.71
15788	Chemical peel, face, epiderm	Y		P2		0.793	\$32.83	\$32.83
15789	Chemical peel, face, dermal	Y		P2		1.4595	\$60.42	\$60.42
15792	Chemical peel, nonfacial	Y		P2		1.4595	\$60.42	\$60.42
15793	Chemical peel, nonfacial	Y		P2		0.793	\$32.83	\$32.83
15819	Plastic surgery, neck	Y		G2		2.1051	\$87.15	\$87.15
15820	Revision of lower eyelid	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15821	Revision of lower eyelid	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15822	Revision of upper eyelid	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15823	Revision of upper eyelid	Y		A2	\$717.00	20.2069	\$836.59	\$746.90
15824	Removal of forehead wrinkles	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15825	Removal of neck wrinkles	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15826	Removal of brow wrinkles	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15828	Removal of face wrinkles	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15829	Removal of skin wrinkles	Y		A2	\$717.00	20.2069	\$836.59	\$746.90
15830	Exc skin abd	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15832	Excise excessive skin tissue	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15833	Excise excessive skin tissue	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15834	Excise excessive skin tissue	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15835	Excise excessive skin tissue	Y		A2	\$323.28	21.1098	\$873.97	\$460.95
15836	Excise excessive skin tissue	Y		A2	\$510.00	16.1001	\$666.56	\$549.14
15837	Excise excessive skin tissue	Y		G2		16.1001	\$666.56	\$666.56
15838	Excise excessive skin tissue	Y		G2		16.1001	\$666.56	\$666.56
15839	Excise excessive skin tissue	Y		A2	\$510.00	16.1001	\$666.56	\$549.14
15840	Graft for face nerve palsy	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15841	Graft for face nerve palsy	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15842	Flap for face nerve palsy	Y		G2		20.2069	\$836.59	\$836.59
15845	Skin and muscle repair, face	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15847	Exc skin abd add-on	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15850	Removal of sutures	Y		G2		2.6604	\$110.14	\$110.14
15851	Removal of sutures	Y		P3		1.2425	\$51.44	\$51.44
15852	Dressing change not for burn	N		G2		0.631	\$26.12	\$26.12
15860	Test for blood flow in graft	N		G2		0.631	\$26.12	\$26.12
15876	Suction assisted lipectomy	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15877	Suction assisted lipectomy	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15878	Suction assisted lipectomy	Y		A2	\$510.00	20.2069	\$836.59	\$591.65

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
15879	Suction assisted lipectomy	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15920	Removal of tail bone ulcer	Y		A2	\$251.52	4.3039	\$178.19	\$233.19
15922	Removal of tail bone ulcer	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15931	Remove sacrum pressure sore	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15933	Remove sacrum pressure sore	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15934	Remove sacrum pressure sore	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15935	Remove sacrum pressure sore	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15936	Remove sacrum pressure sore	Y		A2	\$630.00	15.0458	\$622.91	\$628.23
15937	Remove sacrum pressure sore	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15940	Remove hip pressure sore	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15941	Remove hip pressure sore	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15944	Remove hip pressure sore	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
15945	Remove hip pressure sore	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15946	Remove hip pressure sore	Y		A2	\$630.00	20.2069	\$836.59	\$681.65
15950	Remove thigh pressure sore	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
15951	Remove thigh pressure sore	Y		A2	\$630.00	21.1098	\$873.97	\$690.99
15952	Remove thigh pressure sore	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
15953	Remove thigh pressure sore	Y		A2	\$630.00	15.0458	\$622.91	\$628.23
15956	Remove thigh pressure sore	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
15958	Remove thigh pressure sore	Y		A2	\$630.00	15.0458	\$622.91	\$628.23
16000	Initial treatment of burn(s)	Y		P3		0.65	\$26.91	\$26.91
16020	Dress/debrid p-thick burn, s	Y		P3		0.9874	\$40.88	\$40.88
16025	Dress/debrid p-thick burn, m	Y		A2	\$67.11	2.6604	\$110.14	\$77.87
16030	Dress/debrid p-thick burn, l	Y		A2	\$99.83	2.6604	\$110.14	\$102.41
16035	Incision of burn scab, initi	Y		G2		2.6604	\$110.14	\$110.14
17000	Destruct premalg lesion	Y		P2		0.793	\$32.83	\$32.83
17003	Destruct premalg les, 2-14	Y		P3		0.0906	\$3.75	\$3.75
17004	Destroy premig lesions 15+	Y		P3		1.9502	\$80.74	\$80.74
17106	Destruction of skin lesions	Y		P2		2.6604	\$110.14	\$110.14
17107	Destruction of skin lesions	Y		P2		2.6604	\$110.14	\$110.14
17108	Destruction of skin lesions	Y		P2		2.6604	\$110.14	\$110.14
17110	Destruct b9 lesion, 1-14	Y		P2		0.793	\$32.83	\$32.83
17111	Destruct lesion, 15 or more	Y		P2		1.4595	\$60.42	\$60.42
17250	Chemical cautery, tissue	Y		P3		1.0451	\$43.27	\$43.27
17260	Destruction of skin lesions	Y		P3		1.1026	\$45.65	\$45.65
17261	Destruction of skin lesions	Y		P2		1.4595	\$60.42	\$60.42
17262	Destruction of skin lesions	Y		P2		1.4595	\$60.42	\$60.42
17263	Destruction of skin lesions	Y		P2		1.4595	\$60.42	\$60.42
17264	Destruction of skin lesions	Y		P2		1.4595	\$60.42	\$60.42
17266	Destruction of skin lesions	Y		P3		2.4685	\$102.20	\$102.20
17270	Destruction of skin lesions	Y		P2		1.4595	\$60.42	\$60.42
17271	Destruction of skin lesions	Y		P2		1.4595	\$60.42	\$60.42
17272	Destruction of skin lesions	Y		P2		1.4595	\$60.42	\$60.42
17273	Destruction of skin lesions	Y	CH	P3		2.2299	\$92.32	\$92.32
17274	Destruction of skin lesions	Y		P2		2.5427	\$105.27	\$105.27
17276	Destruction of skin lesions	Y		P3		2.6604	\$110.14	\$110.14
17280	Destruction of skin lesions	Y	CH	P2		1.4595	\$60.42	\$60.42
17281	Destruction of skin lesions	Y	CH	P3		1.9091	\$79.04	\$79.04
17282	Destruction of skin lesions	Y	CH	P3		2.1806	\$90.28	\$90.28
17283	Destruction of skin lesions	Y	CH	P3		2.5098	\$103.91	\$103.91
17284	Destruction of skin lesions	Y		P2		2.6604	\$110.14	\$110.14
17286	Destruction of skin lesions	Y		P2		2.6604	\$110.14	\$110.14
17311	Mohs, 1 stage, h/n/hf/g	Y		P2		3.6321	\$150.37	\$150.37
17312	Mohs addl stage	Y		P2		3.6321	\$150.37	\$150.37
17313	Mohs, 1 stage, t/a/l	Y		P2		3.6321	\$150.37	\$150.37
17314	Mohs, addl stage, t/a/l	Y		P2		3.6321	\$150.37	\$150.37
17315	Mohs surg, addl block	Y		P3		0.9381	\$38.84	\$38.84
17340	Cryotherapy of skin	Y		P3		0.2961	\$12.26	\$12.26
17360	Skin peel therapy	Y		P2		0.793	\$32.83	\$32.83
17380	Hair removal by electrolysis	Y		R2		0.793	\$32.83	\$32.83
19000	Drainage of breast lesion	Y		P3		1.6046	\$66.43	\$66.43
19001	Drain breast lesion add-on	Y		P3		0.2058	\$8.52	\$8.52
19020	Incision of breast lesion	Y		A1	\$446.00	18.3197	\$758.45	\$524.11
19030	Injection for breast x-ray	N		N2				
19100	Bx breast percut w/o image	Y		A2	\$240.00	4.327	\$179.14	\$224.79
19101	Biopsy of breast, open	Y		A2	\$446.00	20.6417	\$854.59	\$548.15
19102	Bx breast percut w/image	Y		A2	\$240.00	7.1147	\$294.56	\$253.64
19103	Bx breast percut w/device	Y		A2	\$395.77	13.5764	\$562.08	\$437.35
19105	Cryosurg ablate fa, each	Y		G2		31.7134	\$1,312.97	\$1,312.97
19110	Nipple exploration	Y		A2	\$446.00	20.6417	\$854.59	\$548.15
19112	Excise breast duct fistula	Y		A2	\$510.00	20.6417	\$854.59	\$596.15
19120	Removal of breast lesion	Y		A2	\$510.00	20.6417	\$854.59	\$596.15
19125	Excision, breast lesion	Y		A2	\$510.00	20.6417	\$854.59	\$596.15
19126	Excision, addl breast lesion	Y		A2	\$510.00	20.6417	\$854.59	\$596.15
19290	Place needle wire, breast	N		N1				
19291	Place needle wire, breast	N		N1				
19295	Place breast clip, percut	N	CH	N1				

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
19296	Place po breast cath for rad	Y		A2	\$1,339.00	56.5774	\$2,342.36	\$1,589.84
19297	Place breast cath for rad	Y		A2	\$1,339.00	56.5774	\$2,342.36	\$1,589.84
19298	Place breast rad tube/caths	Y		A2	\$1,339.00	56.5774	\$2,342.36	\$1,589.84
19300	Removal of breast tissue	Y		A2	\$630.00	20.6417	\$854.59	\$686.15
19301	Partial mastectomy	Y		A2	\$510.00	20.6417	\$854.59	\$596.15
19302	P-mastectomy w/in removal	Y		A2	\$995.00	39.8191	\$1,648.55	\$1,158.39
19303	Mast, simple, complete	Y		A2	\$630.00	31.7134	\$1,312.97	\$800.74
19304	Mast, subq	Y		A2	\$630.00	31.7134	\$1,312.97	\$800.74
19316	Suspension of breast	Y		A2	\$630.00	31.7134	\$1,312.97	\$800.74
19318	Reduction of large breast	Y		A2	\$630.00	39.8191	\$1,648.55	\$884.64
19324	Enlarge breast	Y		A2	\$630.00	39.8191	\$1,648.55	\$884.64
19325	Enlarge breast with implant	Y		A2	\$1,339.00	56.5774	\$2,342.36	\$1,589.84
19328	Removal of breast implant	Y		A2	\$333.00	31.7134	\$1,312.97	\$577.99
19330	Removal of implant material	Y		A2	\$333.00	31.7134	\$1,312.97	\$577.99
19340	Immediate breast prosthesis	Y		A2	\$446.00	39.8191	\$1,648.55	\$746.64
19342	Delayed breast prosthesis	Y		A2	\$510.00	56.5774	\$2,342.36	\$968.09
19350	Breast reconstruction	Y		A2	\$630.00	20.6417	\$854.59	\$686.15
19355	Correct inverted nipple(s)	Y		A2	\$630.00	31.7134	\$1,312.97	\$800.74
19357	Breast reconstruction	Y		A2	\$717.00	56.5774	\$2,342.36	\$1,123.34
19366	Breast reconstruction	Y		A2	\$717.00	31.7134	\$1,312.97	\$865.99
19370	Surgery of breast capsule	Y		A2	\$630.00	31.7134	\$1,312.97	\$800.74
19371	Removal of breast capsule	Y		A2	\$630.00	31.7134	\$1,312.97	\$800.74
19380	Revise breast reconstruction	Y		A2	\$717.00	39.8191	\$1,648.55	\$949.89
19396	Design custom breast implant	Y		G2		31.7134	\$1,312.97	\$1,312.97
20000	Incision of abscess	Y		P2		1.4066	\$58.23	\$58.23
20005	Incision of deep abscess	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
20103	Explore wound, extremity	Y		G2		9.6341	\$398.86	\$398.86
20150	Excise epiphyseal bar	Y		G2		42.985	\$1,779.62	\$1,779.62
20200	Muscle biopsy	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
20205	Deep muscle biopsy	Y		A2	\$510.00	16.1001	\$666.56	\$549.14
20206	Needle biopsy, muscle	Y		A2	\$240.00	7.1147	\$294.56	\$253.64
20220	Bone biopsy, trocar/needle	Y		A2	\$251.52	8.685	\$359.57	\$278.53
20225	Bone biopsy, trocar/needle	Y		A2	\$418.49	8.685	\$359.57	\$403.76
20240	Bone biopsy, excisional	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
20245	Bone biopsy, excisional	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
20250	Open bone biopsy	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
20251	Open bone biopsy	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
20500	Injection of sinus tract	Y		P3		1.4811	\$61.32	\$61.32
20501	Inject sinus tract for x-ray	N		N1				
20520	Removal of foreign body	Y		P3		2.2712	\$94.03	\$94.03
20525	Removal of foreign body	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
20526	Ther injection, carp tunnel	Y		P3		0.7323	\$30.32	\$30.32
20550	Inj tendon sheath/ligament	Y		P3		0.5514	\$22.83	\$22.83
20551	Inj tendon origin/insertion	Y		P3		0.5432	\$22.49	\$22.49
20552	Inj trigger point, 1/2 muscl	Y		P3		0.5348	\$22.14	\$22.14
20553	Inject trigger points, => 3	Y		P3		0.6007	\$24.87	\$24.87
20555	Place ndl musc/tis for rt	Y	NI	G2		29.19	\$1,208.50	\$1,208.50
20600	Drain/inject, joint/bursa	Y		P3		0.5432	\$22.49	\$22.49
20605	Drain/inject, joint/bursa	Y		P3		0.6171	\$25.55	\$25.55
20610	Drain/inject, joint/bursa	Y		P3		0.8311	\$34.41	\$34.41
20612	Aspirate/inj ganglion cyst	Y		P3		0.5761	\$23.85	\$23.85
20615	Treatment of bone cyst	Y	CH	P3		2.5591	\$105.95	\$105.95
20650	Insert and remove bone pin	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
20662	Application of pelvis brace	Y		R2		21.2689	\$880.55	\$880.55
20663	Application of thigh brace	Y		R2		21.2689	\$880.55	\$880.55
20665	Removal of fixation device	N		G2		0.631	\$26.12	\$26.12
20670	Removal of support implant	Y		A2	\$333.00	16.1001	\$666.56	\$416.39
20680	Removal of support implant	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
20690	Apply bone fixation device	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
20692	Apply bone fixation device	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
20693	Adjust bone fixation device	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
20694	Remove bone fixation device	Y		A2	\$333.00	21.2689	\$880.55	\$469.89
20822	Replantation digit, complete	Y		G2		26.3105	\$1,089.28	\$1,089.28
20900	Removal of bone for graft	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
20902	Removal of bone for graft	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
20910	Remove cartilage for graft	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
20912	Remove cartilage for graft	Y		A2	\$510.00	20.2069	\$836.59	\$591.65
20920	Removal of fascia for graft	Y		A2	\$630.00	15.0458	\$622.91	\$628.23
20922	Removal of fascia for graft	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
20924	Removal of tendon for graft	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
20926	Removal of tissue for graft	Y		A2	\$630.00	4.5263	\$187.39	\$519.35
20950	Fluid pressure, muscle	Y		G2		1.4066	\$58.23	\$58.23
20972	Bone/skin graft, metatarsal	Y		G2		44.2687	\$1,832.77	\$1,832.77
20973	Bone/skin graft, great toe	Y		R2		44.2687	\$1,832.77	\$1,832.77
20975	Electrical bone stimulation	N	CH	N1				
20979	Us bone stimulation	N		P3		0.5843	\$24.19	\$24.19
20982	Ablate, bone tumor(s) perq	Y		G2		42.985	\$1,779.62	\$1,779.62

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
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HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
20985	Cptr-asst dir ms px	N	NI	N1				
20986	Cptr-asst dir ms px io img	N	NI	N1				
20987	Cptr-asst dir ms px pre img	N	NI	N1				
21010	Incision of jaw joint	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
21015	Resection of facial tumor	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
21025	Excision of bone, lower jaw	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
21026	Excision of facial bone(s)	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
21029	Contour of face bone lesion	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
21030	Excise max/zygoma b9 tumor	Y		P3		5.5627	\$230.30	\$230.30
21031	Remove exostosis, mandible	Y		P3		4.5588	\$188.74	\$188.74
21032	Remove exostosis, maxilla	Y		P3		4.6905	\$194.19	\$194.19
21034	Excise max/zygoma mlg tumor	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
21040	Excise mandible lesion	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
21044	Removal of jaw bone lesion	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
21046	Remove mandible cyst complex	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
21047	Excise lwr jaw cyst w/repair	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
21048	Remove maxilla cyst complex	Y		R2		39.8776	\$1,650.97	\$1,650.97
21050	Removal of jaw joint	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
21060	Remove jaw joint cartilage	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
21070	Remove coronoid process	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
21073 *	Mnpj of tmj w/anesth	Y	NI	P3		4.526	\$187.38	\$187.38
21076	Prepare face/oral prosthesis	Y		P3		8.3851	\$347.15	\$347.15
21077	Prepare face/oral prosthesis	Y		P3		20.4816	\$847.96	\$847.96
21079	Prepare face/oral prosthesis	Y		P3		14.598	\$604.37	\$604.37
21080	Prepare face/oral prosthesis	Y		P3		16.7293	\$692.61	\$692.61
21081	Prepare face/oral prosthesis	Y		P3		15.3632	\$636.05	\$636.05
21082	Prepare face/oral prosthesis	Y		P3		14.096	\$583.59	\$583.59
21083	Prepare face/oral prosthesis	Y		P3		13.8738	\$574.39	\$574.39
21084	Prepare face/oral prosthesis	Y		P3		16.1697	\$669.44	\$669.44
21085	Prepare face/oral prosthesis	Y		P3		6.2622	\$259.26	\$259.26
21086	Prepare face/oral prosthesis	Y		P3		15.0917	\$624.81	\$624.81
21087	Prepare face/oral prosthesis	Y		P3		14.9518	\$619.02	\$619.02
21088	Prepare face/oral prosthesis	Y		R2		39.8776	\$1,650.97	\$1,650.97
21100	Maxillofacial fixation	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
21110	Interdental fixation	Y		P2		7.4474	\$308.33	\$308.33
21116	Injection, jaw joint x-ray	N		N1				
21120	Reconstruction of chin	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21121	Reconstruction of chin	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21122	Reconstruction of chin	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21123	Reconstruction of chin	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21125	Augmentation, lower jaw bone	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21127	Augmentation, lower jaw bone	Y		A2	\$1,339.00	39.8776	\$1,650.97	\$1,416.99
21137	Reduction of forehead	Y		G2		23.9765	\$992.65	\$992.65
21138	Reduction of forehead	Y		G2		39.8776	\$1,650.97	\$1,650.97
21139	Reduction of forehead	Y		G2		39.8776	\$1,650.97	\$1,650.97
21150	Reconstruct midface, left	Y		G2		39.8776	\$1,650.97	\$1,650.97
21181	Contour cranial bone lesion	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21198	Reconstr lwr jaw segment	Y		G2		39.8776	\$1,650.97	\$1,650.97
21199	Reconstr lwr jaw w/advance	Y		G2		39.8776	\$1,650.97	\$1,650.97
21206	Reconstruct upper jaw bone	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
21208	Augmentation of facial bones	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21209	Reduction of facial bones	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
21210	Face bone graft	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21215	Lower jaw bone graft	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21230	Rib cartilage graft	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21235	Ear cartilage graft	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21240	Reconstruction of jaw joint	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
21242	Reconstruction of jaw joint	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
21243	Reconstruction of jaw joint	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
21244	Reconstruction of lower jaw	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21245	Reconstruction of jaw	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21246	Reconstruction of jaw	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21248	Reconstruction of jaw	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21249	Reconstruction of jaw	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21260	Revise eye sockets	Y		G2		39.8776	\$1,650.97	\$1,650.97
21267	Revise eye sockets	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21270	Augmentation, cheek bone	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
21275	Revision, orbitofacial bones	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
21280	Revision of eyelid	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
21282	Revision of eyelid	Y		A2	\$717.00	16.3288	\$676.03	\$706.76
21295	Revision of jaw muscle/bone	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
21296	Revision of jaw muscle/bone	Y		A2	\$333.00	23.9765	\$992.65	\$497.91
21310	Treatment of nose fracture	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
21315	Treatment of nose fracture	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
21320	Treatment of nose fracture	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
21325	Treatment of nose fracture	Y		A2	\$630.00	23.9765	\$992.65	\$720.66
21330	Treatment of nose fracture	Y		A2	\$717.00	23.9765	\$992.65	\$785.91

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
21335	Treatment of nose fracture	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21336	Treat nasal septal fracture	Y		A2	\$630.00	26.1592	\$1,083.02	\$743.26
21337	Treat nasal septal fracture	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
21338	Treat nasoethmoid fracture	Y		A2	\$630.00	23.9765	\$992.65	\$720.66
21339	Treat nasoethmoid fracture	Y		A2	\$717.00	23.9765	\$992.65	\$785.91
21340	Treatment of nose fracture	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
21345	Treat nose/jaw fracture	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
21355	Treat cheek bone fracture	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
21356	Treat cheek bone fracture	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
21360	Treat cheek bone fracture	Y	CH	G2		23.9765	\$992.65	\$992.65
21390	Treat eye socket fracture	Y		G2		39.8776	\$1,650.97	\$1,650.97
21400	Treat eye socket fracture	Y		A2	\$446.00	7.4474	\$308.33	\$411.58
21401	Treat eye socket fracture	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
21406	Treat eye socket fracture	Y		G2		39.8776	\$1,650.97	\$1,650.97
21407	Treat eye socket fracture	Y		G2		39.8776	\$1,650.97	\$1,650.97
21421	Treat mouth roof fracture	Y		A2	\$630.00	23.9765	\$992.65	\$720.66
21440	Treat dental ridge fracture	Y		P3		7.0687	\$292.65	\$292.65
21445	Treat dental ridge fracture	Y		A2	\$630.00	23.9765	\$992.65	\$720.66
21450	Treat lower jaw fracture	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
21451	Treat lower jaw fracture	Y		A2	\$464.15	7.4474	\$308.33	\$425.20
21452	Treat lower jaw fracture	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
21453	Treat lower jaw fracture	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
21454	Treat lower jaw fracture	Y		A2	\$717.00	23.9765	\$992.65	\$785.91
21461	Treat lower jaw fracture	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
21462	Treat lower jaw fracture	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
21465	Treat lower jaw fracture	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
21480	Reset dislocated jaw	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
21485	Reset dislocated jaw	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
21490	Repair dislocated jaw	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
21495	Treat hyoid bone fracture	Y		G2		16.3288	\$676.03	\$676.03
21497	Interdental wiring	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
21501	Drain neck/chest lesion	Y		A2	\$446.00	18.3197	\$758.45	\$524.11
21502	Drain chest lesion	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
21550	Biopsy of neck/chest	Y		G2		8.685	\$359.57	\$359.57
21555	Remove lesion, neck/chest	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
21556	Remove lesion, neck/chest	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
21557	Remove tumor, neck/chest	Y		G2		21.1098	\$873.97	\$873.97
21600	Partial removal of rib	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
21610	Partial removal of rib	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
21685	Hyoid myotomy & suspension	Y		G2		7.4474	\$308.33	\$308.33
21700	Revision of neck muscle	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
21720	Revision of neck muscle	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
21725	Revision of neck muscle	Y		A2	\$88.46	1.4066	\$58.23	\$80.90
21800	Treatment of rib fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
21805	Treatment of rib fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
21820	Treat sternum fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
21920	Biopsy soft tissue of back	Y		P3		3.1763	\$131.50	\$131.50
21925	Biopsy soft tissue of back	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
21930	Remove lesion, back or flank	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
21935	Remove tumor, back	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
22102	Remove part, lumbar vertebra	Y		G2		46.7724	\$1,936.42	\$1,936.42
22103	Remove extra spine segment	Y		G2		46.7724	\$1,936.42	\$1,936.42
22305	Treat spine process fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
22310	Treat spine fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
22315	Treat spine fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
22505	Manipulation of spine	Y		A2	\$446.00	14.7658	\$611.32	\$487.33
22520	Percut vertebroplasty thor	Y		A2	\$1,339.00	29.19	\$1,208.50	\$1,306.38
22521	Percut vertebroplasty lumb	Y		A2	\$1,339.00	29.19	\$1,208.50	\$1,306.38
22522	Percut vertebroplasty add?	Y		A2	\$1,339.00	29.19	\$1,208.50	\$1,306.38
22523	Percut kyphoplasty, thor	Y		G2		79.4244	\$3,288.25	\$3,288.25
22524	Percut kyphoplasty, lumbar	Y		G2		79.4244	\$3,288.25	\$3,288.25
22525	Percut kyphoplasty, add-on	Y		G2		79.4244	\$3,288.25	\$3,288.25
22526	Idet, single level	Y	CH	G2		29.19	\$1,208.50	\$1,208.50
22527	Idet, 1 or more levels	Y	CH	G2		29.19	\$1,208.50	\$1,208.50
22900	Remove abdominal wall lesion	Y		A2	\$630.00	21.1098	\$873.97	\$690.99
23000	Removal of calcium deposits	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
23020	Release shoulder joint	Y		A2	\$446.00	42.985	\$1,779.62	\$779.41
23030	Drain shoulder lesion	Y		A2	\$333.00	18.3197	\$758.45	\$439.36
23031	Drain shoulder bursa	Y		A2	\$510.00	18.3197	\$758.45	\$572.11
23035	Drain shoulder bone lesion	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
23040	Exploratory shoulder surgery	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
23044	Exploratory shoulder surgery	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23065	Biopsy shoulder tissues	Y		P3		2.2384	\$92.67	\$92.67
23066	Biopsy shoulder tissues	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
23075	Removal of shoulder lesion	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
23076	Removal of shoulder lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
23077	Remove tumor of shoulder	Y		A2	\$510.00	21.1098	\$873.97	\$600.99

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
23100	Biopsy of shoulder joint	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
23101	Shoulder joint surgery	Y		A2	\$995.00	29.19	\$1,208.50	\$1,048.38
23105	Remove shoulder joint lining	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23106	Incision of collarbone joint	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23107	Explore treat shoulder joint	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23120	Partial removal, collar bone	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
23125	Removal of collar bone	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
23130	Remove shoulder bone, part	Y		A2	\$717.00	42.985	\$1,779.62	\$982.66
23140	Removal of bone lesion	Y		A2	\$630.00	21.2689	\$880.55	\$692.64
23145	Removal of bone lesion	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
23146	Removal of bone lesion	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
23150	Removal of humerus lesion	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23155	Removal of humerus lesion	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
23156	Removal of humerus lesion	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
23170	Remove collar bone lesion	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
23172	Remove shoulder blade lesion	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
23174	Remove humerus lesion	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
23180	Remove collar bone lesion	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23182	Remove shoulder blade lesion	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23184	Remove humerus lesion	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23190	Partial removal of scapula	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
23195	Removal of head of humerus	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
23330	Remove shoulder foreign body	Y		A2	\$333.00	8.685	\$359.57	\$339.64
23331	Remove shoulder foreign body	Y		A2	\$333.00	21.1098	\$873.97	\$468.24
23350	Injection for shoulder x-ray	N		N1				
23395	Muscle transfer, shoulder/arm	Y		A2	\$717.00	42.985	\$1,779.62	\$982.66
23397	Muscle transfers	Y		A2	\$995.00	79.4244	\$3,288.25	\$1,568.31
23400	Fixation of shoulder blade	Y		A2	\$995.00	29.19	\$1,208.50	\$1,048.38
23405	Incision of tendon & muscle	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
23406	Incise tendon(s) & muscle(s)	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
23410	Repair rotator cuff, acute	Y		A2	\$717.00	42.985	\$1,779.62	\$982.66
23412	Repair rotator cuff, chronic	Y		A2	\$995.00	42.985	\$1,779.62	\$1,191.16
23415	Release of shoulder ligament	Y		A2	\$717.00	42.985	\$1,779.62	\$982.66
23420	Repair of shoulder	Y		A2	\$995.00	42.985	\$1,779.62	\$1,191.16
23430	Repair biceps tendon	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
23440	Remove/transplant tendon	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
23450	Repair shoulder capsule	Y		A2	\$717.00	79.4244	\$3,288.25	\$1,359.81
23455	Repair shoulder capsule	Y		A2	\$995.00	79.4244	\$3,288.25	\$1,568.31
23460	Repair shoulder capsule	Y		A2	\$717.00	79.4244	\$3,288.25	\$1,359.81
23462	Repair shoulder capsule	Y		A2	\$995.00	42.985	\$1,779.62	\$1,191.16
23465	Repair shoulder capsule	Y		A2	\$717.00	79.4244	\$3,288.25	\$1,359.81
23466	Repair shoulder capsule	Y		A2	\$995.00	42.985	\$1,779.62	\$1,191.16
23480	Revision of collar bone	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
23485	Revision of collar bone	Y		A2	\$995.00	79.4244	\$3,288.25	\$1,568.31
23490	Reinforce clavicle	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
23491	Reinforce shoulder bones	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
23500	Treat clavicle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23505	Treat clavicle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23515	Treat clavicle fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
23520	Treat clavicle dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23525	Treat clavicle dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23530	Treat clavicle dislocation	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
23532	Treat clavicle dislocation	Y		A2	\$630.00	26.1592	\$1,083.02	\$743.26
23540	Treat clavicle dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23545	Treat clavicle dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23550	Treat clavicle dislocation	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
23552	Treat clavicle dislocation	Y		A2	\$630.00	41.1091	\$1,701.96	\$897.99
23570	Treat shoulder blade fx	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23575	Treat shoulder blade fx	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23585	Treat scapula fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
23600	Treat humerus fracture	Y		P2		1.7682	\$73.21	\$73.21
23605	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23615	Treat humerus fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48
23616	Treat humerus fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48
23620	Treat humerus fracture	Y		P2		1.7682	\$73.21	\$73.21
23625	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23630	Treat humerus fracture	Y		A2	\$717.00	59.2233	\$2,451.90	\$1,150.73
23650	Treat shoulder dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23655	Treat shoulder dislocation	Y		A2	\$333.00	14.7658	\$611.32	\$402.58
23660	Treat shoulder dislocation	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
23665	Treat dislocation/fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23670	Treat dislocation/fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
23675	Treat dislocation/fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
23680	Treat dislocation/fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
23700	Fixation of shoulder	Y		A2	\$333.00	14.7658	\$611.32	\$402.58
23800	Fusion of shoulder joint	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
23802	Fusion of shoulder joint	Y		A2	\$995.00	42.985	\$1,779.62	\$1,191.16

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
23921	Amputation follow-up surgery	Y		A2	\$323.28	15.0458	\$622.91	\$398.19
23930	Drainage of arm lesion	Y		A2	\$333.00	18.3197	\$758.45	\$439.36
23931	Drainage of arm bursa	Y		A2	\$446.00	18.3197	\$758.45	\$524.11
23935	Drain arm/elbow bone lesion	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
24000	Exploratory elbow surgery	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
24006	Release elbow joint	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
24065	Biopsy arm/elbow soft tissue	Y		P3		3.0282	\$125.37	\$125.37
24066	Biopsy arm/elbow soft tissue	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
24075	Remove arm/elbow lesion	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
24076	Remove arm/elbow lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
24077	Remove tumor of arm/elbow	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
24100	Biopsy elbow joint lining	Y		A2	\$333.00	21.2689	\$880.55	\$469.89
24101	Explore/treat elbow joint	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
24102	Remove elbow joint lining	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
24105	Removal of elbow bursa	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
24110	Remove humerus lesion	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
24115	Remove/graft bone lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
24116	Remove/graft bone lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
24120	Remove elbow lesion	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
24125	Remove/graft bone lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
24126	Remove/graft bone lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
24130	Removal of head of radius	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
24134	Removal of arm bone lesion	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
24136	Remove radius bone lesion	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
24138	Remove elbow bone lesion	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
24140	Partial removal of arm bone	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
24145	Partial removal of radius	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
24147	Partial removal of elbow	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
24149	Radical resection of elbow	Y		G2		29.19	\$1,208.50	\$1,208.50
24152	Extensive radius surgery	Y		G2		42.985	\$1,779.62	\$1,779.62
24153	Extensive radius surgery	Y		G2		79.4244	\$3,288.25	\$3,288.25
24155	Removal of elbow joint	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
24160	Remove elbow joint implant	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
24164	Remove radius head implant	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
24200	Removal of arm foreign body	Y		P3		2.5345	\$104.93	\$104.93
24201	Removal of arm foreign body	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
24220	Injection for elbow x-ray	N		N1				
24300	Manipulate elbow w/anesth	Y		G2		14.7658	\$611.32	\$611.32
24301	Muscle/tendon transfer	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
24305	Arm tendon lengthening	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
24310	Revision of arm tendon	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
24320	Repair of arm tendon	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
24330	Revision of arm muscles	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
24331	Revision of arm muscles	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
24332	Tenolysis, triceps	Y		G2		21.2689	\$880.55	\$880.55
24340	Repair of biceps tendon	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
24341	Repair arm tendon/muscle	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
24342	Repair of ruptured tendon	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
24343	Repr elbow lat ligmnt w/tiss	Y		G2		29.19	\$1,208.50	\$1,208.50
24344	Reconstruct elbow lat ligmnt	Y		G2		79.4244	\$3,288.25	\$3,288.25
24345	Repr elbw med ligmnt w/tissu	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
24346	Reconstruct elbow med ligmnt	Y		G2		42.985	\$1,779.62	\$1,779.62
24350	Repair of tennis elbow	N	CH	D5				
24351	Repair of tennis elbow	N	CH	D5				
24352	Repair of tennis elbow	N	CH	D5				
24354	Repair of tennis elbow	N	CH	D5				
24356	Revision of tennis elbow	N	CH	D5				
24357	Repair elbow, perc	Y	NI	G2		29.19	\$1,208.50	\$1,208.50
24358	Repair elbow w/deb, open	Y	NI	G2		29.19	\$1,208.50	\$1,208.50
24359	Repair elbow deb/attach open	Y	NI	G2		29.19	\$1,208.50	\$1,208.50
24360	Reconstruct elbow joint	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
24361	Reconstruct elbow joint	Y		A2	\$717.00	122.2057	\$5,059.44	\$1,802.61
24362	Reconstruct elbow joint	Y		A2	\$717.00	50.8876	\$2,106.80	\$1,064.45
24363	Replace elbow joint	Y		A2	\$995.00	122.2057	\$5,059.44	\$2,011.11
24365	Reconstruct head of radius	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
24366	Reconstruct head of radius	Y		A2	\$717.00	122.2057	\$5,059.44	\$1,802.61
24400	Revision of humerus	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
24410	Revision of humerus	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
24420	Revision of humerus	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
24430	Repair of humerus	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
24435	Repair humerus with graft	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
24470	Revision of elbow joint	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
24495	Decompression of forearm	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
24498	Reinforce humerus	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
24500	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24505	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24515	Treat humerus fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
24516	Treat humerus fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48
24530	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24535	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24538	Treat humerus fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
24545	Treat humerus fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48
24546	Treat humerus fracture	Y		A2	\$717.00	59.2233	\$2,451.90	\$1,150.73
24560	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24565	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24566	Treat humerus fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
24575	Treat humerus fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
24576	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24577	Treat humerus fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24579	Treat humerus fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
24582	Treat humerus fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
24586	Treat elbow fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48
24587	Treat elbow fracture	Y		A2	\$717.00	59.2233	\$2,451.90	\$1,150.73
24600	Treat elbow dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24605	Treat elbow dislocation	Y		A2	\$446.00	14.7658	\$611.32	\$487.33
24615	Treat elbow dislocation	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
24620	Treat elbow fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24635	Treat elbow fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
24640	Treat elbow dislocation	Y	CH	P3		1.3908	\$57.58	\$57.58
24650	Treat radius fracture	Y		P2		1.7682	\$73.21	\$73.21
24655	Treat radius fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24665	Treat radius fracture	Y		A2	\$630.00	41.1091	\$1,701.96	\$897.99
24666	Treat radius fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48
24670	Treat ulnar fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24675	Treat ulnar fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
24685	Treat ulnar fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
24800	Fusion of elbow joint	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
24802	Fusion/graft of elbow joint	Y		A2	\$717.00	42.985	\$1,779.62	\$982.66
24925	Amputation follow-up surgery	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
25000	Incision of tendon sheath	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
25001	Incise flexor carpi radialis	Y		G2		21.2689	\$880.55	\$880.55
25020	Decompress forearm 1 space	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
25023	Decompress forearm 1 space	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25024	Decompress forearm 2 spaces	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25025	Decompress forearm 2 spaces	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25028	Drainage of forearm lesion	Y		A2	\$333.00	21.2689	\$880.55	\$469.89
25031	Drainage of forearm bursa	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
25035	Treat forearm bone lesion	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
25040	Explore/treat wrist joint	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
25065	Biopsy forearm soft tissues	Y		P3		3.1106	\$128.78	\$128.78
25066	Biopsy forearm soft tissues	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
25075	Removal forearm lesion subcu	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
25076	Removal forearm lesion deep	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
25077	Remove tumor, forearm/wrist	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
25085	Incision of wrist capsule	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
25100	Biopsy of wrist joint	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
25101	Explore/treat wrist joint	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25105	Remove wrist joint lining	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
25107	Remove wrist joint cartilage	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25109	Excise tendon forearm/wrist	Y		G2		21.2689	\$880.55	\$880.55
25110	Remove wrist tendon lesion	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
25111	Remove wrist tendon lesion	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
25112	Reremove wrist tendon lesion	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
25115	Remove wrist/forearm lesion	Y		A2	\$630.00	21.2689	\$880.55	\$692.64
25116	Remove wrist/forearm lesion	Y		A2	\$630.00	21.2689	\$880.55	\$692.64
25118	Excise wrist tendon sheath	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
25119	Partial removal of ulna	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25120	Removal of forearm lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25125	Remove/graft forearm lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25126	Remove/graft forearm lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25130	Removal of wrist lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25135	Remove & graft wrist lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25136	Remove & graft wrist lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25145	Remove forearm bone lesion	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
25150	Partial removal of ulna	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
25151	Partial removal of radius	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
25210	Removal of wrist bone	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
25215	Removal of wrist bones	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
25230	Partial removal of radius	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
25240	Partial removal of ulna	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
25246	Injection for wrist x-ray	N		N1				
25248	Remove forearm foreign body	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
25250	Removal of wrist prosthesis	Y		A2	\$333.00	29.19	\$1,208.50	\$551.88
25251	Removal of wrist prosthesis	Y		A2	\$333.00	29.19	\$1,208.50	\$551.88

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
25259	Manipulate wrist w/anesthetes	Y		G2		1.7682	\$73.21	\$73.21
25260	Repair forearm tendon/muscle	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
25263	Repair forearm tendon/muscle	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
25265	Repair forearm tendon/muscle	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25270	Repair forearm tendon/muscle	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
25272	Repair forearm tendon/muscle	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25274	Repair forearm tendon/muscle	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
25275	Repair forearm tendon sheath	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
25280	Revise wrist/forearm tendon	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
25290	Incise wrist/forearm tendon	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25295	Release wrist/forearm tendon	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
25300	Fusion of tendons at wrist	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25301	Fusion of tendons at wrist	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25310	Transplant forearm tendon	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25312	Transplant forearm tendon	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
25315	Revise palsy hand tendon(s)	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25316	Revise palsy hand tendon(s)	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
25320	Repair/revise wrist joint	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25332	Revise wrist joint	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
25335	Realignment of hand	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25337	Reconstruct ulna/radioulnar	Y		A2	\$717.00	42.985	\$1,779.62	\$982.66
25350	Revision of radius	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
25355	Revision of radius	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25360	Revision of ulna	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25365	Revise radius & ulna	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25370	Revise radius or ulna	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25375	Revise radius & ulna	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
25390	Shorten radius or ulna	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25391	Lengthen radius or ulna	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
25392	Shorten radius & ulna	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
25393	Lengthen radius & ulna	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
25394	Repair carpal bone, shorten	Y		G2		16.4637	\$681.61	\$681.61
25400	Repair radius or ulna	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
25405	Repair/graft radius or ulna	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
25415	Repair radius & ulna	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
25420	Repair/graft radius & ulna	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
25425	Repair/graft radius or ulna	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25426	Repair/graft radius & ulna	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
25430	Vasc graft into carpal bone	Y		G2		26.3105	\$1,089.28	\$1,089.28
25431	Repair nonunion carpal bone	Y		G2		26.3105	\$1,089.28	\$1,089.28
25440	Repair/graft wrist bone	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
25441	Reconstruct wrist joint	Y		A2	\$717.00	122.2057	\$5,059.44	\$1,802.61
25442	Reconstruct wrist joint	Y		A2	\$717.00	122.2057	\$5,059.44	\$1,802.61
25443	Reconstruct wrist joint	Y		A2	\$717.00	50.8876	\$2,106.80	\$1,064.45
25444	Reconstruct wrist joint	Y		A2	\$717.00	50.8876	\$2,106.80	\$1,064.45
25445	Reconstruct wrist joint	Y		A2	\$717.00	50.8876	\$2,106.80	\$1,064.45
25446	Wrist replacement	Y		A2	\$995.00	122.2057	\$5,059.44	\$2,011.11
25447	Repair wrist joint(s)	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
25449	Remove wrist joint implant	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
25450	Revision of wrist joint	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25455	Revision of wrist joint	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25490	Reinforce radius	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25491	Reinforce ulna	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25492	Reinforce radius and ulna	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
25500	Treat fracture of radius	Y		P2		1.7682	\$73.21	\$73.21
25505	Treat fracture of radius	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25515	Treat fracture of radius	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
25520	Treat fracture of radius	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25525	Treat fracture of radius	Y		A2	\$630.00	41.1091	\$1,701.96	\$897.99
25526	Treat fracture of radius	Y		A2	\$717.00	41.1091	\$1,701.96	\$963.24
25530	Treat fracture of ulna	Y		P2		1.7682	\$73.21	\$73.21
25535	Treat fracture of ulna	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25545	Treat fracture of ulna	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
25560	Treat fracture radius & ulna	Y		P2		1.7682	\$73.21	\$73.21
25565	Treat fracture radius & ulna	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25574	Treat fracture radius & ulna	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
25575	Treat fracture radius/ulna	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
25600	Treat fracture radius/ulna	Y		P2		1.7682	\$73.21	\$73.21
25605	Treat fracture radius/ulna	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25606	Treat fx distal radial	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
25607	Treat fx rad extra-articul	Y		A2	\$717.00	59.2233	\$2,451.90	\$1,150.73
25608	Treat fx rad intra-articul	Y		A2	\$717.00	59.2233	\$2,451.90	\$1,150.73
25609	Treat fx radial 3+ frag	Y		A2	\$717.00	59.2233	\$2,451.90	\$1,150.73
25622	Treat wrist bone fracture	Y		P2		1.7682	\$73.21	\$73.21
25624	Treat wrist bone fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25628	Treat wrist bone fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
25630	Treat wrist bone fracture	Y		P2		1.7682	\$73.21	\$73.21

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
25635	Treat wrist bone fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25645	Treat wrist bone fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
25650	Treat wrist bone fracture	Y		P2		1.7682	\$73.21	\$73.21
25651	Pin ulnar styloid fracture	Y		G2		26.1592	\$1,083.02	\$1,083.02
25652	Treat fracture ulnar styloid	Y		G2		41.1091	\$1,701.96	\$1,701.96
25660	Treat wrist dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25670	Treat wrist dislocation	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
25671	Pin radioulnar dislocation	Y		A2	\$333.00	26.1592	\$1,083.02	\$520.51
25675	Treat wrist dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25676	Treat wrist dislocation	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
25680	Treat wrist fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25685	Treat wrist fracture	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
25690	Treat wrist dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
25695	Treat wrist dislocation	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
25800	Fusion of wrist joint	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
25805	Fusion/graft of wrist joint	Y		A2	\$717.00	42.985	\$1,779.62	\$982.66
25810	Fusion/graft of wrist joint	Y		A2	\$717.00	79.4244	\$3,288.25	\$1,359.81
25820	Fusion of hand bones	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
25825	Fuse hand bones with graft	Y		A2	\$717.00	79.4244	\$3,288.25	\$1,359.81
25830	Fusion, radioulnar jnt/ulna	Y		A2	\$717.00	79.4244	\$3,288.25	\$1,359.81
25907	Amputation follow-up surgery	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
25922	Amputate hand at wrist	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
25929	Amputation follow-up surgery	Y		A2	\$510.00	15.0458	\$622.91	\$538.23
25931	Amputation follow-up surgery	Y	CH	G2		21.2689	\$880.55	\$880.55
26010	Drainage of finger abscess	Y		P2		1.4066	\$58.23	\$58.23
26011	Drainage of finger abscess	Y		A2	\$333.00	11.5594	\$478.57	\$369.39
26020	Drain hand tendon sheath	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26025	Drainage of palm bursa	Y		A2	\$333.00	16.4637	\$681.61	\$420.15
26030	Drainage of palm bursa(s)	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26034	Treat hand bone lesion	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26035	Decompress fingers/hand	Y		G2		16.4637	\$681.61	\$681.61
26040	Release palm contracture	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26045	Release palm contracture	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26055	Incise finger tendon sheath	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26060	Incision of finger tendon	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26070	Explore/treat hand joint	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26075	Explore/treat finger joint	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26080	Explore/treat finger joint	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26100	Biopsy hand joint lining	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26105	Biopsy finger joint lining	Y		A2	\$333.00	16.4637	\$681.61	\$420.15
26110	Biopsy finger joint lining	Y		A2	\$333.00	16.4637	\$681.61	\$420.15
26115	Removal hand lesion subcut	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
26116	Removal hand lesion, deep	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
26117	Remove tumor, hand/finger	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
26121	Release palm contracture	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26123	Release palm contracture	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26125	Release palm contracture	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26130	Remove wrist joint lining	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26135	Revise finger joint, each	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26140	Revise finger joint, each	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26145	Tendon excision, palm/finger	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26160	Remove tendon sheath lesion	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26170	Removal of palm tendon, each	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26180	Removal of finger tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26185	Remove finger bone	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26200	Remove hand bone lesion	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26205	Remove/graft bone lesion	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26210	Removal of finger lesion	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26215	Remove/graft finger lesion	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26230	Partial removal of hand bone	Y		A2	\$992.95	16.4637	\$681.61	\$915.12
26235	Partial removal, finger bone	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26236	Partial removal, finger bone	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26250	Extensive hand surgery	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26255	Extensive hand surgery	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26260	Extensive finger surgery	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26261	Extensive finger surgery	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26262	Partial removal of finger	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26320	Removal of implant from hand	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
26340	Manipulate finger w/anesth	Y		G2		1.7682	\$73.21	\$73.21
26350	Repair finger/hand tendon	Y		A2	\$333.00	26.3105	\$1,089.28	\$522.07
26352	Repair/graft hand tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26356	Repair finger/hand tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26357	Repair finger/hand tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26358	Repair/graft hand tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26370	Repair finger/hand tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26372	Repair/graft hand tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26373	Repair finger/hand tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
26390	Revise hand/finger tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26392	Repair/graft hand tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26410	Repair hand tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26412	Repair/graft hand tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26415	Excision, hand/finger tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26416	Graft hand or finger tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26418	Repair finger tendon	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26420	Repair/graft finger tendon	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26426	Repair finger/hand tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26428	Repair/graft finger tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26432	Repair finger tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26433	Repair finger tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26434	Repair/graft finger tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26437	Realignment of tendons	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26440	Release palm/finger tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26442	Release palm & finger tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26445	Release hand/finger tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26449	Release forearm/hand tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26450	Incision of palm tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26455	Incision of finger tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26460	Incise hand/finger tendon	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26471	Fusion of finger tendons	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26474	Fusion of finger tendons	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26476	Tendon lengthening	Y		A2	\$333.00	16.4637	\$681.61	\$420.15
26477	Tendon shortening	Y		A2	\$333.00	16.4637	\$681.61	\$420.15
26478	Lengthening of hand tendon	Y		A2	\$333.00	16.4637	\$681.61	\$420.15
26479	Shortening of hand tendon	Y		A2	\$333.00	16.4637	\$681.61	\$420.15
26480	Transplant hand tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26483	Transplant/graft hand tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26485	Transplant palm tendon	Y		A2	\$446.00	26.3105	\$1,089.28	\$606.82
26489	Transplant/graft palm tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26490	Revise thumb tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26492	Tendon transfer with graft	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26494	Hand tendon/muscle transfer	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26496	Revise thumb tendon	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26497	Finger tendon transfer	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26498	Finger tendon transfer	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26499	Revision of finger	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26500	Hand tendon reconstruction	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26502	Hand tendon reconstruction	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26508	Release thumb contracture	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26510	Thumb tendon transfer	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26516	Fusion of knuckle joint	Y		A2	\$333.00	26.3105	\$1,089.28	\$522.07
26517	Fusion of knuckle joints	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26518	Fusion of knuckle joints	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26520	Release knuckle contracture	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26525	Release finger contracture	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26530	Revise knuckle joint	Y		A2	\$510.00	35.904	\$1,486.46	\$754.12
26531	Revise knuckle with implant	Y		A2	\$995.00	50.8876	\$2,106.80	\$1,272.95
26535	Revise finger joint	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
26536	Revise/implant finger joint	Y		A2	\$717.00	50.8876	\$2,106.80	\$1,064.45
26540	Repair hand joint	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26541	Repair hand joint with graft	Y		A2	\$995.00	26.3105	\$1,089.28	\$1,018.57
26542	Repair hand joint with graft	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26545	Reconstruct finger joint	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26546	Repair nonunion hand	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26548	Reconstruct finger joint	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26550	Construct thumb replacement	Y		A2	\$446.00	26.3105	\$1,089.28	\$606.82
26555	Positional change of finger	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26560	Repair of web finger	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26561	Repair of web finger	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26562	Repair of web finger	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26565	Correct metacarpal flaw	Y		A2	\$717.00	26.3105	\$1,089.28	\$810.07
26567	Correct finger deformity	Y		A2	\$717.00	26.3105	\$1,089.28	\$810.07
26568	Lengthen metacarpal/finger	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26580	Repair hand deformity	Y		A2	\$717.00	16.4637	\$681.61	\$708.15
26587	Reconstruct extra finger	Y		A2	\$717.00	16.4637	\$681.61	\$708.15
26590	Repair finger deformity	Y		A2	\$717.00	16.4637	\$681.61	\$708.15
26591	Repair muscles of hand	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26593	Release muscles of hand	Y		A2	\$510.00	16.4637	\$681.61	\$552.90
26596	Excision constricting tissue	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26600	Treat metacarpal fracture	Y		P2		1.7682	\$73.21	\$73.21
26605	Treat metacarpal fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
26607	Treat metacarpal fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
26608	Treat metacarpal fracture	Y		A2	\$630.00	26.1592	\$1,083.02	\$743.26
26615	Treat metacarpal fracture	Y		A2	\$630.00	41.1091	\$1,701.96	\$897.99
26641	Treat thumb dislocation	Y	CH	P2		1.7682	\$73.21	\$73.21

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
26645	Treat thumb fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
26650	Treat thumb fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
26665	Treat thumb fracture	Y		A2	\$630.00	41.1091	\$1,701.96	\$897.99
26670	Treat hand dislocation	Y	CH	P2		1.7682	\$73.21	\$73.21
26675	Treat hand dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
26676	Pin hand dislocation	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
26685	Treat hand dislocation	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
26686	Treat hand dislocation	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
26700	Treat knuckle dislocation	Y	CH	P2		1.7682	\$73.21	\$73.21
26705	Treat knuckle dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
26706	Pin knuckle dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
26715	Treat knuckle dislocation	Y		A2	\$630.00	26.1592	\$1,083.02	\$743.26
26720	Treat finger fracture, each	Y		P2		1.7682	\$73.21	\$73.21
26725	Treat finger fracture, each	Y		P2		1.7682	\$73.21	\$73.21
26727	Treat finger fracture, each	Y		A2	\$995.00	26.1592	\$1,083.02	\$1,017.01
26735	Treat finger fracture, each	Y		A2	\$630.00	26.1592	\$1,083.02	\$743.26
26740	Treat finger fracture, each	Y		P2		1.7682	\$73.21	\$73.21
26742	Treat finger fracture, each	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
26746	Treat finger fracture, each	Y		A2	\$717.00	26.1592	\$1,083.02	\$808.51
26750	Treat finger fracture, each	Y		P2		1.7682	\$73.21	\$73.21
26755	Treat finger fracture, each	Y		G2		1.7682	\$73.21	\$73.21
26756	Pin finger fracture, each	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
26765	Treat finger fracture, each	Y		A2	\$630.00	26.1592	\$1,083.02	\$743.26
26770	Treat finger dislocation	Y		G2		1.7682	\$73.21	\$73.21
26775	Treat finger dislocation	Y	CH	P3		4.0402	\$167.27	\$167.27
26776	Pin finger dislocation	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
26785	Treat finger dislocation	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
26820	Thumb fusion with graft	Y		A2	\$717.00	26.3105	\$1,089.28	\$810.07
26841	Fusion of thumb	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26842	Thumb fusion with graft	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26843	Fusion of hand joint	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26844	Fusion/graft of hand joint	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26850	Fusion of knuckle	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26852	Fusion of knuckle with graft	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26860	Fusion of finger joint	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26861	Fusion of finger jnt, add-on	Y		A2	\$446.00	26.3105	\$1,089.28	\$606.82
26862	Fusion/graft of finger joint	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
26863	Fuse/graft added joint	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26910	Amputate metacarpal bone	Y		A2	\$510.00	26.3105	\$1,089.28	\$654.82
26951	Amputation of finger/thumb	Y		A2	\$446.00	16.4637	\$681.61	\$504.90
26952	Amputation of finger/thumb	Y		A2	\$630.00	16.4637	\$681.61	\$642.90
26990	Drainage of pelvis lesion	Y		A2	\$333.00	21.2689	\$880.55	\$469.89
26991	Drainage of pelvis bursa	Y		A2	\$333.00	21.2689	\$880.55	\$469.89
27000	Incision of hip tendon	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
27001	Incision of hip tendon	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
27003	Incision of hip tendon	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
27033	Exploration of hip joint	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
27035	Denervation of hip joint	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27040	Biopsy of soft tissues	Y		A2	\$333.00	8.685	\$359.57	\$339.64
27041	Biopsy of soft tissues	Y		A2	\$418.49	8.685	\$359.57	\$403.76
27047	Remove hip/pelvis lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
27048	Remove hip/pelvis lesion	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
27049	Remove tumor, hip/pelvis	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
27050	Biopsy of sacroiliac joint	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27052	Biopsy of hip joint	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27060	Removal of ischial bursa	Y		A2	\$717.00	21.2689	\$880.55	\$757.89
27062	Remove femur lesion/bursa	Y		A2	\$717.00	21.2689	\$880.55	\$757.89
27065	Removal of hip bone lesion	Y		A2	\$717.00	21.2689	\$880.55	\$757.89
27066	Removal of hip bone lesion	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
27067	Remove/graft hip bone lesion	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
27080	Removal of tail bone	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
27086	Remove hip foreign body	Y		A2	\$333.00	8.685	\$359.57	\$339.64
27087	Remove hip foreign body	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27093	Injection for hip x-ray	N		N1				
27095	Injection for hip x-ray	N		N1				
27097	Revision of hip tendon	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
27098	Transfer tendon to pelvis	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
27100	Transfer of abdominal muscle	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27105	Transfer of spinal muscle	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27110	Transfer of iliopsoas muscle	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27111	Transfer of iliopsoas muscle	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27193	Treat pelvic ring fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27194	Treat pelvic ring fracture	Y		A2	\$446.00	14.7658	\$611.32	\$487.33
27200	Treat tail bone fracture	Y		P2		1.7682	\$73.21	\$73.21
27202	Treat tail bone fracture	Y		A2	\$446.00	41.1091	\$1,701.96	\$759.99
27220	Treat hip socket fracture	Y		G2		1.7682	\$73.21	\$73.21
27230	Treat thigh fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
27238	Treat thigh fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27246	Treat thigh fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27250	Treat hip dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27252	Treat hip dislocation	Y		A2	\$446.00	14.7658	\$611.32	\$487.33
27256	Treat hip dislocation	Y		G2		1.7682	\$73.21	\$73.21
27257	Treat hip dislocation	Y		A2	\$510.00	14.7658	\$611.32	\$535.33
27265	Treat hip dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27266	Treat hip dislocation	Y		A2	\$446.00	14.7658	\$611.32	\$487.33
27267	Citx thigh fx	Y	NI	G2		1.7682	\$73.21	\$73.21
27275	Manipulation of hip joint	Y		A2	\$446.00	14.7658	\$611.32	\$487.33
27301	Drain thigh/knee lesion	Y		A2	\$510.00	18.3197	\$758.45	\$572.11
27305	Incise thigh tendon & fascia	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
27306	Incision of thigh tendon	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27307	Incision of thigh tendons	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27310	Exploration of knee joint	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27323	Biopsy, thigh soft tissues	Y		A2	\$333.00	8.685	\$359.57	\$339.64
27324	Biopsy, thigh soft tissues	Y		A2	\$333.00	21.1098	\$873.97	\$468.24
27325	Neurectomy, hamstring	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
27326	Neurectomy, popliteal	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
27327	Removal of thigh lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
27328	Removal of thigh lesion	Y		A2	\$510.00	21.1098	\$873.97	\$600.99
27329	Remove tumor, thigh/knee	Y		A2	\$630.00	21.1098	\$873.97	\$690.99
27330	Biopsy, knee joint lining	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27331	Explore/treat knee joint	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27332	Removal of knee cartilage	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27333	Removal of knee cartilage	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27334	Remove knee joint lining	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27335	Remove knee joint lining	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27340	Removal of kneecap bursa	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27345	Removal of knee cyst	Y		A2	\$630.00	21.2689	\$880.55	\$692.64
27347	Remove knee cyst	Y		A2	\$630.00	21.2689	\$880.55	\$692.64
27350	Removal of kneecap	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27355	Remove femur lesion	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
27356	Remove femur lesion/graft	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27357	Remove femur lesion/graft	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
27358	Remove femur lesion/fixation	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
27360	Partial removal, leg bone(s)	Y		A2	\$717.00	29.19	\$1,208.50	\$839.88
27370	Injection for knee x-ray	N		N1				
27372	Removal of foreign body	Y		A2	\$995.00	21.1098	\$873.97	\$964.74
27380	Repair of kneecap tendon	Y		A2	\$333.00	21.2689	\$880.55	\$469.89
27381	Repair/graft kneecap tendon	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27385	Repair of thigh muscle	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27386	Repair/graft of thigh muscle	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27390	Incision of thigh tendon	Y		A2	\$333.00	21.2689	\$880.55	\$469.89
27391	Incision of thigh tendons	Y		A2	\$446.00	21.2689	\$880.55	\$554.64
27392	Incision of thigh tendons	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27393	Lengthening of thigh tendon	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
27394	Lengthening of thigh tendons	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
27395	Lengthening of thigh tendons	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
27396	Transplant of thigh tendon	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
27397	Transplants of thigh tendons	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
27400	Revise thigh muscles/tendons	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
27403	Repair of knee cartilage	Y		A2	\$630.00	29.19	\$1,208.50	\$774.63
27405	Repair of knee ligament	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27407	Repair of knee ligament	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
27409	Repair of knee ligaments	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27416	Osteochondral knee autograft	Y	NI	G2		42.985	\$1,779.62	\$1,779.62
27418	Repair degenerated kneecap	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
27420	Revision of unstable kneecap	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
27422	Revision of unstable kneecap	Y		A2	\$995.00	42.985	\$1,779.62	\$1,191.16
27424	Revision/removal of kneecap	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
27425	Lat retinacular release open	Y		A2	\$995.00	29.19	\$1,208.50	\$1,048.38
27427	Reconstruction, knee	Y		A2	\$510.00	42.985	\$1,779.62	\$827.41
27428	Reconstruction, knee	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
27429	Reconstruction, knee	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
27430	Revision of thigh muscles	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27435	Incision of knee joint	Y		A2	\$630.00	42.985	\$1,779.62	\$917.41
27437	Revise kneecap	Y		A2	\$630.00	35.904	\$1,486.46	\$844.12
27438	Revise kneecap with implant	Y		A2	\$717.00	50.8876	\$2,106.80	\$1,064.45
27440	Revision of knee joint	Y		G2		35.904	\$1,486.46	\$1,486.46
27441	Revision of knee joint	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
27442	Revision of knee joint	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
27443	Revision of knee joint	Y		A2	\$717.00	35.904	\$1,486.46	\$909.37
27446	Revision of knee joint	Y		G2		274.6715	\$11,371.67	\$11,371.67
27496	Decompression of thigh/knee	Y		A2	\$717.00	21.2689	\$880.55	\$757.89
27497	Decompression of thigh/knee	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27498	Decompression of thigh/knee	Y		A2	\$510.00	21.2689	\$880.55	\$602.64

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
27499	Decompression of thigh/knee	Y .....	.....	A2	\$510.00	21.2689	\$880.55	\$602.64
27500	Treatment of thigh fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27501	Treatment of thigh fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27502	Treatment of thigh fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27503	Treatment of thigh fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27508	Treatment of thigh fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27509	Treatment of thigh fracture	Y .....	.....	A2	\$510.00	26.1592	\$1,083.02	\$653.26
27510	Treatment of thigh fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27516	Treat thigh fx growth plate	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27517	Treat thigh fx growth plate	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27520	Treat kneecap fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27530	Treat knee fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27532	Treat knee fracture	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27538	Treat knee fracture(s)	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27550	Treat knee dislocation	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27552	Treat knee dislocation	Y .....	.....	A2	\$333.00	14.7658	\$611.32	\$402.58
27560	Treat kneecap dislocation	Y .....	.....	A2	\$103.62	1.7682	\$73.21	\$96.02
27562	Treat kneecap dislocation	Y .....	.....	A2	\$333.00	14.7658	\$611.32	\$402.58
27566	Treat kneecap dislocation	Y .....	.....	A2	\$446.00	41.1091	\$1,701.96	\$759.99
27570	Fixation of knee joint	Y .....	.....	A2	\$333.00	14.7658	\$611.32	\$402.58
27594	Amputation follow-up surgery	Y .....	.....	A2	\$510.00	21.2689	\$880.55	\$602.64
27600	Decompression of lower leg	Y .....	.....	A2	\$510.00	21.2689	\$880.55	\$602.64
27601	Decompression of lower leg	Y .....	.....	A2	\$510.00	21.2689	\$880.55	\$602.64
27602	Decompression of lower leg	Y .....	.....	A2	\$510.00	21.2689	\$880.55	\$602.64
27603	Drain lower leg lesion	Y .....	.....	A2	\$446.00	18.3197	\$758.45	\$524.11
27604	Drain lower leg bursa	Y .....	.....	A2	\$446.00	21.2689	\$880.55	\$554.64
27605	Incision of achilles tendon	Y .....	.....	A2	\$333.00	20.8284	\$862.32	\$465.33
27606	Incision of achilles tendon	Y .....	.....	A2	\$333.00	21.2689	\$880.55	\$469.89
27607	Treat lower leg bone lesion	Y .....	.....	A2	\$446.00	21.2689	\$880.55	\$554.64
27610	Explore/treat ankle joint	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27612	Exploration of ankle joint	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27613	Biopsy lower leg soft tissue	Y .....	.....	P3 .....	.....	2.9376	\$121.62	\$121.62
27614	Biopsy lower leg soft tissue	Y .....	.....	A2	\$446.00	21.1098	\$873.97	\$552.99
27615	Remove tumor, lower leg	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27618	Remove lower leg lesion	Y .....	.....	A2	\$446.00	16.1001	\$666.56	\$501.14
27619	Remove lower leg lesion	Y .....	.....	A2	\$510.00	21.1098	\$873.97	\$600.99
27620	Explore/treat ankle joint	Y .....	.....	A2	\$630.00	29.19	\$1,208.50	\$774.63
27625	Remove ankle joint lining	Y .....	.....	A2	\$630.00	29.19	\$1,208.50	\$774.63
27626	Remove ankle joint lining	Y .....	.....	A2	\$630.00	29.19	\$1,208.50	\$774.63
27630	Removal of tendon lesion	Y .....	.....	A2	\$510.00	21.2689	\$880.55	\$602.64
27635	Remove lower leg bone lesion	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27637	Remove/graft leg bone lesion	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27638	Remove/graft leg bone lesion	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27640	Partial removal of tibia	Y .....	.....	A2	\$446.00	42.985	\$1,779.62	\$779.41
27641	Partial removal of fibula	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27647	Extensive ankle/heel surgery	Y .....	.....	A2	\$510.00	42.985	\$1,779.62	\$827.41
27648	Injection for ankle x-ray	N .....	.....	N1 .....	.....	.....	.....	.....
27650	Repair achilles tendon	Y .....	.....	A2	\$510.00	42.985	\$1,779.62	\$827.41
27652	Repair/graft achilles tendon	Y .....	.....	A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
27654	Repair of achilles tendon	Y .....	.....	A2	\$510.00	42.985	\$1,779.62	\$827.41
27656	Repair leg fascia defect	Y .....	.....	A2	\$446.00	21.2689	\$880.55	\$554.64
27658	Repair of leg tendon, each	Y .....	.....	A2	\$333.00	21.2689	\$880.55	\$469.89
27659	Repair of leg tendon, each	Y .....	.....	A2	\$446.00	21.2689	\$880.55	\$554.64
27664	Repair of leg tendon, each	Y .....	.....	A2	\$446.00	21.2689	\$880.55	\$554.64
27665	Repair of leg tendon, each	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27675	Repair lower leg tendons	Y .....	.....	A2	\$446.00	21.2689	\$880.55	\$554.64
27676	Repair lower leg tendons	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27680	Release of lower leg tendon	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27681	Release of lower leg tendons	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27685	Revision of lower leg tendon	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27686	Revise lower leg tendons	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27687	Revision of calf tendon	Y .....	.....	A2	\$510.00	29.19	\$1,208.50	\$684.63
27690	Revise lower leg tendon	Y .....	.....	A2	\$630.00	42.985	\$1,779.62	\$917.41
27691	Revise lower leg tendon	Y .....	.....	A2	\$630.00	42.985	\$1,779.62	\$917.41
27692	Revise additional leg tendon	Y .....	.....	A2	\$510.00	42.985	\$1,779.62	\$827.41
27695	Repair of ankle ligament	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27696	Repair of ankle ligaments	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27698	Repair of ankle ligament	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27700	Revision of ankle joint	Y .....	.....	A2	\$717.00	35.904	\$1,486.46	\$909.37
27704	Removal of ankle implant	Y .....	.....	A2	\$446.00	21.2689	\$880.55	\$554.64
27705	Incision of tibia	Y .....	.....	A2	\$446.00	42.985	\$1,779.62	\$779.41
27707	Incision of fibula	Y .....	.....	A2	\$446.00	21.2689	\$880.55	\$554.64
27709	Incision of tibia & fibula	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27726	Repair fibula nonunion	Y	NI	G2 .....	.....	26.1592	\$1,083.02	\$1,083.02
27730	Repair of tibia epiphysis	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27732	Repair of fibula epiphysis	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63
27734	Repair lower leg epiphyses	Y .....	.....	A2	\$446.00	29.19	\$1,208.50	\$636.63

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
27740	Repair of leg epiphyses	Y		A2	\$446.00	29.19	\$1,208.50	\$636.63
27742	Repair of leg epiphyses	Y		A2	\$446.00	42.985	\$1,779.62	\$779.41
27745	Reinforce tibia	Y		A2	\$510.00	79.4244	\$3,288.25	\$1,204.56
27750	Treatment of tibia fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27752	Treatment of tibia fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27756	Treatment of tibia fracture	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
27758	Treatment of tibia fracture	Y		A2	\$630.00	41.1091	\$1,701.96	\$897.99
27759	Treatment of tibia fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48
27760	Cltx medial ankle fx	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27762	Cltx med ankle fx w/mnjp	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27766	Opx medial ankle fx	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
27767	Cltx post ankle fx	Y	NI	G2		1.7682	\$73.21	\$73.21
27768	Cltx post ankle fx w/mnjp	Y	NI	G2		1.7682	\$73.21	\$73.21
27769	Opx post ankle fx	Y	NI	G2		41.1091	\$1,701.96	\$1,701.96
27780	Treatment of fibula fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27781	Treatment of fibula fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27784	Treatment of fibula fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
27786	Treatment of ankle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27788	Treatment of ankle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27792	Treatment of ankle fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
27808	Treatment of ankle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27810	Treatment of ankle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27814	Treatment of ankle fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
27816	Treatment of ankle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27818	Treatment of ankle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27822	Treatment of ankle fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
27823	Treatment of ankle fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
27824	Treat lower leg fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27825	Treat lower leg fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27826	Treat lower leg fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
27827	Treat lower leg fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
27828	Treat lower leg fracture	Y		A2	\$630.00	59.2233	\$2,451.90	\$1,085.48
27829	Treat lower leg joint	Y		A2	\$446.00	41.1091	\$1,701.96	\$759.99
27830	Treat lower leg dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27831	Treat lower leg dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27832	Treat lower leg dislocation	Y		A2	\$446.00	41.1091	\$1,701.96	\$759.99
27840	Treat ankle dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
27842	Treat ankle dislocation	Y		A2	\$333.00	14.7658	\$611.32	\$402.58
27846	Treat ankle dislocation	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
27848	Treat ankle dislocation	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
27860	Fixation of ankle joint	Y		A2	\$333.00	14.7658	\$611.32	\$402.58
27870	Fusion of ankle joint, open	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
27871	Fusion of tibiofibular joint	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
27884	Amputation follow-up surgery	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27889	Amputation of foot at ankle	Y		A2	\$510.00	29.19	\$1,208.50	\$684.63
27892	Decompression of leg	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27893	Decompression of leg	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
27894	Decompression of leg	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
28001	Drainage of bursa of foot	Y		P3		2.8719	\$118.90	\$118.90
28002	Treatment of foot infection	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
28003	Treatment of foot infection	Y		A2	\$510.00	21.2689	\$880.55	\$602.64
28005	Treat foot bone lesion	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28008	Incision of foot fascia	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28010	Incision of toe tendon	Y		P3		2.156	\$89.26	\$89.26
28011	Incision of toe tendons	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28020	Exploration of foot joint	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28022	Exploration of foot joint	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28024	Exploration of toe joint	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28035	Decompression of tibia nerve	Y		A2	\$630.00	18.0518	\$747.36	\$659.34
28043	Excision of foot lesion	Y		A2	\$446.00	21.1098	\$873.97	\$552.99
28045	Excision of foot lesion	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28046	Resection of tumor, foot	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28050	Biopsy of foot joint lining	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28052	Biopsy of foot joint lining	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28054	Biopsy of toe joint lining	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28055	Neurectomy, foot	Y		A2	\$630.00	18.0518	\$747.36	\$659.34
28060	Partial removal, foot fascia	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28062	Removal of foot fascia	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28070	Removal of foot joint lining	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28072	Removal of foot joint lining	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28080	Removal of foot lesion	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28086	Excise foot tendon sheath	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28088	Excise foot tendon sheath	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28090	Removal of foot lesion	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28092	Removal of toe lesions	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28100	Removal of ankle/heel lesion	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28102	Remove/graft foot lesion	Y		A2	\$510.00	44.2687	\$1,832.77	\$840.69

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
28103	Remove/graft foot lesion	Y		A2	\$510.00	44.2687	\$1,832.77	\$840.69
28104	Removal of foot lesion	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28106	Remove/graft foot lesion	Y		A2	\$510.00	44.2687	\$1,832.77	\$840.69
28107	Remove/graft foot lesion	Y		A2	\$510.00	44.2687	\$1,832.77	\$840.69
28108	Removal of toe lesions	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28110	Part removal of metatarsal	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28111	Part removal of metatarsal	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28112	Part removal of metatarsal	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28113	Part removal of metatarsal	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28114	Removal of metatarsal heads	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28116	Revision of foot	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28118	Removal of heel bone	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28119	Removal of heel spur	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28120	Part removal of ankle/heel	Y		A2	\$995.00	20.8284	\$862.32	\$961.83
28122	Partial removal of foot bone	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28124	Partial removal of toe	Y		P3		4.8385	\$200.32	\$200.32
28126	Partial removal of toe	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28130	Removal of ankle bone	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28140	Removal of metatarsal	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28150	Removal of toe	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28153	Partial removal of toe	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28160	Partial removal of toe	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28171	Extensive foot surgery	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28173	Extensive foot surgery	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28175	Extensive foot surgery	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28190	Removal of foot foreign body	Y		P3		3.0446	\$126.05	\$126.05
28192	Removal of foot foreign body	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
28193	Removal of foot foreign body	Y		A2	\$418.49	8.685	\$359.57	\$403.76
28200	Repair of foot tendon	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28202	Repair/graft of foot tendon	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28208	Repair of foot tendon	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28210	Repair/graft of foot tendon	Y		A2	\$510.00	44.2687	\$1,832.77	\$840.69
28220	Release of foot tendon	Y		P3		4.5588	\$188.74	\$188.74
28222	Release of foot tendons	Y		A2	\$333.00	20.8284	\$862.32	\$465.33
28225	Release of foot tendon	Y		A2	\$333.00	20.8284	\$862.32	\$465.33
28226	Release of foot tendons	Y		A2	\$333.00	20.8284	\$862.32	\$465.33
28230	Incision of foot tendon(s)	Y		P3		4.5011	\$186.35	\$186.35
28232	Incision of toe tendon	Y		P3		4.3038	\$178.18	\$178.18
28234	Incision of foot tendon	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28238	Revision of foot tendon	Y		A2	\$510.00	44.2687	\$1,832.77	\$840.69
28240	Release of big toe	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28250	Revision of foot fascia	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28260	Release of midfoot joint	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28261	Revision of foot tendon	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28262	Revision of foot and ankle	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28264	Release of midfoot joint	Y		A2	\$333.00	44.2687	\$1,832.77	\$707.94
28270	Release of foot contracture	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28272	Release of toe joint, each	Y		P3		4.1226	\$170.68	\$170.68
28280	Fusion of toes	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28285	Repair of hammertoe	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28286	Repair of hammertoe	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28288	Partial removal of foot bone	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28289	Repair hallux rigidus	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28290	Correction of bunion	Y		A2	\$446.00	29.4167	\$1,217.88	\$638.97
28292	Correction of bunion	Y		A2	\$446.00	29.4167	\$1,217.88	\$638.97
28293	Correction of bunion	Y		A2	\$510.00	29.4167	\$1,217.88	\$686.97
28294	Correction of bunion	Y		A2	\$510.00	29.4167	\$1,217.88	\$686.97
28296	Correction of bunion	Y		A2	\$510.00	29.4167	\$1,217.88	\$686.97
28297	Correction of bunion	Y		A2	\$510.00	29.4167	\$1,217.88	\$686.97
28298	Correction of bunion	Y		A2	\$510.00	29.4167	\$1,217.88	\$686.97
28299	Correction of bunion	Y		A2	\$717.00	29.4167	\$1,217.88	\$842.22
28300	Incision of heel bone	Y		A2	\$446.00	44.2687	\$1,832.77	\$792.69
28302	Incision of ankle bone	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28304	Incision of midfoot bones	Y		A2	\$446.00	44.2687	\$1,832.77	\$792.69
28305	Incise/graft midfoot bones	Y		A2	\$510.00	44.2687	\$1,832.77	\$840.69
28306	Incision of metatarsal	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28307	Incision of metatarsal	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28308	Incision of metatarsal	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28309	Incision of metatarsals	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28310	Revision of big toe	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28312	Revision of toe	Y		A2	\$510.00	20.8284	\$862.32	\$598.08
28313	Repair deformity of toe	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28315	Removal of sesamoid bone	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28320	Repair of foot bones	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28322	Repair of metatarsals	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28340	Resect enlarged toe tissue	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28341	Resect enlarged toe	Y		A2	\$630.00	20.8284	\$862.32	\$688.08

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
28344	Repair extra toe(s)	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28345	Repair webbed toe(s)	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28400	Treatment of heel fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
28405	Treatment of heel fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
28406	Treatment of heel fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
28415	Treat heel fracture	Y		A2	\$510.00	59.2233	\$2,451.90	\$995.48
28420	Treat/graft heel fracture	Y		A2	\$630.00	41.1091	\$1,701.96	\$897.99
28430	Treatment of ankle fracture	Y		P2		1.7682	\$73.21	\$73.21
28435	Treatment of ankle fracture	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
28436	Treatment of ankle fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
28445	Treat ankle fracture	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
28446	Osteochondral talus autograft	Y	NI	G2		44.2687	\$1,832.77	\$1,832.77
28450	Treat midfoot fracture, each	Y		P2		1.7682	\$73.21	\$73.21
28455	Treat midfoot fracture, each	Y		P2		1.7682	\$73.21	\$73.21
28456	Treat midfoot fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
28465	Treat midfoot fracture, each	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
28470	Treat metatarsal fracture	Y		P2		1.7682	\$73.21	\$73.21
28475	Treat metatarsal fracture	Y		P2		1.7682	\$73.21	\$73.21
28476	Treat metatarsal fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
28485	Treat metatarsal fracture	Y		A2	\$630.00	41.1091	\$1,701.96	\$897.99
28490	Treat big toe fracture	Y		P3		1.6869	\$69.84	\$69.84
28495	Treat big toe fracture	Y		P2		1.7682	\$73.21	\$73.21
28496	Treat big toe fracture	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
28505	Treat big toe fracture	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28510	Treatment of toe fracture	Y		P3		1.3248	\$54.85	\$54.85
28515	Treatment of toe fracture	Y		P3		1.6951	\$70.18	\$70.18
28525	Treat toe fracture	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28530	Treat sesamoid bone fracture	Y		P3		1.2589	\$52.12	\$52.12
28531	Treat sesamoid bone fracture	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28540	Treat foot dislocation	Y		P2		1.7682	\$73.21	\$73.21
28545	Treat foot dislocation	Y		A2	\$333.00	26.1592	\$1,083.02	\$520.51
28546	Treat foot dislocation	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
28555	Repair foot dislocation	Y		A2	\$446.00	41.1091	\$1,701.96	\$759.99
28570	Treat foot dislocation	Y		P2		1.7682	\$73.21	\$73.21
28575	Treat foot dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
28576	Treat foot dislocation	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28585	Repair foot dislocation	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28600	Treat foot dislocation	Y		P2		1.7682	\$73.21	\$73.21
28605	Treat foot dislocation	Y		A2	\$103.62	1.7682	\$73.21	\$96.02
28606	Treat foot dislocation	Y		A2	\$446.00	26.1592	\$1,083.02	\$605.26
28615	Repair foot dislocation	Y		A2	\$510.00	41.1091	\$1,701.96	\$807.99
28630	Treat toe dislocation	Y	CH	P3		1.4072	\$58.26	\$58.26
28635	Treat toe dislocation	Y		A2	\$333.00	14.7658	\$611.32	\$402.58
28636	Treat toe dislocation	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28645	Repair toe dislocation	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28660	Treat toe dislocation	Y	CH	P3		1.0534	\$43.61	\$43.61
28665	Treat toe dislocation	Y		A2	\$333.00	14.7658	\$611.32	\$402.58
28666	Treat toe dislocation	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28675	Repair of toe dislocation	Y		A2	\$510.00	26.1592	\$1,083.02	\$653.26
28705	Fusion of foot bones	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28715	Fusion of foot bones	Y		A2	\$630.00	79.4244	\$3,288.25	\$1,294.56
28725	Fusion of foot bones	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28730	Fusion of foot bones	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28735	Fusion of foot bones	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28737	Revision of foot bones	Y		A2	\$717.00	44.2687	\$1,832.77	\$995.94
28740	Fusion of foot bones	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28750	Fusion of big toe joint	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28755	Fusion of big toe joint	Y		A2	\$630.00	20.8284	\$862.32	\$688.08
28760	Fusion of big toe joint	Y		A2	\$630.00	44.2687	\$1,832.77	\$930.69
28810	Amputation toe & metatarsal	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28820	Amputation of toe	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28825	Partial amputation of toe	Y		A2	\$446.00	20.8284	\$862.32	\$550.08
28890 *	High energy eswt, plantar f	Y	CH	P3		4.2296	\$175.11	\$175.11
29000	Application of body cast	N		G2		1.0931	\$45.26	\$45.26
29010	Application of body cast	N		P2		2.291	\$94.85	\$94.85
29015	Application of body cast	N		P2		2.291	\$94.85	\$94.85
29020	Application of body cast	N		G2		1.0931	\$45.26	\$45.26
29025	Application of body cast	N		P2		1.0931	\$45.26	\$45.26
29035	Application of body cast	N	CH	P2		2.291	\$94.85	\$94.85
29040	Application of body cast	N		G2		1.0931	\$45.26	\$45.26
29044	Application of body cast	N		P2		2.291	\$94.85	\$94.85
29046	Application of body cast	N		G2		2.291	\$94.85	\$94.85
29049	Application of figure eight	N		P3		0.9956	\$41.22	\$41.22
29055	Application of shoulder cast	N		P2		2.291	\$94.85	\$94.85
29058	Application of shoulder cast	N		P2		1.0931	\$45.26	\$45.26
29065	Application of long arm cast	N		P3		1.0698	\$44.29	\$44.29
29075	Application of forearm cast	N		P3		1.0287	\$42.59	\$42.59

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
29085	Apply hand/wrist cast	N		P3		1.0451	\$43.27	\$43.27
29086	Apply finger cast	N		P3		0.8394	\$34.75	\$34.75
29105	Apply long arm splint	N		P3		0.9546	\$39.52	\$39.52
29125	Apply forearm splint	N		P3		0.8147	\$33.73	\$33.73
29126	Apply forearm splint	N		P3		0.9135	\$37.82	\$37.82
29130	Application of finger splint	N		P3		0.3703	\$15.33	\$15.33
29131	Application of finger splint	N		P3		0.5432	\$22.49	\$22.49
29200	Strapping of chest	N		P3		0.5432	\$22.49	\$22.49
29220	Strapping of low back	N		P3		0.5679	\$23.51	\$23.51
29240	Strapping of shoulder	N		P3		0.6253	\$25.89	\$25.89
29260	Strapping of elbow or wrist	N		P3		0.5843	\$24.19	\$24.19
29280	Strapping of hand or finger	N		P3		0.6007	\$24.87	\$24.87
29305	Application of hip cast	N	CH	P2	2.291	\$94.85	\$94.85	\$94.85
29325	Application of hip casts	N	CH	P2	2.291	\$94.85	\$94.85	\$94.85
29345	Application of long leg cast	N		P3	1.4154	\$58.60	\$58.60	\$58.60
29355	Application of long leg cast	N		P3	1.3659	\$56.55	\$56.55	\$56.55
29358	Apply long leg cast brace	N		P3	1.6787	\$69.50	\$69.50	\$69.50
29365	Application of long leg cast	N		P3	1.3331	\$55.19	\$55.19	\$55.19
29405	Apply short leg cast	N		P3	0.9956	\$41.22	\$41.22	\$41.22
29425	Apply short leg cast	N		P3	1.0121	\$41.90	\$41.90	\$41.90
29435	Apply short leg cast	N		P3	1.2674	\$52.47	\$52.47	\$52.47
29440	Addition of walker to cast	N		P3	0.5514	\$22.83	\$22.83	\$22.83
29445	Apply rigid leg cast	N		P3	1.3823	\$57.23	\$57.23	\$57.23
29450	Application of leg cast	N		P2	1.0931	\$45.26	\$45.26	\$45.26
29505	Application, long leg splint	N	CH	P3	0.9299	\$38.50	\$38.50	\$38.50
29515	Application lower leg splint	N	CH	P3	0.7488	\$31.00	\$31.00	\$31.00
29520	Strapping of hip	N		P3	0.6171	\$25.55	\$25.55	\$25.55
29530	Strapping of knee	N		P3	0.5925	\$24.53	\$24.53	\$24.53
29540	Strapping of ankle and/or ft	N		P3	0.3949	\$16.35	\$16.35	\$16.35
29550	Strapping of toes	N		P3	0.4031	\$16.69	\$16.69	\$16.69
29580	Application of paste boot	N		P3	0.5596	\$23.17	\$23.17	\$23.17
29590	Application of foot splint	N		P3	0.4526	\$18.74	\$18.74	\$18.74
29700	Removal/revision of cast	N		P3	0.757	\$31.34	\$31.34	\$31.34
29705	Removal/revision of cast	N		P3	0.65	\$26.91	\$26.91	\$26.91
29710	Removal/revision of cast	N		P3	1.1768	\$48.72	\$48.72	\$48.72
29715	Removal/revision of cast	N		P3	0.9792	\$40.54	\$40.54	\$40.54
29720	Repair of body cast	N		P3	0.9546	\$39.52	\$39.52	\$39.52
29730	Windowing of cast	N		P3	0.6336	\$26.23	\$26.23	\$26.23
29740	Wedging of cast	N		P3	0.8968	\$37.13	\$37.13	\$37.13
29750	Wedging of clubfoot cast	N		P3	0.8722	\$36.11	\$36.11	\$36.11
29800	Jaw arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29804	Jaw arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29805	Shoulder arthroscopy, dx	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29806	Shoulder arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29807	Shoulder arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29819	Shoulder arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29820	Shoulder arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29821	Shoulder arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29822	Shoulder arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29823	Shoulder arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29824	Shoulder arthroscopy/surgery	Y		A2	\$717.00	28.7803	\$1,191.53	\$835.63
29825	Shoulder arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29826	Shoulder arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29827	Arthroscop rotator cuff repr	Y		A2	\$717.00	45.7072	\$1,892.32	\$1,010.83
29828	Arthroscopy biceps tenodesis	Y	NI	G2		45.7072	\$1,892.32	\$1,892.32
29830	Elbow arthroscopy	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29834	Elbow arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29835	Elbow arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29836	Elbow arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29837	Elbow arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29838	Elbow arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29840	Wrist arthroscopy	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29843	Wrist arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29844	Wrist arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29845	Wrist arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29846	Wrist arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29847	Wrist arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29848	Wrist endoscopy/surgery	Y		A2	\$1,339.00	28.7803	\$1,191.53	\$1,302.13
29850	Knee arthroscopy/surgery	Y		A2	\$630.00	28.7803	\$1,191.53	\$770.38
29851	Knee arthroscopy/surgery	Y		A2	\$630.00	45.7072	\$1,892.32	\$945.58
29855	Tibial arthroscopy/surgery	Y		A2	\$630.00	45.7072	\$1,892.32	\$945.58
29856	Tibial arthroscopy/surgery	Y		A2	\$630.00	45.7072	\$1,892.32	\$945.58
29860	Hip arthroscopy, dx	Y		A2	\$630.00	45.7072	\$1,892.32	\$945.58
29861	Hip arthroscopy/surgery	Y		A2	\$630.00	45.7072	\$1,892.32	\$945.58
29862	Hip arthroscopy/surgery	Y		A2	\$1,339.00	45.7072	\$1,892.32	\$1,477.33
29863	Hip arthroscopy/surgery	Y		A2	\$630.00	45.7072	\$1,892.32	\$945.58
29866	Autgrft implnt, knee w/scope	Y	CH	G2		45.7072	\$1,892.32	\$1,892.32

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
29870	Knee arthroscopy, dx	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29871	Knee arthroscopy/drainage	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29873	Knee arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29874	Knee arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29875	Knee arthroscopy/surgery	Y		A2	\$630.00	28.7803	\$1,191.53	\$770.38
29876	Knee arthroscopy/surgery	Y		A2	\$630.00	28.7803	\$1,191.53	\$770.38
29877	Knee arthroscopy/surgery	Y		A2	\$630.00	28.7803	\$1,191.53	\$770.38
29879	Knee arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29880	Knee arthroscopy/surgery	Y		A2	\$630.00	28.7803	\$1,191.53	\$770.38
29881	Knee arthroscopy/surgery	Y		A2	\$630.00	28.7803	\$1,191.53	\$770.38
29882	Knee arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29883	Knee arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29884	Knee arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29885	Knee arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29886	Knee arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29887	Knee arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29888	Knee arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29889	Knee arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29891	Ankle arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29892	Ankle arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29893	Scope, plantar fasciotomy	Y		A2	\$1,255.56	20.8284	\$862.32	\$1,157.25
29894	Ankle arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29895	Ankle arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29897	Ankle arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29898	Ankle arthroscopy/surgery	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29899	Ankle arthroscopy/surgery	Y		A2	\$510.00	45.7072	\$1,892.32	\$855.58
29900	Mcp joint arthroscopy, dx	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29901	Mcp joint arthroscopy, surg	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29902	Mcp joint arthroscopy, surg	Y		A2	\$510.00	28.7803	\$1,191.53	\$680.38
29904	Subtalar arthro w/fb rmvl	Y	NI	G2		28.7803	\$1,191.53	\$1,191.53
29905	Subtalar arthro w/exc	Y	NI	G2		28.7803	\$1,191.53	\$1,191.53
29906	Subtalar arthro w/deb	Y	NI	G2		28.7803	\$1,191.53	\$1,191.53
29907	Subtalar arthro w/fusion	Y	NI	G2		45.7072	\$1,892.32	\$1,892.32
30000	Drainage of nose lesion	Y		P2		2.5002	\$103.51	\$103.51
30020	Drainage of nose lesion	Y		P2		2.5002	\$103.51	\$103.51
30100	Intranasal biopsy	Y		P3		1.8763	\$77.68	\$77.68
30110	Removal of nose polyp(s)	Y		P3		2.9376	\$121.62	\$121.62
30115	Removal of nose polyp(s)	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
30117	Removal of intranasal lesion	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
30118	Removal of intranasal lesion	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
30120	Revision of nose	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
30124	Removal of nose lesion	Y		R2		7.4474	\$308.33	\$308.33
30125	Removal of nose lesion	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
30130	Excise inferior turbinate	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
30140	Resect inferior turbinate	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
30150	Partial removal of nose	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
30160	Removal of nose	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
30200	Injection treatment of nose	Y		P3		1.4975	\$62.00	\$62.00
30210	Nasal sinus therapy	Y		P3		1.9009	\$78.70	\$78.70
30220	Insert nasal septal button	Y		A2	\$464.15	7.4474	\$308.33	\$425.20
30300	Remove nasal foreign body	N		P2		0.631	\$26.12	\$26.12
30310	Remove nasal foreign body	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
30320	Remove nasal foreign body	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
30400	Reconstruction of nose	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
30410	Reconstruction of nose	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
30420	Reconstruction of nose	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
30430	Revision of nose	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
30435	Revision of nose	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
30450	Revision of nose	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
30460	Revision of nose	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
30462	Revision of nose	Y		A2	\$1,339.00	39.8776	\$1,650.97	\$1,416.99
30465	Repair nasal stenosis	Y		A2	\$1,339.00	39.8776	\$1,650.97	\$1,416.99
30520	Repair of nasal septum	Y		A2	\$630.00	23.9765	\$992.65	\$720.66
30540	Repair nasal defect	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
30545	Repair nasal defect	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
30560	Release of nasal adhesions	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
30580	Repair upper jaw fistula	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
30600	Repair mouth/nose fistula	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
30620	Intranasal reconstruction	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
30630	Repair nasal septum defect	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
30801	Ablate inf turbinate, superf	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
30802	Cauterization, inner nose	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
30901	Control of nosebleed	Y		P3		1.0862	\$44.97	\$44.97
30903	Control of nosebleed	Y		A2	\$72.48	1.1251	\$46.58	\$66.01
30905	Control of nosebleed	Y		A2	\$72.48	1.1251	\$46.58	\$66.01
30906	Repeat control of nosebleed	Y		A2	\$72.48	1.1251	\$46.58	\$66.01
30915	Ligation, nasal sinus artery	Y		A2	\$446.00	25.841	\$1,069.84	\$601.96

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
30920	Ligation, upper jaw artery	Y		A2	\$510.00	25.841	\$1,069.84	\$649.96
30930	Ther fx, nasal inf turbinate	Y		A2	\$630.00	16.3288	\$676.03	\$641.51
31000	Irrigation, maxillary sinus	Y		P3		2.4934	\$103.23	\$103.23
31002	Irrigation, sphenoid sinus	Y		R2		7.4474	\$308.33	\$308.33
31020	Exploration, maxillary sinus	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
31030	Exploration, maxillary sinus	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
31032	Explore sinus, remove polyps	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31040	Exploration behind upper jaw	Y		R2		23.9765	\$992.65	\$992.65
31050	Exploration, sphenoid sinus	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
31051	Sphenoid sinus surgery	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31070	Exploration of frontal sinus	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
31075	Exploration of frontal sinus	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31080	Removal of frontal sinus	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31081	Removal of frontal sinus	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31084	Removal of frontal sinus	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31085	Removal of frontal sinus	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31086	Removal of frontal sinus	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31087	Removal of frontal sinus	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
31090	Exploration of sinuses	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
31200	Removal of ethmoid sinus	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
31201	Removal of ethmoid sinus	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
31205	Removal of ethmoid sinus	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
31231	Nasal endoscopy, dx	Y		P2		1.6115	\$66.72	\$66.72
31233	Nasal/sinus endoscopy, dx	Y		A2	\$86.39	1.6115	\$66.72	\$81.47
31235	Nasal/sinus endoscopy, dx	Y		A2	\$333.00	17.016	\$704.48	\$425.87
31237	Nasal/sinus endoscopy, surg	Y		A2	\$446.00	17.016	\$704.48	\$510.62
31238	Nasal/sinus endoscopy, surg	Y		A2	\$333.00	17.016	\$704.48	\$425.87
31239	Nasal/sinus endoscopy, surg	Y		A2	\$630.00	22.7191	\$940.59	\$707.65
31240	Nasal/sinus endoscopy, surg	Y		A2	\$446.00	17.016	\$704.48	\$510.62
31254	Revision of ethmoid sinus	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31255	Removal of ethmoid sinus	Y		A2	\$717.00	22.7191	\$940.59	\$772.90
31256	Exploration maxillary sinus	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31267	Endoscopy, maxillary sinus	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31276	Sinus endoscopy, surgical	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31287	Nasal/sinus endoscopy, surg	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31288	Nasal/sinus endoscopy, surg	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31300	Removal of larynx lesion	Y		A2	\$717.00	23.9765	\$992.65	\$785.91
31320	Diagnostic incision, larynx	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
31400	Revision of larynx	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
31420	Removal of epiglottitis	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
31500	Insert emergency airway	N		G2		2.459	\$101.81	\$101.81
31502	Change of windpipe airway	N		G2		1.3362	\$55.32	\$55.32
31505	Diagnostic laryngoscopy	Y		P2		0.8224	\$34.05	\$34.05
31510	Laryngoscopy with biopsy	Y		A2	\$446.00	17.016	\$704.48	\$510.62
31511	Remove foreign body, larynx	Y		A2	\$86.39	1.6115	\$66.72	\$81.47
31512	Removal of larynx lesion	Y		A2	\$446.00	17.016	\$704.48	\$510.62
31513	Injection into vocal cord	Y		A2	\$86.39	1.6115	\$66.72	\$81.47
31515	Laryngoscopy for aspiration	Y		A2	\$333.00	17.016	\$704.48	\$425.87
31520	Dx laryngoscopy, newborn	Y		G2		1.6115	\$66.72	\$66.72
31525	Dx laryngoscopy excl nb	Y		A2	\$333.00	17.016	\$704.48	\$425.87
31526	Dx laryngoscopy w/oper scope	Y		A2	\$446.00	22.7191	\$940.59	\$569.65
31527	Laryngoscopy for treatment	Y		A2	\$333.00	22.7191	\$940.59	\$484.90
31528	Laryngoscopy and dilation	Y		A2	\$446.00	17.016	\$704.48	\$510.62
31529	Laryngoscopy and dilation	Y		A2	\$446.00	17.016	\$704.48	\$510.62
31530	Laryngoscopy w/fb removal	Y		A2	\$446.00	22.7191	\$940.59	\$569.65
31531	Laryngoscopy w/fb & op scope	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31535	Laryngoscopy w/biopsy	Y		A2	\$446.00	22.7191	\$940.59	\$569.65
31536	Laryngoscopy w/bx & op scope	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31540	Laryngoscopy w/exc of tumor	Y		A2	\$510.00	22.7191	\$940.59	\$617.65
31541	Larynsco w/tumr exc + scope	Y		A2	\$630.00	22.7191	\$940.59	\$707.65
31545	Remove vc lesion w/scope	Y		A2	\$630.00	22.7191	\$940.59	\$707.65
31546	Remove vc lesion scope/graft	Y		A2	\$630.00	22.7191	\$940.59	\$707.65
31560	Laryngoscopy w/arytenoidectomy	Y		A2	\$717.00	22.7191	\$940.59	\$772.90
31561	Larynsco, remove cart + scop	Y		A2	\$717.00	22.7191	\$940.59	\$772.90
31570	Laryngoscope w/vc inj	Y		A2	\$446.00	17.016	\$704.48	\$510.62
31571	Laryngoscopy w/vc inj + scope	Y		A2	\$446.00	22.7191	\$940.59	\$569.65
31575	Diagnostic laryngoscopy	Y		P3		1.4811	\$61.32	\$61.32
31576	Laryngoscopy with biopsy	Y		A2	\$446.00	22.7191	\$940.59	\$569.65
31577	Remove foreign body, larynx	Y		A2	\$236.42	3.994	\$165.36	\$218.66
31578	Removal of larynx lesion	Y		A2	\$446.00	22.7191	\$940.59	\$569.65
31579	Diagnostic laryngoscopy	Y		P3		2.7321	\$113.11	\$113.11
31580	Revision of larynx	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
31582	Revision of larynx	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
31588	Revision of larynx	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
31590	Reinnervate larynx	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
31595	Larynx nerve surgery	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
31603	Incision of windpipe	Y		A2	\$333.00	7.4474	\$308.33	\$326.83

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCCPS code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
31605	Incision of windpipe	Y		G2		7.4474	\$308.33	\$308.33
31611	Surgery/speech prosthesis	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
31612	Puncture/clear windpipe	Y		A2	\$333.00	23.9765	\$992.65	\$497.91
31613	Repair windpipe opening	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
31614	Repair windpipe opening	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
31615	Visualization of windpipe	Y		A2	\$333.00	9.9575	\$412.25	\$352.81
31620	Endobronchial us add-on	N	CH	N1				
31622	Dx bronchoscope/wash	Y		A2	\$333.00	9.9575	\$412.25	\$352.81
31623	Dx bronchoscope/brush	Y		A2	\$446.00	9.9575	\$412.25	\$437.56
31624	Dx bronchoscope/lavage	Y		A2	\$446.00	9.9575	\$412.25	\$437.56
31625	Bronchoscopy w/biopsy(s)	Y		A2	\$446.00	9.9575	\$412.25	\$437.56
31628	Bronchoscopy/lung bx, each	Y		A2	\$446.00	9.9575	\$412.25	\$437.56
31629	Bronchoscopy/needle bx, each	Y		A2	\$446.00	9.9575	\$412.25	\$437.56
31630	Bronchoscopy dilate/fx repr	Y		A2	\$446.00	24.0654	\$996.33	\$583.58
31631	Bronchoscopy, dilate w/stent	Y		A2	\$446.00	24.0654	\$996.33	\$583.58
31632	Bronchoscopy/lung bx, add?l	Y		G2		9.9575	\$412.25	\$412.25
31633	Bronchoscopy/needle bx add?l	Y		G2		9.9575	\$412.25	\$412.25
31635	Bronchoscopy w/fb removal	Y		A2	\$446.00	9.9575	\$412.25	\$437.56
31636	Bronchoscopy, bronch stents	Y		A2	\$446.00	24.0654	\$996.33	\$583.58
31637	Bronchoscopy, stent add-on	Y		A2	\$333.00	9.9575	\$412.25	\$352.81
31638	Bronchoscopy, revise stent	Y		A2	\$446.00	24.0654	\$996.33	\$583.58
31640	Bronchoscopy w/tumor excise	Y		A2	\$446.00	24.0654	\$996.33	\$583.58
31641	Bronchoscopy, treat blockage	Y		A2	\$446.00	24.0654	\$996.33	\$583.58
31643	Diag bronchoscope/catheter	Y		A2	\$446.00	9.9575	\$412.25	\$437.56
31645	Bronchoscopy, clear airways	Y		A2	\$333.00	9.9575	\$412.25	\$352.81
31646	Bronchoscopy, reclear airway	Y		A2	\$333.00	9.9575	\$412.25	\$352.81
31656	Bronchoscopy, inj for x-ray	Y		A2	\$333.00	9.9575	\$412.25	\$352.81
31715	Injection for bronchus x-ray	N		N1				
31717	Bronchial brush biopsy	Y		A2	\$236.42	3.994	\$165.36	\$218.66
31720	Clearance of airways	N		A2	\$47.32	0.3877	\$16.05	\$39.50
31730	Intro, windpipe wire/tube	Y		A2	\$236.42	3.994	\$165.36	\$218.66
31750	Repair of windpipe	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
31755	Repair of windpipe	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
31820	Closure of windpipe lesion	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
31825	Repair of windpipe defect	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
31830	Revise windpipe scar	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
32000	Drainage of chest	N	CH	D5				
32002	Treatment of collapsed lung	N	CH	D5				
32019	Insert pleural catheter	N	CH	D5				
32400	Needle biopsy chest lining	Y		A2	\$333.00	9.3354	\$386.49	\$346.37
32405	Biopsy, lung or mediastinum	Y		A2	\$333.00	9.3354	\$386.49	\$346.37
32420	Puncture/clear lung	Y		A2	\$222.78	5.2024	\$215.38	\$220.93
32421	Thoracentesis for aspiration	Y	NI	A2	\$222.78	5.2024	\$215.38	\$220.93
32422	Thoracentesis w/tube insert	Y	NI	G2		5.2024	\$215.38	\$215.38
32550	Insert pleural cath	Y	NI	G2		30.7096	\$1,271.41	\$1,271.41
32960	Therapeutic pneumothorax	Y		G2		5.2024	\$215.38	\$215.38
32998	Perq rf ablate tx, pul tumor	Y	CH	G2		42.998	\$1,780.16	\$1,780.16
33010	Drainage of heart sac	Y		A2	\$222.78	5.2024	\$215.38	\$220.93
33011	Repeat drainage of heart sac	Y		A2	\$222.78	5.2024	\$215.38	\$220.93
33206	Insertion of heart pacemaker	Y		J8		169.4628	\$7,015.93	\$7,015.93
33207	Insertion of heart pacemaker	Y		J8		169.4628	\$7,015.93	\$7,015.93
33208	Insertion of heart pacemaker	Y		J8		196.2967	\$8,126.88	\$8,126.88
33210	Insertion of heart electrode	Y	CH	J8		90.579	\$3,750.06	\$3,750.06
33211	Insertion of heart electrode	Y	CH	J8		90.579	\$3,750.06	\$3,750.06
33212	Insertion of pulse generator	Y		H8	\$510.00	142.1043	\$5,883.26	\$5,514.64
33213	Insertion of pulse generator	Y		H8	\$510.00	154.6733	\$6,403.63	\$6,010.06
33214	Upgrade of pacemaker system	Y		J8		196.2967	\$8,126.88	\$8,126.88
33215	Reposition pacing-defib lead	Y		G2		23.9802	\$992.80	\$992.80
33216	Insert lead pace-defib, one	Y	CH	J8		90.579	\$3,750.06	\$3,750.06
33217	Insert lead pace-defib, dual	Y	CH	J8		90.579	\$3,750.06	\$3,750.06
33218	Repair lead pace-defib, one	Y		G2		23.9802	\$992.80	\$992.80
33220	Repair lead pace-defib, dual	Y		G2		23.9802	\$992.80	\$992.80
33222	Revise pocket, pacemaker	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
33223	Revise pocket, pacing-defib	Y		A2	\$446.00	15.0458	\$622.91	\$490.23
33224	Insert pacing lead & connect	Y		J8		375.1658	\$15,532.24	\$15,532.24
33225	L ventric pacing lead add-on	Y		J8		375.1658	\$15,532.24	\$15,532.24
33226	Reposition l ventric lead	Y		G2		23.9802	\$992.80	\$992.80
33233	Removal of pacemaker system	Y		A2	\$446.00	23.9802	\$992.80	\$582.70
33234	Removal of pacemaker system	Y		G2		23.9802	\$992.80	\$992.80
33235	Removal pacemaker electrode	Y		G2		23.9802	\$992.80	\$992.80
33240	Insert pulse generator	Y	CH	J8		493.9803	\$20,451.28	\$20,451.28
33241	Remove pulse generator	Y		G2		23.9802	\$992.80	\$992.80
33249	Eltrd/insert pace-defib	Y	CH	J8		599.3974	\$24,815.65	\$24,815.65
33282	Implant pat-active ht record	N		J8		98.4186	\$4,074.63	\$4,074.63
33284	Remove pat-active ht record	Y		G2		8.685	\$359.57	\$359.57
33508	Endoscopic vein harvest	N		N1				
35188	Repair blood vessel lesion	Y		A2	\$630.00	38.7673	\$1,605.00	\$873.75

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
35207	Repair blood vessel lesion	Y		A2	\$630.00	38.7673	\$1,605.00	\$873.75
35473	Repair arterial blockage	Y		G2		45.3845	\$1,878.96	\$1,878.96
35476	Repair venous blockage	Y		G2		45.3845	\$1,878.96	\$1,878.96
35492	Atherectomy, percutaneous	Y		G2		87.5137	\$3,623.15	\$3,623.15
35572	Harvest femoropopliteal vein	N		N1				
35761	Exploration of artery/vein	Y		G2		29.6965	\$1,229.46	\$1,229.46
35875	Removal of clot in graft	Y		A2	\$1,339.00	38.7673	\$1,605.00	\$1,405.50
35876	Removal of clot in graft	Y		A2	\$1,339.00	38.7673	\$1,605.00	\$1,405.50
36000	Place needle in vein	N		N1				
36002	Pseudoaneurysm injection trt	N		G2		2.3792	\$98.50	\$98.50
36005	Injection ext venography	N		N1				
36010	Place catheter in vein	N		N1				
36011	Place catheter in vein	N		N1				
36012	Place catheter in vein	N		N1				
36013	Place catheter in artery	N		N1				
36014	Place catheter in artery	N		N1				
36015	Place catheter in artery	N		N1				
36100	Establish access to artery	N		N1				
36120	Establish access to artery	N		N1				
36140	Establish access to artery	N		N1				
36145	Artery to vein shunt	N		N1				
36160	Establish access to aorta	N		N1				
36200	Place catheter in aorta	N		N1				
36215	Place catheter in artery	N		N1				
36216	Place catheter in artery	N		N1				
36217	Place catheter in artery	N		N1				
36218	Place catheter in artery	N		N1				
36245	Place catheter in artery	N		N1				
36246	Place catheter in artery	N		N1				
36247	Place catheter in artery	N		N1				
36248	Place catheter in artery	N		N1				
36260	Insertion of infusion pump	Y		A2	\$510.00	28.8743	\$1,195.42	\$681.36
36261	Revision of infusion pump	Y		A2	\$446.00	23.9802	\$992.80	\$582.70
36262	Removal of infusion pump	Y		A2	\$333.00	23.9802	\$992.80	\$497.95
36400	BI draw < 3 yrs fem/jugular	N		N1				
36405	BI draw < 3 yrs scalp vein	N		N1				
36406	BI draw < 3 yrs other vein	N		N1				
36410	Non-routine bi draw > 3 yrs	N		N1				
36416	Capillary blood draw	N		N1				
36420	Vein access cutdown < 1 yr	Y		G2		0.2143	\$8.87	\$8.87
36425	Vein access cutdown > 1 yr	Y		R2		0.2143	\$8.87	\$8.87
36430	Blood transfusion service	N		P3		0.7983	\$33.05	\$33.05
36440	BI push transfuse, 2 yr or <	N		R2		3.3967	\$140.63	\$140.63
36450	BI exchange/transfuse, nb	N		R2		3.3967	\$140.63	\$140.63
36468	Injection(s), spider veins	Y		R2		0.793	\$32.83	\$32.83
36469	Injection(s), spider veins	Y	CH	R2		0.793	\$32.83	\$32.83
36470	Injection therapy of vein	Y		P2		0.793	\$32.83	\$32.83
36471	Injection therapy of veins	Y		P2		0.793	\$32.83	\$32.83
36475	Endovenous rf, 1st vein	Y		A2	\$1,339.00	42.6114	\$1,764.15	\$1,445.29
36476	Endovenous rf, vein add-on	Y		A2	\$1,339.00	25.841	\$1,069.84	\$1,271.71
36478	Endovenous laser, 1st vein	Y		A2	\$1,339.00	25.841	\$1,069.84	\$1,271.71
36479	Endovenous laser vein add-on	Y		A2	\$1,339.00	25.841	\$1,069.84	\$1,271.71
36481	Insertion of catheter, vein	N		N1				
36500	Insertion of catheter, vein	N		N1				
36510	Insertion of catheter, vein	N		N1				
36511	Apheresis wbc	N		G2		11.5058	\$476.35	\$476.35
36512	Apheresis rbc	N		G2		11.5058	\$476.35	\$476.35
36513	Apheresis platelets	N		G2		11.5058	\$476.35	\$476.35
36514	Apheresis plasma	N		G2		11.5058	\$476.35	\$476.35
36515	Apheresis, adsorp/reinfuse	N		G2		30.6035	\$1,267.02	\$1,267.02
36516	Apheresis, selective	N		G2		30.6035	\$1,267.02	\$1,267.02
36522	Photopheresis	N		G2		30.6035	\$1,267.02	\$1,267.02
36540	Collect blood venous device	N	CH	D5				
36550	Declot vascular device	N	CH	D5				
36555	Insert non-tunnel cv cath	Y		A2	\$333.00	10.9092	\$451.65	\$362.66
36556	Insert non-tunnel cv cath	Y		A2	\$333.00	10.9092	\$451.65	\$362.66
36557	Insert tunneled cv cath	Y		A2	\$446.00	24.1069	\$998.05	\$584.01
36558	Insert tunneled cv cath	Y		A2	\$446.00	24.1069	\$998.05	\$584.01
36560	Insert tunneled cv cath	Y		A2	\$510.00	28.8743	\$1,195.42	\$681.36
36561	Insert tunneled cv cath	Y		A2	\$510.00	28.8743	\$1,195.42	\$681.36
36563	Insert tunneled cv cath	Y		A2	\$510.00	28.8743	\$1,195.42	\$681.36
36565	Insert tunneled cv cath	Y		A2	\$510.00	28.8743	\$1,195.42	\$681.36
36566	Insert tunneled cv cath	Y		H8	\$510.00	107.6665	\$4,457.50	\$3,796.23
36568	Insert picc cath	Y		A2	\$333.00	10.9092	\$451.65	\$362.66
36569	Insert picc cath	Y		A2	\$333.00	10.9092	\$451.65	\$362.66
36570	Insert picvad cath	Y		A2	\$510.00	24.1069	\$998.05	\$632.01
36571	Insert picvad cath	Y		A2	\$510.00	24.1069	\$998.05	\$632.01

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
36575	Repair tunneled cv cath	Y		A2	\$446.00	5.6614	\$234.39	\$393.10
36576	Repair tunneled cv cath	Y		A2	\$446.00	10.9092	\$451.65	\$447.41
36578	Replace tunneled cv cath	Y		A2	\$446.00	24.1069	\$998.05	\$584.01
36580	Replace cvad cath	Y		A2	\$333.00	10.9092	\$451.65	\$362.66
36581	Replace tunneled cv cath	Y		A2	\$446.00	24.1069	\$998.05	\$584.01
36582	Replace tunneled cv cath	Y		A2	\$510.00	28.8743	\$1,195.42	\$681.36
36583	Replace tunneled cv cath	Y		A2	\$510.00	28.8743	\$1,195.42	\$681.36
36584	Replace picc cath	Y		A2	\$333.00	10.9092	\$451.65	\$362.66
36585	Replace picvad cath	Y		A2	\$510.00	24.1069	\$998.05	\$632.01
36589	Removal tunneled cv cath	Y		A2	\$333.00	5.6614	\$234.39	\$308.35
36590	Removal tunneled cv cath	Y		A2	\$333.00	10.9092	\$451.65	\$362.66
36591	Draw blood off venous device	N	NI	N1				
36592	Collect blood from picc	N	NI	N1				
36593	Declot vascular device	Y	NI	P3		0.4937	\$20.44	\$20.44
36595	Mech remov tunneled cv cath	Y		G2		24.1069	\$998.05	\$998.05
36596	Mech remov tunneled cv cath	Y		G2		10.9092	\$451.65	\$451.65
36597	Reposition venous catheter	Y		G2		10.9092	\$451.65	\$451.65
36598	Inj w/fluor, eval cv device	Y	CH	P3		1.9997	\$82.79	\$82.79
36600	Withdrawal of arterial blood	N		N1				
36620	Insertion catheter, artery	N		N1				
36625	Insertion catheter, artery	N		N1				
36640	Insertion catheter, artery	Y		A2	\$333.00	28.8743	\$1,195.42	\$548.61
36680	Insert needle, bone cavity	Y		G2		1.1097	\$45.94	\$45.94
36800	Insertion of cannula	Y		A2	\$510.00	29.6965	\$1,229.46	\$689.87
36810	Insertion of cannula	Y		A2	\$510.00	29.6965	\$1,229.46	\$689.87
36815	Insertion of cannula	Y		A2	\$510.00	29.6965	\$1,229.46	\$689.87
36818	Av fuse, uppr arm, cephalic	Y		A2	\$510.00	38.7673	\$1,605.00	\$783.75
36819	Av fuse, uppr arm, basilic	Y		A2	\$510.00	38.7673	\$1,605.00	\$783.75
36820	Av fusion/forearm vein	Y		A2	\$510.00	38.7673	\$1,605.00	\$783.75
36821	Av fusion direct any site	Y		A2	\$510.00	38.7673	\$1,605.00	\$783.75
36825	Artery-vein autograft	Y		A2	\$630.00	38.7673	\$1,605.00	\$873.75
36830	Artery-vein nonautograft	Y		A2	\$630.00	38.7673	\$1,605.00	\$873.75
36831	Open thrombect av fistula	Y		A2	\$1,339.00	38.7673	\$1,605.00	\$1,405.50
36832	Av fistula revision, open	Y		A2	\$630.00	38.7673	\$1,605.00	\$873.75
36833	Av fistula revision	Y		A2	\$630.00	38.7673	\$1,605.00	\$873.75
36834	Repair a-v aneurysm	Y		A2	\$510.00	38.7673	\$1,605.00	\$783.75
36835	Artery to vein shunt	Y		A2	\$630.00	29.6965	\$1,229.46	\$779.87
36860	External cannula declotting	Y		A2	\$127.40	2.4824	\$102.77	\$121.24
36861	Cannula declotting	Y		A2	\$510.00	29.6965	\$1,229.46	\$689.87
36870	Percut thrombect av fistula	Y		A2	\$1,339.00	40.4667	\$1,675.36	\$1,423.09
37184	Prim art mech thrombectomy	Y		G2		38.7673	\$1,605.00	\$1,605.00
37185	Prim art m-thrombect add-on	Y		G2		38.7673	\$1,605.00	\$1,605.00
37186	Sec art m-thrombect add-on	Y		G2		38.7673	\$1,605.00	\$1,605.00
37187	Venous mech thrombectomy	Y		G2		38.7673	\$1,605.00	\$1,605.00
37188	Venous m-thrombectomy add-on	Y		G2		38.7673	\$1,605.00	\$1,605.00
37200	Transcatheter biopsy	Y		G2		28.8743	\$1,195.42	\$1,195.42
37203	Transcatheter retrieval	Y		G2		28.8743	\$1,195.42	\$1,195.42
37250	Iv us first vessel add-on	N	CH	N1				
37251	Iv us each add vessel add-on	N	CH	N1				
37500	Endoscopy ligate perf veins	Y		A2	\$510.00	42.6114	\$1,764.15	\$823.54
37607	Ligation of a-v fistula	Y		A2	\$510.00	25.841	\$1,069.84	\$649.96
37609	Temporal artery procedure	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
37650	Revision of major vein	Y		A2	\$446.00	25.841	\$1,069.84	\$601.96
37700	Revise leg vein	Y		A2	\$446.00	25.841	\$1,069.84	\$601.96
37718	Ligate/strip short leg vein	Y		A2	\$510.00	25.841	\$1,069.84	\$649.96
37722	Ligate/strip long leg vein	Y		A2	\$510.00	42.6114	\$1,764.15	\$823.54
37735	Removal of leg veins/lesion	Y		A2	\$510.00	42.6114	\$1,764.15	\$823.54
37760	Ligation, leg veins, open	Y		A2	\$510.00	25.841	\$1,069.84	\$649.96
37765	Phleb veins extrem 10-20	Y		R2		25.841	\$1,069.84	\$1,069.84
37766	Phleb veins extrem 20+	Y		R2		25.841	\$1,069.84	\$1,069.84
37780	Revision of leg vein	Y		A2	\$510.00	25.841	\$1,069.84	\$649.96
37785	Ligate/divide/excise vein	Y		A2	\$510.00	25.841	\$1,069.84	\$649.96
37790	Penile venous occlusion	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
38200	Injection for spleen x-ray	N		N1				
38204	BI donor search management	N		N1				
38205	Harvest allogenic stem cells	N		G2		11.5058	\$476.35	\$476.35
38206	Harvest auto stem cells	N		G2		11.5058	\$476.35	\$476.35
38220	Bone marrow aspiration	Y	CH	P3		2.6333	\$109.02	\$109.02
38221	Bone marrow biopsy	Y	CH	P3		2.7649	\$114.47	\$114.47
38230	Bone marrow collection	N		G2		30.6035	\$1,267.02	\$1,267.02
38241	Bone marrow/stem transplant	N		G2		30.6035	\$1,267.02	\$1,267.02
38242	Lymphocyte infuse transplant	N		R2		11.5058	\$476.35	\$476.35
38300	Drainage, lymph node lesion	Y		A2	\$333.00	11.5594	\$478.57	\$369.39
38305	Drainage, lymph node lesion	Y		A2	\$446.00	18.3197	\$758.45	\$524.11
38308	Incision of lymph channels	Y		A2	\$446.00	22.9584	\$950.50	\$572.13
38500	Biopsy/removal, lymph nodes	Y		A2	\$446.00	22.9584	\$950.50	\$572.13
38505	Needle biopsy, lymph nodes	Y		A2	\$240.00	7.1147	\$294.56	\$253.64

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
38510	Biopsy/removal, lymph nodes	Y		A2	\$446.00	22.9584	\$950.50	\$572.13
38520	Biopsy/removal, lymph nodes	Y		A2	\$446.00	22.9584	\$950.50	\$572.13
38525	Biopsy/removal, lymph nodes	Y		A2	\$446.00	22.9584	\$950.50	\$572.13
38530	Biopsy/removal, lymph nodes	Y		A2	\$446.00	22.9584	\$950.50	\$572.13
38542	Explore deep node(s), neck	Y		A2	\$446.00	44.324	\$1,835.06	\$793.27
38550	Removal, neck/armpit lesion	Y		A2	\$510.00	22.9584	\$950.50	\$620.13
38555	Removal, neck/armpit lesion	Y		A2	\$630.00	22.9584	\$950.50	\$710.13
38570	Laparoscopy, lymph node biop	Y		A2	\$1,339.00	45.5317	\$1,885.06	\$1,475.52
38571	Laparoscopy, lymphadenectomy	Y		A2	\$1,339.00	69.6652	\$2,884.21	\$1,725.30
38572	Laparoscopy, lymphadenectomy	Y		A2	\$1,339.00	45.5317	\$1,885.06	\$1,475.52
38700	Removal of lymph nodes, neck	Y		G2		22.9584	\$950.50	\$950.50
38740	Remove armpit lymph nodes	Y		A2	\$446.00	44.324	\$1,835.06	\$793.27
38745	Remove armpit lymph nodes	Y		A2	\$630.00	44.324	\$1,835.06	\$931.27
38760	Remove groin lymph nodes	Y		A2	\$446.00	22.9584	\$950.50	\$572.13
38790	Inject for lymphatic x-ray	N		N1				
38792	Identify sentinel node	N		N1				
38794	Access thoracic lymph duct	N		N1				
40490	Biopsy of lip	Y		P3		1.5224	\$63.03	\$63.03
40500	Partial excision of lip	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
40510	Partial excision of lip	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
40520	Partial excision of lip	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
40525	Reconstruct lip with flap	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
40527	Reconstruct lip with flap	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
40530	Partial removal of lip	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
40650	Repair lip	Y		A2	\$464.15	7.4474	\$308.33	\$425.20
40652	Repair lip	Y		A2	\$464.15	7.4474	\$308.33	\$425.20
40654	Repair lip	Y		A2	\$464.15	7.4474	\$308.33	\$425.20
40700	Repair cleft lip/nasal	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
40701	Repair cleft lip/nasal	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
40702	Repair cleft lip/nasal	Y		R2		39.8776	\$1,650.97	\$1,650.97
40720	Repair cleft lip/nasal	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
40761	Repair cleft lip/nasal	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
40800	Drainage of mouth lesion	Y		P2		1.4066	\$58.23	\$58.23
40801	Drainage of mouth lesion	Y		A2	\$446.00	7.4474	\$308.33	\$411.58
40804	Removal, foreign body, mouth	N		P2		0.631	\$26.12	\$26.12
40805	Removal, foreign body, mouth	Y		P3		3.9581	\$163.87	\$163.87
40806	Incision of lip fold	Y		P3		1.7529	\$72.57	\$72.57
40808	Biopsy of mouth lesion	Y		P2		2.5002	\$103.51	\$103.51
40810	Excision of mouth lesion	Y		P3		2.7072	\$112.08	\$112.08
40812	Excise/repair mouth lesion	Y		P3		3.3985	\$140.70	\$140.70
40814	Excise/repair mouth lesion	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
40816	Excision of mouth lesion	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
40818	Excise oral mucosa for graft	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
40819	Excise lip or cheek fold	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
40820	Treatment of mouth lesion	Y		P3		3.8018	\$157.40	\$157.40
40830	Repair mouth laceration	Y		G2		2.5002	\$103.51	\$103.51
40831	Repair mouth laceration	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
40840	Reconstruction of mouth	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
40842	Reconstruction of mouth	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
40843	Reconstruction of mouth	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
40844	Reconstruction of mouth	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
40845	Reconstruction of mouth	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
41000	Drainage of mouth lesion	Y		P3		2.0079	\$83.13	\$83.13
41005	Drainage of mouth lesion	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
41006	Drainage of mouth lesion	Y		A2	\$333.00	23.9765	\$992.65	\$497.91
41007	Drainage of mouth lesion	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
41008	Drainage of mouth lesion	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
41009	Drainage of mouth lesion	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
41010	Incision of tongue fold	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
41015	Drainage of mouth lesion	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
41016	Drainage of mouth lesion	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
41017	Drainage of mouth lesion	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
41018	Drainage of mouth lesion	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
41019	Place needles h&n for rt	Y	NI	G2		23.9765	\$992.65	\$992.65
41100	Biopsy of tongue	Y		P3		2.0983	\$86.87	\$86.87
41105	Biopsy of tongue	Y		P3		2.049	\$84.83	\$84.83
41108	Biopsy of floor of mouth	Y		P3		1.8927	\$78.36	\$78.36
41110	Excision of tongue lesion	Y		P3		2.7321	\$113.11	\$113.11
41112	Excision of tongue lesion	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
41113	Excision of tongue lesion	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
41114	Excision of tongue lesion	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
41115	Excision of tongue fold	Y		P3		3.0777	\$127.42	\$127.42
41116	Excision of mouth lesion	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
41120	Partial removal of tongue	Y		A2	\$717.00	23.9765	\$992.65	\$785.91
41250	Repair tongue laceration	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
41251	Repair tongue laceration	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
41252	Repair tongue laceration	Y		A2	\$446.00	7.4474	\$308.33	\$411.58

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
41500	Fixation of tongue	Y		A2	\$333.00	23.9765	\$992.65	\$497.91
41510	Tongue to lip surgery	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
41520	Reconstruction, tongue fold	Y		A2	\$446.00	7.4474	\$308.33	\$411.58
41800	Drainage of gum lesion	Y		A2	\$88.46	1.4066	\$58.23	\$80.90
41805	Removal foreign body, gum	Y		P3		3.0118	\$124.69	\$124.69
41806	Removal foreign body, jawbone	Y		P3		3.8758	\$160.46	\$160.46
41820	Excision, gum, each quadrant	Y		R2		7.4474	\$308.33	\$308.33
41821	Excision of gum flap	Y		G2		7.4474	\$308.33	\$308.33
41822	Excision of gum lesion	Y		P3		3.5796	\$148.20	\$148.20
41823	Excision of gum lesion	Y		P3		4.9455	\$204.75	\$204.75
41825	Excision of gum lesion	Y		P3		2.7813	\$115.15	\$115.15
41826	Excision of gum lesion	Y		P3		3.0941	\$128.10	\$128.10
41827	Excision of gum lesion	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
41828	Excision of gum lesion	Y		P3		3.2504	\$134.57	\$134.57
41830	Removal of gum tissue	Y		P3		4.5011	\$186.35	\$186.35
41850	Treatment of gum lesion	Y		R2		16.3288	\$676.03	\$676.03
41870	Gum graft	Y		G2		23.9765	\$992.65	\$992.65
41872	Repair gum	Y		P3		4.5506	\$188.40	\$188.40
41874	Repair tooth socket	Y		P3		4.3202	\$178.86	\$178.86
42000	Drainage mouth roof lesion	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
42100	Biopsy roof of mouth	Y		P3		1.7939	\$74.27	\$74.27
42104	Excision lesion, mouth roof	Y		P3		2.5181	\$104.25	\$104.25
42106	Excision lesion, mouth roof	Y		P3		3.1598	\$130.82	\$130.82
42107	Excision lesion, mouth roof	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
42120	Remove palate/lesion	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
42140	Excision of uvula	Y		A2	\$446.00	7.4474	\$308.33	\$411.58
42145	Repair palate, pharynx/uvula	Y		A2	\$717.00	23.9765	\$992.65	\$785.91
42160	Treatment mouth roof lesion	Y		P3		3.2997	\$136.61	\$136.61
42180	Repair palate	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
42182	Repair palate	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
42200	Reconstruct cleft palate	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
42205	Reconstruct cleft palate	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
42210	Reconstruct cleft palate	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
42215	Reconstruct cleft palate	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
42220	Reconstruct cleft palate	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
42226	Lengthening of palate	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
42235	Repair palate	Y		A2	\$717.00	16.3288	\$676.03	\$706.76
42260	Repair nose to lip fistula	Y		A2	\$630.00	23.9765	\$992.65	\$720.66
42280	Preparation, palate mold	Y		P3		1.728	\$71.54	\$71.54
42281	Insertion, palate prosthesis	Y		G2		16.3288	\$676.03	\$676.03
42300	Drainage of salivary gland	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
42305	Drainage of salivary gland	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
42310	Drainage of salivary gland	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
42320	Drainage of salivary gland	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
42330	Removal of salivary stone	Y		P3		2.699	\$111.74	\$111.74
42335	Removal of salivary stone	Y		P3		4.3941	\$181.92	\$181.92
42340	Removal of salivary stone	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
42400	Biopsy of salivary gland	Y		P3		1.4975	\$62.00	\$62.00
42405	Biopsy of salivary gland	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
42408	Excision of salivary cyst	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
42409	Drainage of salivary cyst	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
42410	Excise parotid gland/lesion	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
42415	Excise parotid gland/lesion	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
42420	Excise parotid gland/lesion	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
42425	Excise parotid gland/lesion	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
42440	Excise submaxillary gland	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
42450	Excise sublingual gland	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
42500	Repair salivary duct	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
42505	Repair salivary duct	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
42507	Parotid duct diversion	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
42508	Parotid duct diversion	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
42509	Parotid duct diversion	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
42510	Parotid duct diversion	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
42550	Injection for salivary x-ray	N		N1				
42600	Closure of salivary fistula	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
42650	Dilation of salivary duct	Y		P3		0.9792	\$40.54	\$40.54
42660	Dilation of salivary duct	Y		P3		1.1521	\$47.70	\$47.70
42665	Ligation of salivary duct	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
42700	Drainage of tonsil abscess	Y		A2	\$150.72	2.5002	\$103.51	\$138.92
42720	Drainage of throat abscess	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
42725	Drainage of throat abscess	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
42800	Biopsy of throat	Y		P3		1.9173	\$79.38	\$79.38
42802	Biopsy of throat	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
42804	Biopsy of upper nose/throat	Y		A2	\$333.00	16.3288	\$676.03	\$418.76
42806	Biopsy of upper nose/throat	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
42808	Excise pharynx lesion	Y		A2	\$446.00	16.3288	\$676.03	\$503.51
42809	Remove pharynx foreign body	N		G2		0.631	\$26.12	\$26.12

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
42810	Excision of neck cyst	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
42815	Excision of neck cyst	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
42820	Remove tonsils and adenoids	Y		A2	\$510.00	22.2557	\$921.41	\$612.85
42821	Remove tonsils and adenoids	Y		A2	\$717.00	22.2557	\$921.41	\$768.10
42825	Removal of tonsils	Y		A2	\$630.00	22.2557	\$921.41	\$702.85
42826	Removal of tonsils	Y		A2	\$630.00	22.2557	\$921.41	\$702.85
42830	Removal of adenoids	Y		A2	\$630.00	22.2557	\$921.41	\$702.85
42831	Removal of adenoids	Y		A2	\$630.00	22.2557	\$921.41	\$702.85
42835	Removal of adenoids	Y		A2	\$630.00	22.2557	\$921.41	\$702.85
42836	Removal of adenoids	Y		A2	\$630.00	22.2557	\$921.41	\$702.85
42860	Excision of tonsil tags	Y		A2	\$510.00	22.2557	\$921.41	\$612.85
42870	Excision of lingual tonsil	Y		A2	\$510.00	22.2557	\$921.41	\$612.85
42890	Partial removal of pharynx	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
42892	Revision of pharyngeal walls	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
42900	Repair throat wound	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
42950	Reconstruction of throat	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
42955	Surgical opening of throat	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
42960	Control throat bleeding	Y		A2	\$72.48	1.1251	\$46.58	\$66.01
42962	Control throat bleeding	Y		A2	\$446.00	39.8776	\$1,650.97	\$747.24
42970	Control nose/throat bleeding	Y		R2		1.1251	\$46.58	\$46.58
42972	Control nose/throat bleeding	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
43030	Throat muscle surgery	Y		G2		16.3288	\$676.03	\$676.03
43200	Esophagus endoscopy	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43201	Esoph scope w/submucous inj	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43202	Esophagus endoscopy, biopsy	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43204	Esoph scope w/sclerosis inj	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43205	Esophagus endoscopy/ligation	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43215	Esophagus endoscopy	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43216	Esophagus endoscopy/lesion	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43217	Esophagus endoscopy	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43219	Esophagus endoscopy	Y		A2	\$333.00	24.9814	\$1,034.25	\$508.31
43220	Esoph endoscopy, dilation	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43226	Esoph endoscopy, dilation	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43227	Esoph endoscopy, repair	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43228	Esoph endoscopy, ablation	Y		A2	\$446.00	25.3233	\$1,048.41	\$596.60
43231	Esoph endoscopy w/us exam	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43232	Esoph endoscopy w/us fn bx	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43234	Upper gi endoscopy, exam	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43235	Uppr gi endoscopy, diagnosis	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43236	Uppr gi scope w/submuc inj	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43237	Endoscopic us exam, esoph	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43238	Uppr gi endoscopy w/us fn bx	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43239	Upper gi endoscopy, biopsy	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43240	Esoph endoscope w/drain cyst	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43241	Upper gi endoscopy with tube	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43242	Uppr gi endoscopy w/us fn bx	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43243	Upper gi endoscopy & inject	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43244	Upper gi endoscopy/ligation	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43245	Uppr gi scope dilate strict	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43246	Place gastrostomy tube	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43247	Operative upper gi endoscopy	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43248	Uppr gi endoscopy/guide wire	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43249	Esoph endoscopy, dilation	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43250	Upper gi endoscopy/tumor	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43251	Operative upper gi endoscopy	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43255	Operative upper gi endoscopy	Y		A2	\$446.00	8.503	\$352.03	\$422.51
43256	Uppr gi endoscopy w/stent	Y		A2	\$510.00	24.9814	\$1,034.25	\$641.06
43257	Uppr gi scope w/thrml txmnt	Y		A2	\$510.00	25.3233	\$1,048.41	\$644.60
43258	Operative upper gi endoscopy	Y		A2	\$510.00	8.503	\$352.03	\$470.51
43259	Endoscopic ultrasound exam	Y		A2	\$510.00	8.503	\$352.03	\$470.51
43260	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43261	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43262	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43263	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43264	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43265	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43267	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43268	Endo cholangiopancreatograph	Y		A2	\$446.00	24.9814	\$1,034.25	\$593.06
43269	Endo cholangiopancreatograph	Y		A2	\$446.00	24.9814	\$1,034.25	\$593.06
43271	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43272	Endo cholangiopancreatograph	Y		A2	\$446.00	20.951	\$867.39	\$551.35
43450	Dilate esophagus	Y		A2	\$333.00	5.8431	\$241.91	\$310.23
43453	Dilate esophagus	Y		A2	\$333.00	5.8431	\$241.91	\$310.23
43456	Dilate esophagus	Y		A2	\$335.41	5.8431	\$241.91	\$312.04
43458	Dilate esophagus	Y		A2	\$335.41	8.503	\$352.03	\$339.57
43600	Biopsy of stomach	Y		A2	\$333.00	8.503	\$352.03	\$337.76
43653	Laparoscopy, gastrostomy	Y		A2	\$1,339.00	45.5317	\$1,885.06	\$1,475.52

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
43750	Place gastrostomy tube	N	CH	D5 .....	.....	.....	.....	.....
43760	Change gastrostomy tube	Y .....	.....	A2	\$144.98	3.2383	\$134.07	\$142.25
43761	Reposition gastrostomy tube	Y .....	.....	A2	\$333.00	8.503	\$352.03	\$337.76
43870	Repair stomach opening	Y .....	.....	A2	\$333.00	8.503	\$352.03	\$337.76
43886	Revise gastric port, open	Y .....	.....	G2 .....	.....	20.2069	\$836.59	\$836.59
43887	Remove gastric port, open	Y .....	.....	G2 .....	.....	4.5263	\$187.39	\$187.39
43888	Change gastric port, open	Y .....	.....	G2 .....	.....	20.2069	\$836.59	\$836.59
44100	Biopsy of bowel	Y .....	.....	A2	\$333.00	8.503	\$352.03	\$337.76
44312	Revision of ileostomy	Y .....	.....	A2	\$333.00	20.2069	\$836.59	\$458.90
44340	Revision of colostomy	Y .....	.....	A2	\$510.00	20.2069	\$836.59	\$591.65
44360	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44361	Small bowel endoscopy/biopsy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44363	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44364	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44365	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44366	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44369	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44370	Small bowel endoscopy/stent	Y .....	.....	A2	\$1,339.00	24.9814	\$1,034.25	\$1,262.81
44372	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44373	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44376	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44377	Small bowel endoscopy/biopsy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44378	Small bowel endoscopy	Y .....	.....	A2	\$446.00	9.5292	\$394.52	\$433.13
44379	S bowel endoscope w/stent	Y .....	.....	A2	\$1,339.00	24.9814	\$1,034.25	\$1,262.81
44380	Small bowel endoscopy	Y .....	.....	A2	\$333.00	9.5292	\$394.52	\$348.38
44382	Small bowel endoscopy	Y .....	.....	A2	\$333.00	9.5292	\$394.52	\$348.38
44383	Ileoscopy w/stent	Y .....	.....	A2	\$1,339.00	24.9814	\$1,034.25	\$1,262.81
44385	Endoscopy of bowel pouch	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44386	Endoscopy, bowel pouch/biop	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44388	Colonoscopy	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44389	Colonoscopy with biopsy	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44390	Colonoscopy for foreign body	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44391	Colonoscopy for bleeding	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44392	Colonoscopy & polypectomy	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44393	Colonoscopy, lesion removal	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44394	Colonoscopy w/snare	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
44397	Colonoscopy w/stent	Y .....	.....	A2	\$333.00	24.9814	\$1,034.25	\$508.31
44500	Intro, gastrointestinal tube	Y	CH	G2 .....	.....	3.2383	\$134.07	\$134.07
44701	Intraop colon lavage add-on	N .....	.....	N1 .....	.....	.....	.....	.....
45000	Drainage of pelvic abscess	Y .....	.....	A2	\$312.07	10.9132	\$451.82	\$347.01
45005	Drainage of rectal abscess	Y .....	.....	A2	\$446.00	10.9132	\$451.82	\$447.46
45020	Drainage of rectal abscess	Y .....	.....	A2	\$446.00	10.9132	\$451.82	\$447.46
45100	Biopsy of rectum	Y .....	.....	A2	\$333.00	22.7451	\$941.67	\$569.92
45108	Removal of anorectal lesion	Y .....	.....	A2	\$446.00	22.7451	\$941.67	\$569.92
45150	Excision of rectal stricture	Y .....	.....	A2	\$446.00	22.7451	\$941.67	\$569.92
45160	Excision of rectal lesion	Y .....	.....	A2	\$446.00	22.7451	\$941.67	\$569.92
45170	Excision of rectal lesion	Y .....	.....	A2	\$446.00	22.7451	\$941.67	\$569.92
45190	Destruction, rectal tumor	Y .....	.....	A2	\$1,339.00	22.7451	\$941.67	\$1,239.67
45300	Proctosigmoidoscopy dx	Y .....	.....	P3 .....	.....	1.4318	\$59.28	\$59.28
45303	Proctosigmoidoscopy dilate	Y .....	.....	P2 .....	.....	8.7031	\$360.32	\$360.32
45305	Proctosigmoidoscopy w/bx	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45307	Proctosigmoidoscopy fb	Y .....	.....	A2	\$333.00	21.4632	\$888.60	\$471.90
45308	Proctosigmoidoscopy removal	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45309	Proctosigmoidoscopy removal	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45315	Proctosigmoidoscopy removal	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45317	Proctosigmoidoscopy bleed	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45320	Proctosigmoidoscopy ablate	Y .....	.....	A2	\$333.00	21.4632	\$888.60	\$471.90
45321	Proctosigmoidoscopy volvul	Y .....	.....	A2	\$333.00	21.4632	\$888.60	\$471.90
45327	Proctosigmoidoscopy w/stent	Y .....	.....	A2	\$333.00	24.9814	\$1,034.25	\$508.31
45330	Diagnostic sigmoidoscopy	Y .....	.....	P3 .....	.....	1.9748	\$81.76	\$81.76
45331	Sigmoidoscopy and biopsy	Y .....	.....	A2	\$299.24	5.0972	\$211.03	\$277.19
45332	Sigmoidoscopy w/fb removal	Y .....	.....	A2	\$299.24	5.0972	\$211.03	\$277.19
45333	Sigmoidoscopy & polypectomy	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45334	Sigmoidoscopy for bleeding	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45335	Sigmoidoscopy w/submuc inj	Y .....	.....	A2	\$299.24	5.0972	\$211.03	\$277.19
45337	Sigmoidoscopy & decompress	Y .....	.....	A2	\$299.24	5.0972	\$211.03	\$277.19
45338	Sigmoidoscopy w/tumr remove	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45339	Sigmoidoscopy w/ablate tumr	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45340	Sig w/balloon dilation	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45341	Sigmoidoscopy w/ultrasound	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45342	Sigmoidoscopy w/us guide bx	Y .....	.....	A2	\$333.00	8.7031	\$360.32	\$339.83
45345	Sigmoidoscopy w/stent	Y .....	.....	A2	\$333.00	24.9814	\$1,034.25	\$508.31
45355	Surgical colonoscopy	Y .....	.....	A2	\$333.00	8.8486	\$366.34	\$341.34
45378	Diagnostic colonoscopy	Y .....	.....	A2	\$446.00	8.8486	\$366.34	\$426.09
45379	Colonoscopy w/fb removal	Y .....	.....	A2	\$446.00	8.8486	\$366.34	\$426.09
45380	Colonoscopy and biopsy	Y .....	.....	A2	\$446.00	8.8486	\$366.34	\$426.09
45381	Colonoscopy, submucous inj	Y .....	.....	A2	\$446.00	8.8486	\$366.34	\$426.09

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
45382	Colonoscopy/control bleeding	Y		A2	\$446.00	8.8486	\$366.34	\$426.09
45383	Lesion removal colonoscopy	Y		A2	\$446.00	8.8486	\$366.34	\$426.09
45384	Lesion remove colonoscopy	Y		A2	\$446.00	8.8486	\$366.34	\$426.09
45385	Lesion removal colonoscopy	Y		A2	\$446.00	8.8486	\$366.34	\$426.09
45386	Colonoscopy dilate stricture	Y		A2	\$446.00	8.8486	\$366.34	\$426.09
45387	Colonoscopy w/stent	Y		A2	\$333.00	24.9814	\$1,034.25	\$508.31
45391	Colonoscopy w/endscope us	Y		A2	\$446.00	8.8486	\$366.34	\$426.09
45392	Colonoscopy w/endoscopic fnb	Y		A2	\$446.00	8.8486	\$366.34	\$426.09
45500	Repair of rectum	Y		A2	\$446.00	22.7451	\$941.67	\$569.92
45505	Repair of rectum	Y		A2	\$446.00	30.1606	\$1,248.68	\$646.67
45520	Treatment of rectal prolapse	Y		P2		0.793	\$32.83	\$32.83
45560	Repair of rectocele	Y		A2	\$446.00	30.1606	\$1,248.68	\$646.67
45900	Reduction of rectal prolapse	Y		A2	\$312.07	4.7935	\$198.46	\$283.67
45905	Dilation of anal sphincter	Y		A2	\$333.00	22.7451	\$941.67	\$485.17
45910	Dilation of rectal narrowing	Y		A2	\$333.00	22.7451	\$941.67	\$485.17
45915	Remove rectal obstruction	Y		A2	\$312.07	10.9132	\$451.82	\$347.01
45990	Surg dx exam, anorectal	Y		A2	\$312.07	22.7451	\$941.67	\$469.47
46020	Placement of seton	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46030	Removal of rectal marker	Y		A2	\$312.07	4.7935	\$198.46	\$283.67
46040	Incision of rectal abscess	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46045	Incision of rectal abscess	Y		A2	\$446.00	22.7451	\$941.67	\$569.92
46050	Incision of anal abscess	Y		A2	\$312.07	10.9132	\$451.82	\$347.01
46060	Incision of rectal abscess	Y		A2	\$446.00	22.7451	\$941.67	\$569.92
46070	Incision of anal septum	Y		G2		10.9132	\$451.82	\$451.82
46080	Incision of anal sphincter	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46083	Incise external hemorrhoid	Y		P2		2.0077	\$83.12	\$83.12
46200	Removal of anal fissure	Y		A2	\$446.00	22.7451	\$941.67	\$569.92
46210	Removal of anal crypt	Y		A2	\$446.00	22.7451	\$941.67	\$569.92
46211	Removal of anal crypts	Y		A2	\$446.00	22.7451	\$941.67	\$569.92
46220	Removal of anal tag	Y		A2	\$333.00	22.7451	\$941.67	\$485.17
46221	Ligation of hemorrhoid(s)	Y		P3		2.6251	\$108.68	\$108.68
46230	Removal of anal tags	Y		A2	\$333.00	22.7451	\$941.67	\$485.17
46250	Hemorrhoidectomy	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46255	Hemorrhoidectomy	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46257	Remove hemorrhoids & fissure	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46258	Remove hemorrhoids & fistula	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46260	Hemorrhoidectomy	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46261	Remove hemorrhoids & fissure	Y		A2	\$630.00	22.7451	\$941.67	\$707.92
46262	Remove hemorrhoids & fistula	Y		A2	\$630.00	22.7451	\$941.67	\$707.92
46270	Removal of anal fistula	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46275	Removal of anal fistula	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46280	Removal of anal fistula	Y		A2	\$630.00	22.7451	\$941.67	\$707.92
46285	Removal of anal fistula	Y		A2	\$333.00	22.7451	\$941.67	\$485.17
46288	Repair anal fistula	Y		A2	\$630.00	22.7451	\$941.67	\$707.92
46320	Removal of hemorrhoid clot	Y		P3		1.8678	\$77.33	\$77.33
46500	Injection into hemorrhoid(s)	Y		P3		2.3536	\$97.44	\$97.44
46505	Chemodenervation anal musc	Y		G2		4.7935	\$198.46	\$198.46
46600	Diagnostic anoscopy	N		P2		0.631	\$26.12	\$26.12
46604	Anoscopy and dilation	Y		P2		8.7031	\$360.32	\$360.32
46606	Anoscopy and biopsy	Y		P3		3.1516	\$130.48	\$130.48
46608	Anoscopy, remove for body	Y		A2	\$333.00	8.7031	\$360.32	\$339.83
46610	Anoscopy, remove lesion	Y		A2	\$333.00	21.4632	\$888.60	\$471.90
46611	Anoscopy	Y		A2	\$333.00	8.7031	\$360.32	\$339.83
46612	Anoscopy, remove lesions	Y		A2	\$333.00	21.4632	\$888.60	\$471.90
46614	Anoscopy, control bleeding	Y		P3		1.7529	\$72.57	\$72.57
46615	Anoscopy	Y		A2	\$446.00	21.4632	\$888.60	\$556.65
46700	Repair of anal stricture	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46706	Repr of anal fistula w/glue	Y		A2	\$333.00	30.1606	\$1,248.68	\$561.92
46750	Repair of anal sphincter	Y		A2	\$510.00	30.1606	\$1,248.68	\$694.67
46753	Reconstruction of anus	Y		A2	\$510.00	22.7451	\$941.67	\$617.92
46754	Removal of suture from anus	Y		A2	\$446.00	22.7451	\$941.67	\$569.92
46760	Repair of anal sphincter	Y		A2	\$446.00	30.1606	\$1,248.68	\$646.67
46761	Repair of anal sphincter	Y		A2	\$510.00	30.1606	\$1,248.68	\$694.67
46762	Implant artificial sphincter	Y		A2	\$995.00	30.1606	\$1,248.68	\$1,058.42
46900	Destruction, anal lesion(s)	Y		P3		2.5673	\$106.29	\$106.29
46910	Destruction, anal lesion(s)	Y		P3		2.7895	\$115.49	\$115.49
46916	Cryosurgery, anal lesion(s)	Y		P2		1.4595	\$60.42	\$60.42
46917	Laser surgery, anal lesions	Y		A2	\$333.00	19.9041	\$824.05	\$455.76
46922	Excision of anal lesion(s)	Y		A2	\$333.00	19.9041	\$824.05	\$455.76
46924	Destruction, anal lesion(s)	Y		A2	\$333.00	19.9041	\$824.05	\$455.76
46934	Destruction of hemorrhoids	Y		P3		4.3777	\$181.24	\$181.24
46935	Destruction of hemorrhoids	Y		P3		3.0118	\$124.69	\$124.69
46936	Destruction of hemorrhoids	Y		P3		4.5753	\$189.42	\$189.42
46937	Cryotherapy of rectal lesion	Y		A2	\$446.00	22.7451	\$941.67	\$569.92
46938	Cryotherapy of rectal lesion	Y		A2	\$446.00	30.1606	\$1,248.68	\$646.67
46940	Treatment of anal fissure	Y		P3		1.9915	\$82.45	\$82.45
46942	Treatment of anal fissure	Y		P3		1.9091	\$79.04	\$79.04

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
46945	Ligation of hemorrhoids	Y		P3		3.3161	\$137.29	\$137.29
46946	Ligation of hemorrhoids	Y		A2	\$333.00	10.9132	\$451.82	\$362.71
46947	Hemorrhoidopexy by stapling	Y		A2	\$995.00	30.1606	\$1,248.68	\$1,058.42
47000	Needle biopsy of liver	Y		A2	\$333.00	9.3354	\$386.49	\$346.37
47001	Needle biopsy, liver add-on	N		N1				
47382	Percut ablate liver rf	Y		G2		42.998	\$1,780.16	\$1,780.16
47500	Injection for liver x-rays	N		N1				
47505	Injection for liver x-rays	N		N1				
47510	Insert catheter, bile duct	Y		A2	\$446.00	28.6884	\$1,187.73	\$631.43
47511	Insert bile duct drain	Y		A2	\$1,245.85	28.6884	\$1,187.73	\$1,231.32
47525	Change bile duct catheter	Y		A2	\$333.00	15.3545	\$635.69	\$408.67
47530	Revise/reinsert bile tube	Y		A2	\$333.00	15.3545	\$635.69	\$408.67
47552	Biliary endoscopy thru skin	Y		A2	\$446.00	28.6884	\$1,187.73	\$631.43
47553	Biliary endoscopy thru skin	Y		A2	\$510.00	28.6884	\$1,187.73	\$679.43
47554	Biliary endoscopy thru skin	Y		A2	\$510.00	28.6884	\$1,187.73	\$679.43
47555	Biliary endoscopy thru skin	Y		A2	\$510.00	28.6884	\$1,187.73	\$679.43
47556	Biliary endoscopy thru skin	Y		A2	\$1,245.85	28.6884	\$1,187.73	\$1,231.32
47560	Laparoscopy w/cholangio	Y		A2	\$510.00	34.3958	\$1,424.02	\$738.51
47561	Laparo w/cholangio/biopsy	Y		A2	\$510.00	34.3958	\$1,424.02	\$738.51
47562	Laparoscopic cholecystectomy	Y		G2		45.5317	\$1,885.06	\$1,885.06
47563	Laparo cholecystectomy/graph	Y		G2		45.5317	\$1,885.06	\$1,885.06
47564	Laparo cholecystectomy/explr	Y		G2		45.5317	\$1,885.06	\$1,885.06
47630	Remove bile duct stone	Y		A2	\$510.00	28.6884	\$1,187.73	\$679.43
48102	Needle biopsy, pancreas	Y		A2	\$333.00	9.3354	\$386.49	\$346.37
49080	Puncture, peritoneal cavity	Y		A2	\$222.78	5.2024	\$215.38	\$220.93
49081	Removal of abdominal fluid	Y		A2	\$222.78	5.2024	\$215.38	\$220.93
49180	Biopsy, abdominal mass	Y		A2	\$333.00	9.3354	\$386.49	\$346.37
49250	Excision of umbilicus	Y		A2	\$630.00	25.6947	\$1,063.79	\$738.45
49320	Diag laparo separate proc	Y		A2	\$510.00	34.3958	\$1,424.02	\$738.51
49321	Laparoscopy, biopsy	Y		A2	\$630.00	34.3958	\$1,424.02	\$828.51
49322	Laparoscopy, aspiration	Y		A2	\$630.00	34.3958	\$1,424.02	\$828.51
49400	Air injection into abdomen	N		N1				
49402	Remove foreign body, abdomen	Y		A2	\$446.00	25.6947	\$1,063.79	\$600.45
49419	Insert abdom cath for chemotx	Y		A2	\$333.00	29.6965	\$1,229.46	\$557.12
49420	Insert abdom drain, temp	Y		A2	\$333.00	30.7096	\$1,271.41	\$567.60
49421	Insert abdom drain, perm	Y		A2	\$333.00	30.7096	\$1,271.41	\$567.60
49422	Remove perm cannula/catheter	Y		A2	\$333.00	23.9802	\$992.80	\$497.95
49423	Exchange drainage catheter	Y		G2		15.3545	\$635.69	\$635.69
49424	Assess cyst, contrast inject	N		N1				
49426	Revise abdomen-venous shunt	Y		A2	\$446.00	25.6947	\$1,063.79	\$600.45
49427	Injection, abdominal shunt	N		N1				
49429	Removal of shunt	Y		G2		23.9802	\$992.80	\$992.80
49440	Place gastrostomy tube perc	Y	NI	G2		8.503	\$352.03	\$352.03
49441	Place duod/jej tube perc	Y	NI	G2		8.503	\$352.03	\$352.03
49446	Change g-tube to g-j perc	Y	NI	G2		8.503	\$352.03	\$352.03
49450	Replace g/c tube perc	Y	NI	G2		3.2383	\$134.07	\$134.07
49451	Replace duod/jej tube perc	Y	NI	G2		3.2383	\$134.07	\$134.07
49452	Replace g-j tube perc	Y	NI	G2		3.2383	\$134.07	\$134.07
49460	Fix g/colon tube w/device	Y	NI	G2		3.2383	\$134.07	\$134.07
49465	Fluoro exam of g/colon tube	N	NI	N1				
49495	Rpr ing hernia baby, reduc	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49496	Rpr ing hernia baby, blocked	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49500	Rpr ing hernia, init, reduce	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49501	Rpr ing hernia, init blocked	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49505	Prp i/hern init reduc >5 yr	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49507	Prp i/hern init block >5 yr	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49520	Rerepair ing hernia, reduce	Y		A2	\$995.00	30.6788	\$1,270.13	\$1,063.78
49521	Rerepair ing hernia, blocked	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49525	Repair ing hernia, sliding	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49540	Repair lumbar hernia	Y		A2	\$446.00	30.6788	\$1,270.13	\$652.03
49550	Rpr rem hernia, init, reduce	Y		A2	\$717.00	30.6788	\$1,270.13	\$855.28
49553	Rpr fem hernia, init blocked	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49555	Rerepair fem hernia, reduce	Y		A2	\$717.00	30.6788	\$1,270.13	\$855.28
49557	Rerepair fem hernia, blocked	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49560	Rpr ventral hern init, reduc	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49561	Rpr ventral hern init, block	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49565	Rerepair ventrl hern, reduce	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49566	Rerepair ventrl hern, block	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49568	Hernia repair w/mesh	Y		A2	\$995.00	30.6788	\$1,270.13	\$1,063.78
49570	Rpr epigastric hern, reduce	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49572	Rpr epigastric hern, blocked	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49580	Rpr umbil hern, reduc < 5 yr	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49582	Rpr umbil hern, block < 5 yr	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49585	Rpr umbil hern, reduc > 5 yr	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
49587	Rpr umbil hern, block > 5 yr	Y		A2	\$1,339.00	30.6788	\$1,270.13	\$1,321.78
49590	Repair spigelian hernia	Y		A2	\$510.00	30.6788	\$1,270.13	\$700.03
49600	Repair umbilical lesion	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
49650	Laparo hernia repair initial	Y		A2	\$630.00	45.5317	\$1,885.06	\$943.77
49651	Laparo hernia repair recur	Y		A2	\$995.00	45.5317	\$1,885.06	\$1,217.52
50200	Biopsy of kidney	Y		A2	\$333.00	9.3354	\$386.49	\$346.37
50382	Change ureter stent, percut	Y		G2		24.7749	\$1,025.71	\$1,025.71
50384	Remove ureter stent, percut	Y		G2		17.942	\$742.82	\$742.82
50385	Change stent via transureth	Y	NI	G2		17.942	\$742.82	\$742.82
50386	Remove stent via transureth	Y	NI	G2		5.9735	\$247.31	\$247.31
50387	Change ext/int ureter stent	Y		G2		15.3545	\$635.69	\$635.69
50389	Remove renal tube w/fluoro	Y		G2		5.9735	\$247.31	\$247.31
50390	Drainage of kidney lesion	Y		A2	\$333.00	9.3354	\$386.49	\$346.37
50391	Instill rx agnt into renal tub	Y		P2		1.0356	\$42.87	\$42.87
50392	Insert kidney drain	Y		A2	\$333.00	17.942	\$742.82	\$435.46
50393	Insert ureteral tube	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
50394	Injection for kidney x-ray	N		N1				
50395	Create passage to kidney	Y		A2	\$333.00	17.942	\$742.82	\$435.46
50396	Measure kidney pressure	Y		A2	\$131.50	2.0077	\$83.12	\$119.41
50398	Change kidney tube	Y		A2	\$333.00	15.3545	\$635.69	\$408.67
50551	Kidney endoscopy	Y		A2	\$333.00	5.9735	\$247.31	\$311.58
50553	Kidney endoscopy	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
50555	Kidney endoscopy & biopsy	Y		A2	\$333.00	5.9735	\$247.31	\$311.58
50557	Kidney endoscopy & treatment	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
50561	Kidney endoscopy & treatment	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
50562	Renal scope w/tumor resect	Y		G2		5.9735	\$247.31	\$247.31
50570	Kidney endoscopy	Y		G2		5.9735	\$247.31	\$247.31
50572	Kidney endoscopy	Y		G2		5.9735	\$247.31	\$247.31
50574	Kidney endoscopy & biopsy	Y		G2		5.9735	\$247.31	\$247.31
50575	Kidney endoscopy	Y		G2		36.0774	\$1,493.64	\$1,493.64
50576	Kidney endoscopy & treatment	Y		G2		17.942	\$742.82	\$742.82
50580	Kidney endoscopy & treatment	Y	CH	G2		17.942	\$742.82	\$742.82
50590	Fragmenting of kidney stone	Y		G2		41.5299	\$1,719.38	\$1,719.38
50592	Perc rf ablate renal tumor	Y		G2		42.998	\$1,780.16	\$1,780.16
50684	Injection for ureter x-ray	N		N1				
50686	Measure ureter pressure	Y		P2		1.0356	\$42.87	\$42.87
50688	Change of ureter tube/stent	Y		A2	\$333.00	15.3545	\$635.69	\$408.67
50690	Injection for ureter x-ray	N		N1				
50947	Laparo new ureter/bladder	Y		A2	\$1,339.00	45.5317	\$1,885.06	\$1,475.52
50948	Laparo new ureter/bladder	Y		A2	\$1,339.00	45.5317	\$1,885.06	\$1,475.52
50951	Endoscopy of ureter	Y		A2	\$333.00	5.9735	\$247.31	\$311.58
50953	Endoscopy of ureter	Y		A2	\$333.00	5.9735	\$247.31	\$311.58
50955	Ureter endoscopy & biopsy	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
50957	Ureter endoscopy & treatment	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
50961	Ureter endoscopy & treatment	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
50970	Ureter endoscopy	Y		A2	\$333.00	5.9735	\$247.31	\$311.58
50972	Ureter endoscopy & catheter	Y		A2	\$333.00	5.9735	\$247.31	\$311.58
50974	Ureter endoscopy & biopsy	Y		A2	\$333.00	17.942	\$742.82	\$435.46
50976	Ureter endoscopy & treatment	Y		A2	\$333.00	17.942	\$742.82	\$435.46
50980	Ureter endoscopy & treatment	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
51000	Drainage of bladder	N	CH	D5				
51005	Drainage of bladder	N	CH	D5				
51010	Drainage of bladder	N	CH	D5				
51020	Incise & treat bladder	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
51030	Incise & treat bladder	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
51040	Incise & drain bladder	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
51045	Incise bladder/drain ureter	Y		A2	\$399.24	5.9735	\$247.31	\$361.26
51050	Removal of bladder stone	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
51065	Remove ureter calculus	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
51080	Drainage of bladder abscess	Y		A2	\$333.00	18.3197	\$758.45	\$439.36
51100	Drain bladder by needle	Y	NI	P3		0.757	\$31.34	\$31.34
51101	Drain bladder by trocar/cath	Y	NI	P2		1.0356	\$42.87	\$42.87
51102	Drain bl w/cath insertion	Y	NI	A2	\$333.00	19.3414	\$800.75	\$449.94
51500	Removal of bladder cyst	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
51520	Removal of bladder lesion	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
51600	Injection for bladder x-ray	N		N1				
51605	Preparation for bladder xray	N		N1				
51610	Injection for bladder x-ray	N		N1				
51700	Irrigation of bladder	Y		P3		1.2756	\$52.81	\$52.81
51701	Insert bladder catheter	N		P2		0.631	\$26.12	\$26.12
51702	Insert temp bladder cath	N		P2		0.631	\$26.12	\$26.12
51703	Insert bladder cath, complex	Y		P2		1.0356	\$42.87	\$42.87
51705	Change of bladder tube	Y		P3		1.7693	\$73.25	\$73.25
51710	Change of bladder tube	Y		A2	\$333.00	15.3545	\$635.69	\$408.67
51715	Endoscopic injection/implant	Y		A2	\$510.00	29.7864	\$1,233.19	\$690.80
51720	Treatment of bladder lesion	Y		P3		1.3823	\$57.23	\$57.23
51725	Simple cystometrogram	Y		P2		3.0469	\$126.14	\$126.14
51726	Complex cystometrogram	Y		A2	\$209.48	3.0469	\$126.14	\$188.65
51736	Urine flow measurement	Y		P3		0.4444	\$18.40	\$18.40
51741	Electro-uroflowmetry, first	Y		P3		0.5101	\$21.12	\$21.12

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
51772	Urethra pressure profile	Y		A2	\$131.50	2.0077	\$83.12	\$119.41
51784	Anal/urinary muscle study	Y		P2		1.0356	\$42.87	\$42.87
51785	Anal/urinary muscle study	Y		A2	\$66.92	2.0077	\$83.12	\$70.97
51792	Urinary reflex study	Y		P2		1.0356	\$42.87	\$42.87
51795	Urine voiding pressure study	Y		P2		2.0077	\$83.12	\$83.12
51797	Intraabdominal pressure test	Y		P2		2.0077	\$83.12	\$83.12
51798	Us urine capacity measure	N		P3		0.3867	\$16.01	\$16.01
51880	Repair of bladder opening	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
51992	Laparo sling operation	Y		A2	\$717.00	45.5317	\$1,885.06	\$1,009.02
52000	Cystoscopy	Y		A2	\$333.00	5.9735	\$247.31	\$311.58
52001	Cystoscopy, removal of clots	Y		A2	\$399.24	17.942	\$742.82	\$485.14
52005	Cystoscopy & ureter catheter	Y		A2	\$446.00	17.942	\$742.82	\$520.21
52007	Cystoscopy and biopsy	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52010	Cystoscopy & duct catheter	Y		A2	\$399.24	5.9735	\$247.31	\$361.26
52204	Cystoscopy w/biopsy(s)	Y		A2	\$446.00	17.942	\$742.82	\$520.21
52214	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52224	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52234	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52235	Cystoscopy and treatment	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52240	Cystoscopy and treatment	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52250	Cystoscopy and radiotracer	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
52260	Cystoscopy and treatment	Y		A2	\$446.00	17.942	\$742.82	\$520.21
52265	Cystoscopy and treatment	Y		P2		5.9735	\$247.31	\$247.31
52270	Cystoscopy & revise urethra	Y		A2	\$446.00	17.942	\$742.82	\$520.21
52275	Cystoscopy & revise urethra	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52276	Cystoscopy and treatment	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52277	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52281	Cystoscopy and treatment	Y		A2	\$446.00	17.942	\$742.82	\$520.21
52282	Cystoscopy, implant stent	Y		A2	\$1,339.00	36.0774	\$1,493.64	\$1,377.66
52283	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52285	Cystoscopy and treatment	Y		A2	\$446.00	17.942	\$742.82	\$520.21
52290	Cystoscopy and treatment	Y		A2	\$446.00	17.942	\$742.82	\$520.21
52300	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52301	Cystoscopy and treatment	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52305	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52310	Cystoscopy and treatment	Y		A2	\$399.24	17.942	\$742.82	\$485.14
52315	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52317	Remove bladder stone	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
52318	Remove bladder stone	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52320	Cystoscopy and treatment	Y		A2	\$717.00	24.7749	\$1,025.71	\$794.18
52325	Cystoscopy, stone removal	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
52327	Cystoscopy, inject material	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52330	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52332	Cystoscopy and treatment	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52334	Create passage to kidney	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52341	Cysto w/ureter stricture tx	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52342	Cysto w/up stricture tx	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52343	Cysto w/renal stricture tx	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52344	Cysto/uretero, stricture tx	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52345	Cysto/uretero w/up stricture	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52346	Cystouretero w/renal strict	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52351	Cystouretero & or pyeloscope	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52352	Cystouretero w/stone remove	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
52353	Cystouretero w/lithotripsy	Y		A2	\$630.00	36.0774	\$1,493.64	\$845.91
52354	Cystouretero w/biopsy	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
52355	Cystouretero w/excise tumor	Y		A2	\$630.00	24.7749	\$1,025.71	\$728.93
52400	Cystouretero w/congen repr	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52402	Cystourethro cut ejacul duct	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52450	Incision of prostate	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52500	Revision of bladder neck	Y		A2	\$510.00	24.7749	\$1,025.71	\$638.93
52510	Dilation prostatic urethra	N	CH	D5				
52601	Prostatectomy (tupr)	Y		A2	\$630.00	36.0774	\$1,493.64	\$845.91
52606	Control postop bleeding	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
52612	Prostatectomy, first stage	Y		A2	\$446.00	36.0774	\$1,493.64	\$707.91
52614	Prostatectomy, second stage	Y		A2	\$333.00	36.0774	\$1,493.64	\$623.16
52620	Remove residual prostate	Y		A2	\$333.00	36.0774	\$1,493.64	\$623.16
52630	Remove prostate regrowth	Y		A2	\$446.00	36.0774	\$1,493.64	\$707.91
52640	Relieve bladder contracture	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
52647	Laser surgery of prostate	Y		A2	\$1,339.00	45.2042	\$1,871.50	\$1,472.13
52648	Laser surgery of prostate	Y		A2	\$1,339.00	45.2042	\$1,871.50	\$1,472.13
52700	Drainage of prostate abscess	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
53000	Incision of urethra	Y		A2	\$333.00	19.1505	\$792.85	\$447.96
53010	Incision of urethra	Y		A2	\$333.00	19.1505	\$792.85	\$447.96
53020	Incision of urethra	Y		A2	\$333.00	19.1505	\$792.85	\$447.96
53025	Incision of urethra	Y		R2		19.1505	\$792.85	\$792.85
53040	Drainage of urethra abscess	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
53060	Drainage of urethra abscess	Y		P3		1.7198	\$71.20	\$71.20

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
53080	Drainage of urinary leakage	Y		A2	\$510.00	19.1505	\$792.85	\$580.71
53085	Drainage of urinary leakage	Y		G2		19.1505	\$792.85	\$792.85
53200	Biopsy of urethra	Y		A2	\$333.00	19.1505	\$792.85	\$447.96
53210	Removal of urethra	Y		A2	\$717.00	29.7864	\$1,233.19	\$846.05
53215	Removal of urethra	Y		A2	\$717.00	19.1505	\$792.85	\$735.96
53220	Treatment of urethra lesion	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53230	Removal of urethra lesion	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53235	Removal of urethra lesion	Y		A2	\$510.00	19.1505	\$792.85	\$580.71
53240	Surgery for urethra pouch	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53250	Removal of urethra gland	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
53260	Treatment of urethra lesion	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
53265	Treatment of urethra lesion	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
53270	Removal of urethra gland	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
53275	Repair of urethra defect	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
53400	Revise urethra, stage 1	Y		A2	\$510.00	29.7864	\$1,233.19	\$690.80
53405	Revise urethra, stage 2	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53410	Reconstruction of urethra	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53420	Reconstruct urethra, stage 1	Y		A2	\$510.00	29.7864	\$1,233.19	\$690.80
53425	Reconstruct urethra, stage 2	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53430	Reconstruction of urethra	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53431	Reconstruct urethra/bladder	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53440	Male sling procedure	N	CH	H8	\$446.00	106.8568	\$4,423.98	\$3,500.50
53442	Remove/revise male sling	Y		A2	\$333.00	29.7864	\$1,233.19	\$558.05
53444	Insert tandem cuff	N	CH	H8	\$446.00	106.8568	\$4,423.98	\$3,500.50
53445	Insert uro/ves nck sphincter	N		H8	\$333.00	193.4277	\$8,008.10	\$6,625.75
53446	Remove uro sphincter	Y		A2	\$333.00	29.7864	\$1,233.19	\$558.05
53447	Remove/replace ur sphincter	N		H8	\$333.00	193.4277	\$8,008.10	\$6,625.75
53449	Repair uro sphincter	Y		A2	\$333.00	29.7864	\$1,233.19	\$558.05
53450	Revision of urethra	Y		A2	\$333.00	29.7864	\$1,233.19	\$558.05
53460	Revision of urethra	Y		A2	\$333.00	19.1505	\$792.85	\$447.96
53502	Repair of urethra injury	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
53505	Repair of urethra injury	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53510	Repair of urethra injury	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
53515	Repair of urethra injury	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53520	Repair of urethra defect	Y		A2	\$446.00	29.7864	\$1,233.19	\$642.80
53600	Dilate urethra stricture	Y		P3		0.9381	\$38.84	\$38.84
53601	Dilate urethra stricture	Y	CH	P2		1.0356	\$42.87	\$42.87
53605	Dilate urethra stricture	Y		A2	\$446.00	17.942	\$742.82	\$520.21
53620	Dilate urethra stricture	Y		P3		1.5224	\$63.03	\$63.03
53621	Dilate urethra stricture	Y		P3		1.5963	\$66.09	\$66.09
53660	Dilation of urethra	Y	CH	P2		1.0356	\$42.87	\$42.87
53661	Dilation of urethra	Y	CH	P2		1.0356	\$42.87	\$42.87
53665	Dilation of urethra	Y		A2	\$333.00	19.1505	\$792.85	\$447.96
53850	Prostatic microwave thermotx	Y		P2		45.2042	\$1,871.50	\$1,871.50
53852	Prostatic rf thermotx	Y		P2		45.2042	\$1,871.50	\$1,871.50
53853	Prostatic water thermother	Y		P2		24.7749	\$1,025.71	\$1,025.71
54000	Slitting of prepuce	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
54001	Slitting of prepuce	Y		A2	\$446.00	19.1505	\$792.85	\$532.71
54015	Drain penis lesion	Y		A2	\$630.00	18.3197	\$758.45	\$662.11
54050	Destruction, penis lesion(s)	Y		P2		1.4595	\$60.42	\$60.42
54055	Destruction, penis lesion(s)	Y		P2		1.4565	\$60.30	\$60.30
54056	Cryosurgery, penis lesion(s)	Y		P3		0.793	\$32.83	\$32.83
54057	Laser surg, penis lesion(s)	Y		A2	\$333.00	19.9041	\$824.05	\$455.76
54060	Excision of penis lesion(s)	Y		A2	\$333.00	19.9041	\$824.05	\$455.76
54065	Destruction, penis lesion(s)	Y		A2	\$333.00	19.9041	\$824.05	\$455.76
54100	Biopsy of penis	Y		A2	\$333.00	16.1001	\$666.56	\$416.39
54105	Biopsy of penis	Y		A2	\$333.00	21.1098	\$873.97	\$468.24
54110	Treatment of penis lesion	Y		A2	\$446.00	33.9306	\$1,404.76	\$685.69
54111	Treat penis lesion, graft	Y		A2	\$446.00	33.9306	\$1,404.76	\$685.69
54112	Treat penis lesion, graft	Y		A2	\$446.00	33.9306	\$1,404.76	\$685.69
54115	Treatment of penis lesion	Y		A2	\$333.00	18.3197	\$758.45	\$439.36
54120	Partial removal of penis	Y		A2	\$446.00	33.9306	\$1,404.76	\$685.69
54150	Circumcision w/regionl block	Y		A2	\$333.00	22.3251	\$924.28	\$480.82
54160	Circumcision, neonate	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
54161	Circum 28 days or older	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
54162	Lysis penil circumc lesion	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
54163	Repair of circumcision	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
54164	Frenulotomy of penis	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
54200	Treatment of penis lesion	Y		P3		1.5717	\$65.07	\$65.07
54205	Treatment of penis lesion	Y		A2	\$630.00	33.9306	\$1,404.76	\$823.69
54220	Treatment of penis lesion	Y		A2	\$131.50	2.0077	\$83.12	\$119.41
54230	Prepare penis study	N		N1				
54231	Dynamic cavernosometry	Y		P3		1.3741	\$56.89	\$56.89
54235	Penile injection	Y		P3		0.9628	\$39.86	\$39.86
54240	Penis study	Y		P3		0.6667	\$27.60	\$27.60
54250	Penis study	Y		P3		0.2304	\$9.54	\$9.54
54300	Revision of penis	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
54304	Revision of penis	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54308	Reconstruction of urethra	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54312	Reconstruction of urethra	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54316	Reconstruction of urethra	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54318	Reconstruction of urethra	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54322	Reconstruction of urethra	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54324	Reconstruction of urethra	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54326	Reconstruction of urethra	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54328	Revise penis/urethra	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54340	Secondary urethral surgery	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54344	Secondary urethral surgery	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54348	Secondary urethral surgery	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54352	Reconstruct urethra/penis	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54360	Penis plastic surgery	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54380	Repair penis	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54385	Repair penis	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54400	Insert semi-rigid prosthesis	N	CH	H8	\$510.00	106.8568	\$4,423.98	\$3,548.50
54401	Insert self-contd prosthesis	N		H8	\$510.00	193.4277	\$8,008.10	\$6,758.50
54405	Insert multi-comp penis pros	N		H8	\$510.00	193.4277	\$8,008.10	\$6,758.50
54406	Remove multi-comp penis pros	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54408	Repair multi-comp penis pros	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54410	Remove/replace penis prosth	N		H8	\$510.00	193.4277	\$8,008.10	\$6,758.50
54415	Remove self-contd penis pros	Y		A2	\$510.00	33.9306	\$1,404.76	\$733.69
54416	Remv/repl penis contain pros	N		H8	\$510.00	193.4277	\$8,008.10	\$6,758.50
54420	Revision of penis	Y		A2	\$630.00	33.9306	\$1,404.76	\$823.69
54435	Revision of penis	Y		A2	\$630.00	33.9306	\$1,404.76	\$823.69
54440	Repair of penis	Y		A2	\$630.00	33.9306	\$1,404.76	\$823.69
54450	Preputial stretching	Y		A2	\$209.48	3.0469	\$126.14	\$188.65
54500	Biopsy of testis	Y		A2	\$333.00	13.5764	\$562.08	\$390.27
54505	Biopsy of testis	Y		A2	\$333.00	22.3251	\$924.28	\$480.82
54512	Excise lesion testis	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
54520	Removal of testis	Y		A2	\$510.00	22.3251	\$924.28	\$613.57
54522	Orchiectomy, partial	Y		A2	\$510.00	22.3251	\$924.28	\$613.57
54530	Removal of testis	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
54550	Exploration for testis	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
54560	Exploration for testis	Y		G2		22.3251	\$924.28	\$924.28
54600	Reduce testis torsion	Y		A2	\$630.00	22.3251	\$924.28	\$703.57
54620	Suspension of testis	Y		A2	\$510.00	22.3251	\$924.28	\$613.57
54640	Suspension of testis	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
54660	Revision of testis	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
54670	Repair testis injury	Y		A2	\$510.00	22.3251	\$924.28	\$613.57
54680	Relocation of testis(es)	Y		A2	\$510.00	22.3251	\$924.28	\$613.57
54690	Laparoscopy, orchiectomy	Y		A2	\$1,339.00	45.5317	\$1,885.06	\$1,475.52
54692	Laparoscopy, orchiopexy	Y		G2		69.6652	\$2,884.21	\$2,884.21
54700	Drainage of scrotum	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
54800	Biopsy of epididymis	Y		A2	\$127.16	4.327	\$179.14	\$140.16
54830	Remove epididymis lesion	Y		A2	\$510.00	22.3251	\$924.28	\$613.57
54840	Remove epididymis lesion	Y		A2	\$630.00	22.3251	\$924.28	\$703.57
54860	Removal of epididymis	Y		A2	\$510.00	22.3251	\$924.28	\$613.57
54861	Removal of epididymis	Y		A2	\$630.00	22.3251	\$924.28	\$703.57
54865	Explore epididymis	Y		A2	\$333.00	22.3251	\$924.28	\$480.82
54900	Fusion of spermatic ducts	Y		A2	\$630.00	22.3251	\$924.28	\$703.57
54901	Fusion of spermatic ducts	Y		A2	\$630.00	22.3251	\$924.28	\$703.57
55000	Drainage of hydrocele	Y		P3		1.6128	\$66.77	\$66.77
55040	Removal of hydrocele	Y		A2	\$510.00	30.6788	\$1,270.13	\$700.03
55041	Removal of hydroceles	Y		A2	\$717.00	30.6788	\$1,270.13	\$855.28
55060	Repair of hydrocele	Y		A2	\$630.00	22.3251	\$924.28	\$703.57
55100	Drainage of scrotum abscess	Y		A2	\$333.00	11.5594	\$478.57	\$369.39
55110	Explore scrotum	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
55120	Removal of scrotum lesion	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
55150	Removal of scrotum	Y		A2	\$333.00	22.3251	\$924.28	\$480.82
55175	Revision of scrotum	Y		A2	\$333.00	22.3251	\$924.28	\$480.82
55180	Revision of scrotum	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
55200	Incision of sperm duct	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
55250	Removal of sperm duct(s)	Y		A2	\$446.00	22.3251	\$924.28	\$565.57
55300	Prepare, sperm duct x-ray	N		N1				
55400	Repair of sperm duct	Y		A2	\$333.00	22.3251	\$924.28	\$480.82
55450	Ligation of sperm duct	Y		P3		5.1264	\$212.24	\$212.24
55500	Removal of hydrocele	Y		A2	\$510.00	22.3251	\$924.28	\$613.57
55520	Removal of sperm cord lesion	Y		A2	\$630.00	22.3251	\$924.28	\$703.57
55530	Revise spermatic cord veins	Y		A2	\$630.00	22.3251	\$924.28	\$703.57
55535	Revise spermatic cord veins	Y		A2	\$630.00	30.6788	\$1,270.13	\$790.03
55540	Revise hernia & sperm veins	Y		A2	\$717.00	30.6788	\$1,270.13	\$855.28
55550	Laparo ligate spermatic vein	Y		A2	\$1,339.00	45.5317	\$1,885.06	\$1,475.52
55600	Incise sperm duct pouch	Y		R2		22.3251	\$924.28	\$924.28
55680	Remove sperm pouch lesion	Y		A2	\$333.00	22.3251	\$924.28	\$480.82
55700	Biopsy of prostate	Y		A2	\$345.83	11.0338	\$456.81	\$373.58

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
55705	Biopsy of prostate	Y		A2	\$345.83	11.0338	\$456.81	\$373.58
55720	Drainage of prostate abscess	Y		A2	\$333.00	24.7749	\$1,025.71	\$506.18
55725	Drainage of prostate abscess	Y		A2	\$446.00	24.7749	\$1,025.71	\$590.93
55860	Surgical exposure, prostate	Y		G2		19.3414	\$800.75	\$800.75
55870	Electroejaculation	Y		P3		1.6541	\$68.48	\$68.48
55873	Cryoblate prostate	Y		H8	\$1,339.00	162.5379	\$6,729.23	\$6,219.63
55875	Transperi needle place, pros	N		A2	\$1,339.00	36.0774	\$1,493.64	\$1,377.66
55876*	Place rt device/marker, pros	Y		P3		1.7033	\$70.52	\$70.52
55920	Place needles pelvic for rt	Y	NI	G2		25.6947	\$1,063.79	\$1,063.79
56405	I & d of vulva/perineum	Y		P3		1.0287	\$42.59	\$42.59
56420	Drainage of gland abscess	Y		P2		1.352	\$55.97	\$55.97
56440	Surgery for vulva lesion	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
56441	Lysis of labial lesion(s)	Y		A2	\$333.00	19.0203	\$787.46	\$446.62
56442	Hymenotomy	Y		A2	\$333.00	19.0203	\$787.46	\$446.62
56501	Destroy, vulva lesions, sim	Y		P3		1.4072	\$58.26	\$58.26
56515	Destroy vulva lesion/s compl	Y		A2	\$510.00	19.9041	\$824.05	\$588.51
56605	Biopsy of vulva/perineum	Y		P3		0.8229	\$34.07	\$34.07
56606	Biopsy of vulva/perineum	Y		P3		0.3539	\$14.65	\$14.65
56620	Partial removal of vulva	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
56625	Complete removal of vulva	Y		A2	\$995.00	19.0203	\$787.46	\$943.12
56700	Partial removal of hymen	Y		A2	\$333.00	19.0203	\$787.46	\$446.62
56740	Remove vagina gland lesion	Y		A2	\$510.00	19.0203	\$787.46	\$579.37
56800	Repair of vagina	Y		A2	\$510.00	19.0203	\$787.46	\$579.37
56805	Repair clitoris	Y		G2		19.0203	\$787.46	\$787.46
56810	Repair of perineum	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
56820	Exam of vulva w/scope	Y		P3		1.0287	\$42.59	\$42.59
56821	Exam/biopsy of vulva w/scope	Y		P2		1.352	\$55.97	\$55.97
57000	Exploration of vagina	Y		A2	\$333.00	19.0203	\$787.46	\$446.62
57010	Drainage of pelvic abscess	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57020	Drainage of pelvic fluid	Y		A2	\$409.33	6.0783	\$251.65	\$369.91
57022	I & d vaginal hematoma, pp	Y		G2		11.5594	\$478.57	\$478.57
57023	I & d vag hematoma, non-ob	Y		A2	\$333.00	18.3197	\$758.45	\$439.36
57061	Destroy vag lesions, simple	Y		P3		1.3084	\$54.17	\$54.17
57065	Destroy vag lesions, complex	Y		A2	\$333.00	19.0203	\$787.46	\$446.62
57100	Biopsy of vagina	Y		P3		0.8394	\$34.75	\$34.75
57105	Biopsy of vagina	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57130	Remove vagina lesion	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57135	Remove vagina lesion	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57150	Treat vagina infection	Y	CH	P3		0.6913	\$28.62	\$28.62
57155	Insert uteri tandems/ovoids	Y		A2	\$409.33	6.0783	\$251.65	\$369.91
57160	Insert pessary/other device	Y		P3		0.8476	\$35.09	\$35.09
57170	Fitting of diaphragm/cap	Y		P2		0.1309	\$5.42	\$5.42
57180	Treat vaginal bleeding	Y		A2	\$178.05	1.352	\$55.97	\$147.53
57200	Repair of vagina	Y		A2	\$333.00	19.0203	\$787.46	\$446.62
57210	Repair vagina/perineum	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57220	Revision of urethra	Y		A2	\$510.00	42.7099	\$1,768.23	\$824.56
57230	Repair of urethral lesion	Y		A2	\$510.00	32.4237	\$1,342.37	\$718.09
57240	Repair bladder & vagina	Y		A2	\$717.00	32.4237	\$1,342.37	\$873.34
57250	Repair rectum & vagina	Y		A2	\$717.00	32.4237	\$1,342.37	\$873.34
57260	Repair of vagina	Y		A2	\$717.00	32.4237	\$1,342.37	\$873.34
57265	Extensive repair of vagina	Y		A2	\$995.00	42.7099	\$1,768.23	\$1,188.31
57267	Insert mesh/pelvic flr addon	Y		A2	\$995.00	32.4237	\$1,342.37	\$1,081.84
57268	Repair of bowel bulge	Y		A2	\$510.00	32.4237	\$1,342.37	\$718.09
57287	Revise/remove sling repair	Y		G2		32.4237	\$1,342.37	\$1,342.37
57288	Repair bladder defect	Y		A2	\$717.00	42.7099	\$1,768.23	\$979.81
57289	Repair bladder & vagina	Y		A2	\$717.00	32.4237	\$1,342.37	\$873.34
57291	Construction of vagina	Y		A2	\$717.00	32.4237	\$1,342.37	\$873.34
57300	Repair rectum-vagina fistula	Y		A2	\$510.00	32.4237	\$1,342.37	\$718.09
57320	Repair bladder-vagina lesion	Y		G2		32.4237	\$1,342.37	\$1,342.37
57400	Dilation of vagina	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57410	Pelvic examination	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57415	Remove vaginal foreign body	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57420	Exam of vagina w/scope	Y		P3		1.0616	\$43.95	\$43.95
57421	Exam/biopsy of vag w/scope	Y		P3		1.4154	\$58.60	\$58.60
57452	Exam of cervix w/scope	Y		P3		1.0121	\$41.90	\$41.90
57454	Bx/curett of cervix w/scope	Y		P3		1.2507	\$51.78	\$51.78
57455	Biopsy of cervix w/scope	Y		P3		1.3248	\$54.85	\$54.85
57456	Endocerv curettage w/scope	Y		P3		1.2756	\$52.81	\$52.81
57460	Bx of cervix w/scope, leep	Y		P3		4.1639	\$172.39	\$172.39
57461	Conz of cervix w/scope, leep	Y		P3		4.3941	\$181.92	\$181.92
57500	Biopsy of cervix	Y		P3		1.8763	\$77.68	\$77.68
57505	Endocervical curettage	Y		P3		1.1437	\$47.35	\$47.35
57510	Cauterization of cervix	Y		P3		1.1768	\$48.72	\$48.72
57511	Cryocautery of cervix	Y		P2		1.352	\$55.97	\$55.97
57513	Laser surgery of cervix	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57520	Conization of cervix	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
57522	Conization of cervix	Y		A2	\$446.00	19.0203	\$787.46	\$531.37

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
57530	Removal of cervix	Y		A2	\$510.00	32.4237	\$1,342.37	\$718.09
57550	Removal of residual cervix	Y		A2	\$510.00	32.4237	\$1,342.37	\$718.09
57556	Remove cervix, repair bowel	Y		A2	\$717.00	42.7099	\$1,768.23	\$979.81
57558	D&c of cervical stump	Y		A2	\$510.00	19.0203	\$787.46	\$579.37
57700	Revision of cervix	Y		A2	\$333.00	19.0203	\$787.46	\$446.62
57720	Revision of cervix	Y		A2	\$510.00	19.0203	\$787.46	\$579.37
57800	Dilation of cervical canal	Y		P3		0.6089	\$25.21	\$25.21
58100	Biopsy of uterus lining	Y		P3		1.0121	\$41.90	\$41.90
58110	Bx done w/colposcopy add-on	N	CH	N1				
58120	Dilation and curettage	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
58145	Myomectomy vag method	Y		A2	\$717.00	32.4237	\$1,342.37	\$873.34
58301	Remove intrauterine device	Y		P3		0.971	\$40.20	\$40.20
58321	Artificial insemination	Y		P3		0.8558	\$35.43	\$35.43
58322	Artificial insemination	Y		P3		0.9217	\$38.16	\$38.16
58323	Sperm washing	Y		P3		0.2797	\$11.58	\$11.58
58340	Catheter for hystero-graphy	N		N1				
58345	Reopen fallopian tube	Y		R2		19.0203	\$787.46	\$787.46
58346	Insert heyman uteri capsule	Y		A2	\$446.00	19.0203	\$787.46	\$531.37
58350	Reopen fallopian tube	Y		A2	\$510.00	32.4237	\$1,342.37	\$718.09
58353	Endometr ablate, thermal	Y		A2	\$995.00	32.4237	\$1,342.37	\$1,081.84
58356	Endometrial cryoablation	Y		P2		42.7099	\$1,768.23	\$1,768.23
58545	Laparoscopic myomectomy	Y		A2	\$1,339.00	34.3958	\$1,424.02	\$1,360.26
58546	Laparo-myomectomy, complex	Y		A2	\$1,339.00	45.5317	\$1,885.06	\$1,475.52
58550	Laparo-asst vag hysterectomy	Y		A2	\$1,339.00	69.6652	\$2,884.21	\$1,725.30
58552	Laparo-vag hyst incl t/o	Y		G2		45.5317	\$1,885.06	\$1,885.06
58555	Hysteroscopy, dx, sep proc	Y		A2	\$333.00	21.6576	\$896.65	\$473.91
58558	Hysteroscopy, biopsy	Y		A2	\$510.00	21.6576	\$896.65	\$606.66
58559	Hysteroscopy, lysis	Y		A2	\$446.00	21.6576	\$896.65	\$558.66
58560	Hysteroscopy, resect septum	Y		A2	\$510.00	34.2048	\$1,416.11	\$736.53
58561	Hysteroscopy, remove myoma	Y		A2	\$510.00	34.2048	\$1,416.11	\$736.53
58562	Hysteroscopy, remove fb	Y		A2	\$510.00	21.6576	\$896.65	\$606.66
58563	Hysteroscopy, ablation	Y		A2	\$1,339.00	34.2048	\$1,416.11	\$1,358.28
58565	Hysteroscopy, sterilization	Y		A2	\$1,339.00	42.7099	\$1,768.23	\$1,446.31
58600	Division of fallopian tube	Y		G2		32.4237	\$1,342.37	\$1,342.37
58615	Occlude fallopian tube(s)	Y		G2		19.0203	\$787.46	\$787.46
58660	Laparoscopy, lysis	Y		A2	\$717.00	45.5317	\$1,885.06	\$1,009.02
58661	Laparoscopy, remove adnexa	Y		A2	\$717.00	45.5317	\$1,885.06	\$1,009.02
58662	Laparoscopy, excise lesions	Y		A2	\$717.00	45.5317	\$1,885.06	\$1,009.02
58670	Laparoscopy, tubal cautery	Y		A2	\$510.00	45.5317	\$1,885.06	\$853.77
58671	Laparoscopy, tubal block	Y		A2	\$510.00	45.5317	\$1,885.06	\$853.77
58672	Laparoscopy, fimbrioplasty	Y		A2	\$717.00	45.5317	\$1,885.06	\$1,009.02
58673	Laparoscopy, salpingostomy	Y		A2	\$717.00	45.5317	\$1,885.06	\$1,009.02
58800	Drainage of ovarian cyst(s)	Y		A2	\$510.00	19.0203	\$787.46	\$579.37
58805	Drainage of ovarian cyst(s)	Y	CH	G2		32.4237	\$1,342.37	\$1,342.37
58820	Drain ovary abscess, open	Y		A2	\$510.00	32.4237	\$1,342.37	\$718.09
58900	Biopsy of ovary(s)	Y		A2	\$510.00	19.0203	\$787.46	\$579.37
58970	Retrieval of oocyte	Y		A2	\$245.92	2.7584	\$114.20	\$212.99
58974	Transfer of embryo	Y		A2	\$245.92	2.7584	\$114.20	\$212.99
58976	Transfer of embryo	Y		A2	\$245.92	2.7584	\$114.20	\$212.99
59000	Amniocentesis, diagnostic	Y	CH	P3		1.5717	\$65.07	\$65.07
59001	Amniocentesis, therapeutic	Y		R2		6.0783	\$251.65	\$251.65
59012	Fetal cord puncture, prenatal	Y		G2		2.7584	\$114.20	\$114.20
59015	Chorion biopsy	Y		P3		1.2178	\$50.42	\$50.42
59020	Fetal contract stress test	Y		P3		0.5761	\$23.85	\$23.85
59025	Fetal non-stress test	Y		P3		0.2961	\$12.26	\$12.26
59070	Transabdom amniocentesis w/us	Y		G2		2.7584	\$114.20	\$114.20
59072	Umbilical cord occlud w/us	Y		G2		2.7584	\$114.20	\$114.20
59076	Fetal shunt placement, w/us	Y		G2		2.7584	\$114.20	\$114.20
59100	Remove uterus lesion	Y		R2		32.4237	\$1,342.37	\$1,342.37
59150	Treat ectopic pregnancy	Y		G2		45.5317	\$1,885.06	\$1,885.06
59151	Treat ectopic pregnancy	Y		G2		45.5317	\$1,885.06	\$1,885.06
59160	D & c after delivery	Y		A2	\$510.00	19.0203	\$787.46	\$579.37
59200	Insert cervical dilator	Y		P3		0.8722	\$36.11	\$36.11
59300	Episiotomy or vaginal repair	Y		P3		1.7939	\$74.27	\$74.27
59320	Revision of cervix	Y		A2	\$333.00	19.0203	\$787.46	\$446.62
59412	Antepartum manipulation	Y		G2		19.0203	\$787.46	\$787.46
59414	Deliver placenta	Y		G2		19.0203	\$787.46	\$787.46
59812	Treatment of miscarriage	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
59820	Care of miscarriage	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
59821	Treatment of miscarriage	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
59840	Abortion	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
59841	Abortion	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
59866	Abortion (mpr)	Y		G2		2.7584	\$114.20	\$114.20
59870	Evacuate mole of uterus	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
59871	Remove cerclage suture	Y		A2	\$717.00	19.0203	\$787.46	\$734.62
60000	Drain thyroid/tongue cyst	Y		A2	\$333.00	7.4474	\$308.33	\$326.83
60001	Aspirate/inject thyroid cyst	N	CH	D5				

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
60100	Biopsy of thyroid	Y		P3		1.1191	\$46.33	\$46.33
60200	Remove thyroid lesion	Y		A2	\$446.00	44.324	\$1,835.06	\$793.27
60280	Remove thyroid duct lesion	Y		A2	\$630.00	44.324	\$1,835.06	\$931.27
60281	Remove thyroid duct lesion	Y		A2	\$630.00	44.324	\$1,835.06	\$931.27
60300	Aspir/inj thyroid cyst	Y	NI	P3		1.3741	\$56.89	\$56.89
61000	Remove cranial cavity fluid	Y		R2		8.5263	\$353.00	\$353.00
61001	Remove cranial cavity fluid	Y		R2		8.5263	\$353.00	\$353.00
61020	Remove brain cavity fluid	Y		A2	\$183.83	8.5263	\$353.00	\$226.12
61026	Injection into brain canal	Y		A2	\$183.83	8.5263	\$353.00	\$226.12
61050	Remove brain canal fluid	Y		A2	\$183.83	8.5263	\$353.00	\$226.12
61055	Injection into brain canal	Y		A2	\$183.83	8.5263	\$353.00	\$226.12
61070	Brain canal shunt procedure	Y		A2	\$183.83	3.2383	\$134.07	\$171.39
61215	Insert brain-fluid device	Y		A2	\$510.00	36.2768	\$1,501.90	\$757.98
61330	Decompress eye socket	Y		G2		39.8776	\$1,650.97	\$1,650.97
61334	Explore orbit/remove object	Y		G2		39.8776	\$1,650.97	\$1,650.97
61790	Treat trigeminal nerve	Y		A2	\$510.00	18.0518	\$747.36	\$569.34
61791	Treat trigeminal tract	Y		A2	\$351.92	14.4879	\$599.81	\$413.89
61795	Brain surgery using computer	N	CH	N1				
61880	Revise/remove neuroelectrode	Y		G2		22.4734	\$930.42	\$930.42
61885	Insrt/redo neurostim 1 array	N		H8	\$446.00	269.543	\$11,159.35	\$10,493.89
61886	Implant neurostim arrays	N		H8	\$510.00	395.2777	\$16,364.89	\$15,586.16
61888	Revise/remove neuroreceiver	Y		A2	\$333.00	34.4166	\$1,424.88	\$605.97
62194	Replace/irrigate catheter	Y		A2	\$333.00	8.5263	\$353.00	\$338.00
62225	Replace/irrigate catheter	Y		A2	\$333.00	15.3545	\$635.69	\$408.67
62230	Replace/revise brain shunt	Y		A2	\$446.00	36.2768	\$1,501.90	\$709.98
62252	Csf shunt reprogram	N		P3		1.0698	\$44.29	\$44.29
62263	Epidural lysis mult sessions	Y		A2	\$333.00	14.4879	\$599.81	\$399.70
62264	Epidural lysis on single day	Y		A2	\$333.00	14.4879	\$599.81	\$399.70
62268	Drain spinal cord cyst	Y		A2	\$183.83	8.5263	\$353.00	\$226.12
62269	Needle biopsy, spinal cord	Y		A2	\$333.00	9.3354	\$386.49	\$346.37
62270	Spinal fluid tap, diagnostic	Y		A2	\$139.00	4.0964	\$169.60	\$146.65
62272	Drain cerebro spinal fluid	Y		A2	\$139.00	4.0964	\$169.60	\$146.65
62273	Inject epidural patch	Y		A2	\$333.00	4.0964	\$169.60	\$292.15
62280	Treat spinal cord lesion	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
62281	Treat spinal cord lesion	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
62282	Treat spinal canal lesion	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
62284	Injection for myelogram	N		N1				
62287	Percutaneous disectomy	Y		A2	\$1,339.00	33.2707	\$1,377.44	\$1,348.61
62290	Inject for spine disk x-ray	N		N1				
62291	Inject for spine disk x-ray	N		N1				
62292	Injection into disk lesion	Y	CH	R2		8.5263	\$353.00	\$353.00
62294	Injection into spinal artery	Y		A2	\$183.83	8.5263	\$353.00	\$226.12
62310	Inject spine c/t	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
62311	Inject spine l/s (cd)	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
62318	Inject spine w/cath, c/t	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
62319	Inject spine w/cath l/s (cd)	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
62350	Implant spinal canal cath	Y		A2	\$446.00	36.2768	\$1,501.90	\$709.98
62355	Remove spinal canal catheter	Y		A2	\$446.00	14.4879	\$599.81	\$484.45
62360	Insert spine infusion device	Y		A2	\$446.00	36.2768	\$1,501.90	\$709.98
62361	Implant spine infusion pump	Y		H8	\$446.00	263.8315	\$10,922.89	\$10,157.07
62362	Implant spine infusion pump	Y		H8	\$446.00	263.8315	\$10,922.89	\$10,157.07
62365	Remove spine infusion device	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
62367	Analyze spine infusion pump	N		P3		0.428	\$17.72	\$17.72
62368	Analyze spine infusion pump	N		P3		0.5183	\$21.46	\$21.46
63600	Remove spinal cord lesion	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
63610	Stimulation of spinal cord	Y		A2	\$333.00	18.0518	\$747.36	\$436.59
63615	Remove lesion of spinal cord	Y		R2		18.0518	\$747.36	\$747.36
63650	Implant neuroelectrodes	N		H8	\$446.00	83.1135	\$3,440.98	\$2,909.36
63655	Implant neuroelectrodes	N		J8		109.8976	\$4,549.87	\$4,549.87
63660	Revise/remove neuroelectrode	Y		A2	\$333.00	22.4734	\$930.42	\$482.36
63685	Insrt/redo spine n generator	N		H8	\$446.00	350.8302	\$14,524.72	\$13,727.20
63688	Revise/remove neuroreceiver	Y		A2	\$333.00	34.4166	\$1,424.88	\$605.97
63744	Revision of spinal shunt	Y		A2	\$510.00	36.2768	\$1,501.90	\$757.98
63746	Removal of spinal shunt	Y		A2	\$446.00	5.6614	\$234.39	\$393.10
64400	N block inj, trigeminal	Y		P3		1.3659	\$56.55	\$56.55
64402	N block inj, facial	Y		P3		1.2425	\$51.44	\$51.44
64405	N block inj, occipital	Y		P3		1.078	\$44.63	\$44.63
64408	N block inj, vagus	Y		P3		1.2425	\$51.44	\$51.44
64410	N block inj, phrenic	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64412	N block inj, spinal accessor	Y		P3		1.9666	\$81.42	\$81.42
64413	N block inj, cervical plexus	Y		P3		1.3002	\$53.83	\$53.83
64415	N block inj, brachial plexus	Y		A2	\$139.00	4.0964	\$169.60	\$146.65
64416	N block cont infuse, b plex	Y		G2		7.0546	\$292.07	\$292.07
64417	N block inj, axillary	Y		A2	\$139.00	4.0964	\$169.60	\$146.65
64418	N block inj, suprascapular	Y		P3		1.8596	\$76.99	\$76.99
64420	N block inj, intercost, sng	Y		A2	\$139.00	4.0964	\$169.60	\$146.65
64421	N block inj, intercost, mlt	Y		A2	\$333.00	4.0964	\$169.60	\$292.15

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
64425	N block inj, ilio-ing/hypogi	Y		P3		1.2096	\$50.08	\$50.08
64430	N block inj, pudendal	Y		A2	\$139.00	7.0546	\$292.07	\$177.27
64435	N block inj, paracervical	Y		P3		1.8596	\$76.99	\$76.99
64445	N block inj, sciatic, sng	Y		P3		1.7693	\$73.25	\$73.25
64446	N blk inj, sciatic, cont inf	Y		G2		14.4879	\$599.81	\$599.81
64447	N block inj fem, single	Y	CH	R2		4.0964	\$169.60	\$169.60
64450	N block, other peripheral	Y		P3		1.0369	\$42.93	\$42.93
64470	Inj paravertebral c/t	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64472	Inj paravertebral c/t add-on	Y		A2	\$333.00	4.0964	\$169.60	\$292.15
64475	Inj paravertebral l/s	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64476	Inj paravertebral l/s add-on	Y		A2	\$333.00	2.3213	\$96.10	\$273.78
64479	Inj foramen epidural c/t	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64480	Inj foramen epidural add-on	Y		A2	\$333.00	4.0964	\$169.60	\$292.15
64483	Inj foramen epidural l/s	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64484	Inj foramen epidural add-on	Y		A2	\$333.00	4.0964	\$169.60	\$292.15
64505	N block, sphenopalatine gangl	Y		P3		0.971	\$40.20	\$40.20
64508	N block, carotid sinus s/p	Y		P3		2.2053	\$91.30	\$91.30
64510	N block, stellate ganglion	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64517	N block inj, hypogas plxs	Y		A2	\$139.00	7.0546	\$292.07	\$177.27
64520	N block, lumbar/thoracic	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64530	N block inj, celiac pelus	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64553	Implant neuroelectrodes	N		H8	\$333.00	316.5407	\$13,105.10	\$12,022.95
64555	Implant neuroelectrodes	N		J8		83.1135	\$3,440.98	\$3,440.98
64560	Implant neuroelectrodes	N		J8		83.1135	\$3,440.98	\$3,440.98
64561	Implant neuroelectrodes	N		H8	\$510.00	83.1135	\$3,440.98	\$2,957.36
64565	Implant neuroelectrodes	N		J8		83.1135	\$3,440.98	\$3,440.98
64573	Implant neuroelectrodes	N		H8	\$333.00	316.5407	\$13,105.10	\$12,022.95
64575	Implant neuroelectrodes	N		H8	\$333.00	109.8976	\$4,549.87	\$3,785.92
64577	Implant neuroelectrodes	N		H8	\$333.00	109.8976	\$4,549.87	\$3,785.92
64580	Implant neuroelectrodes	N		H8	\$333.00	109.8976	\$4,549.87	\$3,785.92
64581	Implant neuroelectrodes	N		H8	\$510.00	109.8976	\$4,549.87	\$3,918.67
64585	Revise/remove neuroelectrode	Y		A2	\$333.00	22.4734	\$930.42	\$482.36
64590	Insrt/redo pn/gastr stim	N		H8	\$446.00	269.543	\$11,159.35	\$10,493.89
64595	Revise/rmv pn/gastr stim	Y		A2	\$333.00	34.4166	\$1,424.88	\$605.97
64600	Injection treatment of nerve	Y		A2	\$333.00	14.4879	\$599.81	\$399.70
64605	Injection treatment of nerve	Y		A2	\$333.00	14.4879	\$599.81	\$399.70
64610	Injection treatment of nerve	Y		A2	\$333.00	14.4879	\$599.81	\$399.70
64612	Destroy nerve, face muscle	Y		P3		1.6705	\$69.16	\$69.16
64613	Destroy nerve, neck muscle	Y		P3		1.7693	\$73.25	\$73.25
64614	Destroy nerve, extrem musc	Y		P3		1.9915	\$82.45	\$82.45
64620	Injection treatment of nerve	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64622	Destr paravertebral nerve l/s	Y		A2	\$333.00	14.4879	\$599.81	\$399.70
64623	Destr paravertebral n add-on	Y		A2	\$333.00	7.0546	\$292.07	\$322.77
64626	Destr paravertebral nerve c/t	Y		A2	\$333.00	14.4879	\$599.81	\$399.70
64627	Destr paravertebral n add-on	Y		A2	\$333.00	2.3213	\$96.10	\$273.78
64630	Injection treatment of nerve	Y		A2	\$351.92	7.0546	\$292.07	\$336.96
64640	Injection treatment of nerve	Y		P3		2.7156	\$112.43	\$112.43
64650	Chemodenerv eccrine glands	Y	CH	P3		0.65	\$26.91	\$26.91
64653	Chemodenerv eccrine glands	Y	CH	P3		0.6831	\$28.28	\$28.28
64680	Injection treatment of nerve	Y		A2	\$390.95	14.4879	\$599.81	\$443.17
64681	Injection treatment of nerve	Y		A2	\$446.00	14.4879	\$599.81	\$484.45
64702	Revise finger/toe nerve	Y		A2	\$333.00	18.0518	\$747.36	\$436.59
64704	Revise hand/foot nerve	Y		A2	\$333.00	18.0518	\$747.36	\$436.59
64708	Revise arm/leg nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64712	Revision of sciatic nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64713	Revision of arm nerve(s)	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64714	Revise low back nerve(s)	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64716	Revision of cranial nerve	Y		A2	\$510.00	18.0518	\$747.36	\$569.34
64718	Revise ulnar nerve at elbow	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64719	Revise ulnar nerve at wrist	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64721	Carpal tunnel surgery	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64722	Relieve pressure on nerve(s)	Y		A2	\$333.00	18.0518	\$747.36	\$436.59
64726	Release foot/toe nerve	Y		A2	\$333.00	18.0518	\$747.36	\$436.59
64727	Internal nerve revision	Y		A2	\$333.00	18.0518	\$747.36	\$436.59
64732	Incision of brow nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64734	Incision of cheek nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64736	Incision of chin nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64738	Incision of jaw nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64740	Incision of tongue nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64742	Incision of facial nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64744	Incise nerve, back of head	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64746	Incise diaphragm nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64761	Incision of pelvis nerve	Y		G2		18.0518	\$747.36	\$747.36
64763	Incise hip/thigh nerve	Y		G2		18.0518	\$747.36	\$747.36
64766	Incise hip/thigh nerve	Y		G2		33.2707	\$1,377.44	\$1,377.44
64771	Sever cranial nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64772	Incision of spinal nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
64774	Remove skin nerve lesion	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64776	Remove digit nerve lesion	Y		A2	\$510.00	18.0518	\$747.36	\$569.34
64778	Digit nerve surgery add-on	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64782	Remove limb nerve lesion	Y		A2	\$510.00	18.0518	\$747.36	\$569.34
64783	Limb nerve surgery add-on	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64784	Remove nerve lesion	Y		A2	\$510.00	18.0518	\$747.36	\$569.34
64786	Remove sciatic nerve lesion	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64787	Implant nerve end	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64788	Remove skin nerve lesion	Y		A2	\$510.00	18.0518	\$747.36	\$569.34
64790	Removal of nerve lesion	Y		A2	\$510.00	18.0518	\$747.36	\$569.34
64792	Removal of nerve lesion	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64795	Biopsy of nerve	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64802	Remove sympathetic nerves	Y		A2	\$446.00	18.0518	\$747.36	\$521.34
64820	Remove sympathetic nerves	Y		G2		18.0518	\$747.36	\$747.36
64821	Remove sympathetic nerves	Y		A2	\$630.00	26.3105	\$1,089.28	\$744.82
64822	Remove sympathetic nerves	Y		G2		26.3105	\$1,089.28	\$1,089.28
64823	Remove sympathetic nerves	Y		G2		26.3105	\$1,089.28	\$1,089.28
64831	Repair of digit nerve	Y		A2	\$630.00	33.2707	\$1,377.44	\$816.86
64832	Repair nerve add-on	Y		A2	\$333.00	33.2707	\$1,377.44	\$594.11
64834	Repair of hand or foot nerve	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64835	Repair of hand or foot nerve	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64836	Repair of hand or foot nerve	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64837	Repair nerve add-on	Y		A2	\$333.00	33.2707	\$1,377.44	\$594.11
64840	Repair of leg nerve	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64856	Repair/transpose nerve	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64857	Repair arm/leg nerve	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64858	Repair sciatic nerve	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64859	Nerve surgery	Y		A2	\$333.00	33.2707	\$1,377.44	\$594.11
64861	Repair of arm nerves	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64862	Repair of low back nerves	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64864	Repair of facial nerve	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64865	Repair of facial nerve	Y		A2	\$630.00	33.2707	\$1,377.44	\$816.86
64870	Fusion of facial/other nerve	Y		A2	\$630.00	33.2707	\$1,377.44	\$816.86
64872	Subsequent repair of nerve	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64874	Repair & revise nerve add-on	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64876	Repair nerve/shorten bone	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64885	Nerve graft, head or neck	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64886	Nerve graft, head or neck	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64890	Nerve graft, hand or foot	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64891	Nerve graft, hand or foot	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64892	Nerve graft, arm or leg	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64893	Nerve graft, arm or leg	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64895	Nerve graft, hand or foot	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64896	Nerve graft, hand or foot	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64897	Nerve graft, arm or leg	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64898	Nerve graft, arm or leg	Y		A2	\$510.00	33.2707	\$1,377.44	\$726.86
64901	Nerve graft add-on	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64902	Nerve graft add-on	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64905	Nerve pedicle transfer	Y		A2	\$446.00	33.2707	\$1,377.44	\$678.86
64907	Nerve pedicle transfer	Y		A2	\$333.00	33.2707	\$1,377.44	\$594.11
64910	Nerve repair w/allograft	Y	CH	G2		18.0518	\$747.36	\$747.36
65091	Revise eye	Y		A2	\$510.00	37.7243	\$1,561.82	\$772.96
65093	Revise eye with implant	Y		A2	\$510.00	37.7243	\$1,561.82	\$772.96
65101	Removal of eye	Y		A2	\$510.00	37.7243	\$1,561.82	\$772.96
65103	Remove eye/insert implant	Y		A2	\$510.00	37.7243	\$1,561.82	\$772.96
65105	Remove eye/attach implant	Y		A2	\$630.00	37.7243	\$1,561.82	\$862.96
65110	Removal of eye	Y		A2	\$717.00	37.7243	\$1,561.82	\$928.21
65112	Remove eye/revise socket	Y		A2	\$995.00	37.7243	\$1,561.82	\$1,136.71
65114	Remove eye/revise socket	Y		A2	\$995.00	37.7243	\$1,561.82	\$1,136.71
65125	Revise ocular implant	Y		G2		18.7307	\$775.47	\$775.47
65130	Insert ocular implant	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
65135	Insert ocular implant	Y		A2	\$446.00	24.3077	\$1,006.36	\$586.09
65140	Attach ocular implant	Y		A2	\$510.00	37.7243	\$1,561.82	\$772.96
65150	Revise ocular implant	Y		A2	\$446.00	24.3077	\$1,006.36	\$586.09
65155	Reinsert ocular implant	Y		A2	\$510.00	37.7243	\$1,561.82	\$772.96
65175	Removal of ocular implant	Y		A2	\$333.00	18.7307	\$775.47	\$443.62
65205	Remove foreign body from eye	N		P3		0.4937	\$20.44	\$20.44
65210	Remove foreign body from eye	N		P3		0.6253	\$25.89	\$25.89
65220	Remove foreign body from eye	N		G2		0.8696	\$36.00	\$36.00
65222	Remove foreign body from eye	N		P3		0.6831	\$28.28	\$28.28
65235	Remove foreign body from eye	Y		A2	\$446.00	16.171	\$669.50	\$501.88
65260	Remove foreign body from eye	Y		A2	\$510.00	18.235	\$754.95	\$571.24
65265	Remove foreign body from eye	Y		A2	\$630.00	27.845	\$1,152.81	\$760.70
65270	Repair of eye wound	Y		A2	\$446.00	18.7307	\$775.47	\$528.37
65272	Repair of eye wound	Y		A2	\$446.00	23.1758	\$959.50	\$574.38
65275	Repair of eye wound	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
65280	Repair of eye wound	Y		A2	\$630.00	18.235	\$754.95	\$661.24

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
65285	Repair of eye wound	Y		A2	\$630.00	37.2078	\$1,540.44	\$857.61
65286	Repair of eye wound	Y		P2		5.1169	\$211.84	\$211.84
65290	Repair of eye socket wound	Y		A2	\$510.00	24.1291	\$998.97	\$632.24
65400	Removal of eye lesion	Y		A2	\$333.00	16.171	\$669.50	\$417.13
65410	Biopsy of cornea	Y		A2	\$446.00	16.171	\$669.50	\$501.88
65420	Removal of eye lesion	Y		A2	\$446.00	16.171	\$669.50	\$501.88
65426	Removal of eye lesion	Y		A2	\$717.00	23.1758	\$959.50	\$777.63
65430	Corneal smear	N	CH	P2		0.8696	\$36.00	\$36.00
65435	Curette/treat cornea	Y		P3		0.7652	\$31.68	\$31.68
65436	Curette/treat cornea	Y		G2		16.171	\$669.50	\$669.50
65450	Treatment of corneal lesion	N		G2		2.179	\$90.21	\$90.21
65600	Revision of cornea	Y		P3		3.884	\$160.80	\$160.80
65710	Corneal transplant	Y		A2	\$995.00	37.4896	\$1,552.11	\$1,134.28
65730	Corneal transplant	Y		A2	\$995.00	37.4896	\$1,552.11	\$1,134.28
65750	Corneal transplant	Y		A2	\$995.00	37.4896	\$1,552.11	\$1,134.28
65755	Corneal transplant	Y		A2	\$995.00	37.4896	\$1,552.11	\$1,134.28
65770	Revise cornea with implant	Y		A2	\$995.00	84.8039	\$3,510.97	\$1,623.99
65772	Correction of astigmatism	Y		A2	\$630.00	16.171	\$669.50	\$639.88
65775	Correction of astigmatism	Y		A2	\$630.00	16.171	\$669.50	\$639.88
65780	Ocular reconst, transplant	Y		A2	\$717.00	37.4896	\$1,552.11	\$925.78
65781	Ocular reconst, transplant	Y		A2	\$717.00	37.4896	\$1,552.11	\$925.78
65782	Ocular reconst, transplant	Y		A2	\$717.00	37.4896	\$1,552.11	\$925.78
65800	Drainage of eye	Y		A2	\$333.00	16.171	\$669.50	\$417.13
65805	Drainage of eye	Y		A2	\$333.00	16.171	\$669.50	\$417.13
65810	Drainage of eye	Y		A2	\$510.00	23.1758	\$959.50	\$622.38
65815	Drainage of eye	Y		A2	\$446.00	23.1758	\$959.50	\$574.38
65820	Relieve inner eye pressure	Y		A2	\$333.00	5.1169	\$211.84	\$302.71
65850	Incision of eye	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
65855	Laser surgery of eye	Y		P3		3.2093	\$132.87	\$132.87
65860	Incise inner eye adhesions	Y		P3		3.0036	\$124.35	\$124.35
65865	Incise inner eye adhesions	Y		A2	\$333.00	16.171	\$669.50	\$417.13
65870	Incise inner eye adhesions	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
65875	Incise inner eye adhesions	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
65880	Incise inner eye adhesions	Y		A2	\$630.00	16.171	\$669.50	\$639.88
65900	Remove eye lesion	Y		A2	\$717.00	16.171	\$669.50	\$705.13
65920	Remove implant of eye	Y		A2	\$995.00	23.1758	\$959.50	\$986.13
65930	Remove blood clot from eye	Y		A2	\$717.00	23.1758	\$959.50	\$777.63
66020	Injection treatment of eye	Y		A2	\$333.00	16.171	\$669.50	\$417.13
66030	Injection treatment of eye	Y		A2	\$333.00	5.1169	\$211.84	\$302.71
66130	Remove eye lesion	Y		A2	\$995.00	23.1758	\$959.50	\$986.13
66150	Glaucoma surgery	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
66155	Glaucoma surgery	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
66160	Glaucoma surgery	Y		A2	\$446.00	23.1758	\$959.50	\$574.38
66165	Glaucoma surgery	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
66170	Glaucoma surgery	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
66172	Incision of eye	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
66180	Implant eye shunt	Y		A2	\$717.00	39.7101	\$1,644.04	\$948.76
66185	Revise eye shunt	Y		A2	\$446.00	39.7101	\$1,644.04	\$745.51
66220	Repair eye lesion	Y		A2	\$510.00	37.2078	\$1,540.44	\$767.61
66225	Repair/graft eye lesion	Y		A2	\$630.00	39.7101	\$1,644.04	\$883.51
66250	Follow-up surgery of eye	Y		A2	\$446.00	16.171	\$669.50	\$501.88
66500	Incision of iris	Y		A2	\$333.00	5.1169	\$211.84	\$302.71
66505	Incision of iris	Y		A2	\$333.00	5.1169	\$211.84	\$302.71
66600	Remove iris and lesion	Y		A2	\$510.00	23.1758	\$959.50	\$622.38
66605	Removal of iris	Y		A2	\$510.00	23.1758	\$959.50	\$622.38
66625	Removal of iris	Y		A2	\$372.94	5.1169	\$211.84	\$332.67
66630	Removal of iris	Y		A2	\$510.00	23.1758	\$959.50	\$622.38
66635	Removal of iris	Y		A2	\$510.00	23.1758	\$959.50	\$622.38
66680	Repair iris & ciliary body	Y		A2	\$510.00	23.1758	\$959.50	\$622.38
66682	Repair iris & ciliary body	Y		A2	\$446.00	23.1758	\$959.50	\$574.38
66700	Destruction, ciliary body	Y		A2	\$446.00	16.171	\$669.50	\$501.88
66710	Ciliary transsleral therapy	Y		A2	\$446.00	16.171	\$669.50	\$501.88
66711	Ciliary endoscopic ablation	Y		A2	\$446.00	16.171	\$669.50	\$501.88
66720	Destruction, ciliary body	Y		A2	\$446.00	16.171	\$669.50	\$501.88
66740	Destruction, ciliary body	Y		A2	\$446.00	23.1758	\$959.50	\$574.38
66761	Revision of iris	Y		P3		4.3695	\$180.90	\$180.90
66762	Revision of iris	Y		P3		4.4272	\$183.29	\$183.29
66770	Removal of inner eye lesion	Y		P3		4.781	\$197.94	\$197.94
66820	Incision, secondary cataract	Y		G2		5.1169	\$211.84	\$211.84
66821	After cataract laser surgery	Y		A2	\$312.50	5.2001	\$215.29	\$288.20
66825	Reposition intraocular lens	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
66830	Removal of lens lesion	Y		A2	\$372.94	5.1169	\$211.84	\$332.67
66840	Removal of lens material	Y		A2	\$630.00	14.9171	\$617.58	\$626.90
66850	Removal of lens material	Y		A2	\$995.00	28.7035	\$1,188.35	\$1,043.34
66852	Removal of lens material	Y		A2	\$630.00	28.7035	\$1,188.35	\$769.59
66920	Extraction of lens	Y		A2	\$630.00	28.7035	\$1,188.35	\$769.59
66930	Extraction of lens	Y		A2	\$717.00	28.7035	\$1,188.35	\$834.84

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
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HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
66940	Extraction of lens	Y		A2	\$717.00	14.9171	\$617.58	\$692.15
66982	Cataract surgery, complex	Y		A2	\$973.00	23.8649	\$988.03	\$976.76
66983	Cataract surg w/iol, 1 stage	Y		A2	\$973.00	23.8649	\$988.03	\$976.76
66984	Cataract surg w/iol, 1 stage	Y		A2	\$973.00	23.8649	\$988.03	\$976.76
66985	Insert lens prosthesis	Y		A2	\$826.00	23.8649	\$988.03	\$866.51
66986	Exchange lens prosthesis	Y		A2	\$826.00	23.8649	\$988.03	\$866.51
66990	Ophthalmic endoscope add-on	N		N1				
67005	Partial removal of eye fluid	Y		A2	\$630.00	27.845	\$1,152.81	\$760.70
67010	Partial removal of eye fluid	Y		A2	\$630.00	27.845	\$1,152.81	\$760.70
67015	Release of eye fluid	Y		A2	\$333.00	27.845	\$1,152.81	\$537.95
67025	Replace eye fluid	Y		A2	\$333.00	27.845	\$1,152.81	\$537.95
67027	Implant eye drug system	Y		A2	\$630.00	37.2078	\$1,540.44	\$857.61
67028	Injection eye drug	N		P3		1.9997	\$82.79	\$82.79
67030	Incise inner eye strands	Y		A2	\$333.00	18.235	\$754.95	\$438.49
67031	Laser surgery, eye strands	Y		A2	\$312.50	5.2001	\$215.29	\$288.20
67036	Removal of inner eye fluid	Y		A2	\$630.00	37.2078	\$1,540.44	\$857.61
67038	Strip retinal membrane	N	CH	D5				
67039	Laser treatment of retina	Y		A2	\$995.00	37.2078	\$1,540.44	\$1,131.36
67040	Laser treatment of retina	Y		A2	\$995.00	37.2078	\$1,540.44	\$1,131.36
67041	Vit for macular pucker	Y	NI	G2		37.2078	\$1,540.44	\$1,540.44
67042	Vit for macular hole	Y	NI	G2		37.2078	\$1,540.44	\$1,540.44
67043	Vit for membrane dissect	Y	NI	G2		37.2078	\$1,540.44	\$1,540.44
67101	Repair detached retina	Y		P3		7.2496	\$300.14	\$300.14
67105	Repair detached retina	Y		P2		5.2001	\$215.29	\$215.29
67107	Repair detached retina	Y		A2	\$717.00	37.2078	\$1,540.44	\$922.86
67108	Repair detached retina	Y		A2	\$995.00	37.2078	\$1,540.44	\$1,131.36
67110	Repair detached retina	Y		P3		7.8831	\$326.37	\$326.37
67112	Rerepair detached retina	Y		A2	\$995.00	37.2078	\$1,540.44	\$1,131.36
67113	Repair retinal detach, cplx	Y	NI	G2		37.2078	\$1,540.44	\$1,540.44
67115	Release encircling material	Y		A2	\$446.00	18.235	\$754.95	\$523.24
67120	Remove eye implant material	Y		A2	\$446.00	18.235	\$754.95	\$523.24
67121	Remove eye implant material	Y		A2	\$446.00	27.845	\$1,152.81	\$622.70
67141	Treatment of retina	Y		A2	\$241.77	4.1331	\$171.11	\$224.11
67145	Treatment of retina	Y		P3		4.5506	\$188.40	\$188.40
67208	Treatment of retinal lesion	Y		P3		4.8467	\$200.66	\$200.66
67210	Treatment of retinal lesion	Y	CH	P3		5.1349	\$212.59	\$212.59
67218	Treatment of retinal lesion	Y		A2	\$717.00	18.235	\$754.95	\$726.49
67220	Treatment of choroid lesion	Y		P2		4.1331	\$171.11	\$171.11
67221	Ocular photodynamic ther	Y		P3		2.9789	\$123.33	\$123.33
67225	Eye photodynamic ther add-on	Y		P3		0.1976	\$8.18	\$8.18
67227	Treatment of retinal lesion	Y		A2	\$333.00	27.845	\$1,152.81	\$537.95
67228	Treatment of retinal lesion	Y		P2		5.2001	\$215.29	\$215.29
67229*	Tr retinal les preterm inf	Y	NI	R2		5.2001	\$215.29	\$215.29
67250	Reinforce eye wall	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
67255	Reinforce/graft eye wall	Y		A2	\$510.00	27.845	\$1,152.81	\$670.70
67311	Revise eye muscle	Y		A2	\$510.00	24.1291	\$998.97	\$632.24
67312	Revise two eye muscles	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67314	Revise eye muscle	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67316	Revise two eye muscles	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67318	Revise eye muscle(s)	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67320	Revise eye muscle(s) add-on	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67331	Eye surgery follow-up add-on	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67332	Rerevise eye muscles add-on	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67334	Revise eye muscle w/suture	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67335	Eye suture during surgery	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67340	Revise eye muscle add-on	Y		A2	\$630.00	24.1291	\$998.97	\$722.24
67343	Release eye tissue	Y		A2	\$995.00	24.1291	\$998.97	\$995.99
67345	Destroy nerve of eye muscle	Y		P3		1.9584	\$81.08	\$81.08
67346	Biopsy, eye muscle	Y		A2	\$333.00	13.7453	\$569.07	\$392.02
67400	Explore/biopsy eye socket	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
67405	Explore/drain eye socket	Y		A2	\$630.00	24.3077	\$1,006.36	\$724.09
67412	Explore/treat eye socket	Y		A2	\$717.00	24.3077	\$1,006.36	\$789.34
67413	Explore/treat eye socket	Y		A2	\$717.00	24.3077	\$1,006.36	\$789.34
67414	Explr/decompress eye socket	Y		G2		37.7243	\$1,561.82	\$1,561.82
67415	Aspiration, orbital contents	Y		A2	\$333.00	18.7307	\$775.47	\$443.62
67420	Explore/treat eye socket	Y		A2	\$717.00	37.7243	\$1,561.82	\$928.21
67430	Explore/treat eye socket	Y		A2	\$717.00	37.7243	\$1,561.82	\$928.21
67440	Explore/drain eye socket	Y		A2	\$717.00	37.7243	\$1,561.82	\$928.21
67445	Explr/decompress eye socket	Y		A2	\$717.00	37.7243	\$1,561.82	\$928.21
67450	Explore/biopsy eye socket	Y		A2	\$717.00	37.7243	\$1,561.82	\$928.21
67500	Inject/treat eye socket	N		G2		2.179	\$90.21	\$90.21
67505	Inject/treat eye socket	Y		G3		2.9022	\$120.15	\$120.15
67515	Inject/treat eye socket	Y		P3		0.5596	\$23.17	\$23.17
67550	Insert eye socket implant	Y		A2	\$630.00	37.7243	\$1,561.82	\$862.96
67560	Revise eye socket implant	Y		A2	\$446.00	24.3077	\$1,006.36	\$586.09
67570	Decompress optic nerve	Y		A2	\$630.00	37.7243	\$1,561.82	\$862.96
67700	Drainage of eyelid abscess	Y		P2		2.9022	\$120.15	\$120.15

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
67710	Incision of eyelid	Y		P3		3.7359	\$154.67	\$154.67
67715	Incision of eyelid fold	Y		A2	\$333.00	18.7307	\$775.47	\$443.62
67800	Remove eyelid lesion	Y		P3		1.2343	\$51.10	\$51.10
67801	Remove eyelid lesions	Y		P3		1.4975	\$62.00	\$62.00
67805	Remove eyelid lesions	Y		P3		1.9338	\$80.06	\$80.06
67808	Remove eyelid lesion(s)	Y		A2	\$446.00	18.7307	\$775.47	\$528.37
67810	Biopsy of eyelid	Y		P2		2.9022	\$120.15	\$120.15
67820	Revise eyelashes	N		P3		0.428	\$17.72	\$17.72
67825	Revise eyelashes	Y		P3		1.292	\$53.49	\$53.49
67830	Revise eyelashes	Y		A2	\$446.00	7.2847	\$301.59	\$409.90
67835	Revise eyelashes	Y		A2	\$446.00	18.7307	\$775.47	\$528.37
67840	Remove eyelid lesion	Y		P3		3.8593	\$159.78	\$159.78
67850	Treat eyelid lesion	Y		P3		2.7403	\$113.45	\$113.45
67875	Closure of eyelid by suture	Y		G2		7.2847	\$301.59	\$301.59
67880	Revision of eyelid	Y		A2	\$510.00	16.171	\$669.50	\$549.88
67882	Revision of eyelid	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
67900	Repair brow defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67901	Repair eyelid defect	Y		A2	\$717.00	18.7307	\$775.47	\$731.62
67902	Repair eyelid defect	Y		A2	\$717.00	18.7307	\$775.47	\$731.62
67903	Repair eyelid defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67904	Repair eyelid defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67906	Repair eyelid defect	Y		A2	\$717.00	18.7307	\$775.47	\$731.62
67908	Repair eyelid defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67909	Revise eyelid defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67911	Revise eyelid defect	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
67912	Correction eyelid w/implant	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
67914	Repair eyelid defect	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
67915	Repair eyelid defect	Y		P3		4.2378	\$175.45	\$175.45
67916	Repair eyelid defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67917	Repair eyelid defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67921	Repair eyelid defect	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
67922	Repair eyelid defect	Y		P3		4.1472	\$171.70	\$171.70
67923	Repair eyelid defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67924	Repair eyelid defect	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
67930	Repair eyelid wound	Y		P3		4.1472	\$171.70	\$171.70
67935	Repair eyelid wound	Y		A2	\$446.00	18.7307	\$775.47	\$528.37
67938	Remove eyelid foreign body	N		P2		2.179	\$90.21	\$90.21
67950	Revision of eyelid	Y		A2	\$446.00	18.7307	\$775.47	\$528.37
67961	Revision of eyelid	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
67966	Revision of eyelid	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
67971	Reconstruction of eyelid	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
67973	Reconstruction of eyelid	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
67974	Reconstruction of eyelid	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
67975	Reconstruction of eyelid	Y		A2	\$510.00	18.7307	\$775.47	\$576.37
68020	Incise/drain eyelid lining	Y		P3		1.0862	\$44.97	\$44.97
68040	Treatment of eyelid lesions	N		P3		0.5432	\$22.49	\$22.49
68100	Biopsy of eyelid lining	Y		P3		2.3123	\$95.73	\$95.73
68110	Remove eyelid lining lesion	Y		P3		2.954	\$122.30	\$122.30
68115	Remove eyelid lining lesion	Y		A2	\$446.00	18.7307	\$775.47	\$528.37
68130	Remove eyelid lining lesion	Y		A2	\$446.00	16.171	\$669.50	\$501.88
68135	Remove eyelid lining lesion	Y		P3		1.399	\$57.92	\$57.92
68200	Treat eyelid by injection	N		P3		0.4031	\$16.69	\$16.69
68320	Revise/graft eyelid lining	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
68325	Revise/graft eyelid lining	Y		A2	\$630.00	24.3077	\$1,006.36	\$724.09
68326	Revise/graft eyelid lining	Y		A2	\$630.00	24.3077	\$1,006.36	\$724.09
68328	Revise/graft eyelid lining	Y		A2	\$630.00	24.3077	\$1,006.36	\$724.09
68330	Revise eyelid lining	Y		A2	\$630.00	23.1758	\$959.50	\$712.38
68335	Revise/graft eyelid lining	Y		A2	\$630.00	24.3077	\$1,006.36	\$724.09
68340	Separate eyelid adhesions	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
68360	Revise eyelid lining	Y		A2	\$446.00	23.1758	\$959.50	\$574.38
68362	Revise eyelid lining	Y		A2	\$446.00	23.1758	\$959.50	\$574.38
68371	Harvest eye tissue, allograft	Y		A2	\$446.00	16.171	\$669.50	\$501.88
68400	Incise/drain tear gland	Y		P2		2.9022	\$120.15	\$120.15
68420	Incise/drain tear sac	Y		P3		4.4354	\$183.63	\$183.63
68440	Incise tear duct opening	Y		P3		1.3741	\$56.89	\$56.89
68500	Removal of tear gland	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
68505	Partial removal, tear gland	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
68510	Biopsy of tear gland	Y		A2	\$333.00	18.7307	\$775.47	\$443.62
68520	Removal of tear sac	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
68525	Biopsy of tear sac	Y		A2	\$333.00	18.7307	\$775.47	\$443.62
68530	Clearance of tear duct	Y		P3		5.6697	\$234.73	\$234.73
68540	Remove tear gland lesion	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
68550	Remove tear gland lesion	Y		A2	\$510.00	24.3077	\$1,006.36	\$634.09
68700	Repair tear ducts	Y		A2	\$446.00	24.3077	\$1,006.36	\$586.09
68705	Revise tear duct opening	Y		P2		2.9022	\$120.15	\$120.15
68720	Create tear sac drain	Y		A2	\$630.00	24.3077	\$1,006.36	\$724.09
68745	Create tear duct drain	Y		A2	\$630.00	24.3077	\$1,006.36	\$724.09

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPSC code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
68750	Create tear duct drain	Y		A2	\$630.00	24.3077	\$1,006.36	\$724.09
68760	Close tear duct opening	N		P2		2.179	\$90.21	\$90.21
68761	Close tear duct opening	N		P3		1.6869	\$69.84	\$69.84
68770	Close tear system fistula	Y		A2	\$630.00	18.7307	\$775.47	\$666.37
68801	Dilate tear duct opening	N		P2		0.8696	\$36.00	\$36.00
68810	Probe nasolacrimal duct	N		A2	\$131.86	2.179	\$90.21	\$121.45
68811	Probe nasolacrimal duct	Y		A2	\$446.00	18.7307	\$775.47	\$528.37
68815	Probe nasolacrimal duct	Y		A2	\$446.00	18.7307	\$775.47	\$528.37
68816*	Probe nl duct w/balloon	Y	NI	P3		10.4918	\$434.37	\$434.37
68840	Explore/irrigate tear ducts	N	CH	P3		1.2756	\$52.81	\$52.81
68850	Injection for tear sac x-ray	N		N1				
69000	Drain external ear lesion	Y		P2		1.4066	\$58.23	\$58.23
69005	Drain external ear lesion	Y		P3		2.4357	\$100.84	\$100.84
69020	Drain outer ear canal lesion	Y		P2		1.4066	\$58.23	\$58.23
69100	Biopsy of external ear	Y		P3		1.4647	\$60.64	\$60.64
69105	Biopsy of external ear canal	Y		P3		2.049	\$84.83	\$84.83
69110	Remove external ear, partial	Y		A2	\$333.00	16.1001	\$666.56	\$416.39
69120	Removal of external ear	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
69140	Remove ear canal lesion(s)	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
69145	Remove ear canal lesion(s)	Y		A2	\$446.00	16.1001	\$666.56	\$501.14
69150	Extensive ear canal surgery	Y		A2	\$464.15	7.4474	\$308.33	\$425.20
69200	Clear outer ear canal	N		P2		0.631	\$26.12	\$26.12
69205	Clear outer ear canal	Y		A2	\$333.00	21.1098	\$873.97	\$468.24
69210	Remove impacted ear wax	N		P3		0.4937	\$20.44	\$20.44
69220	Clean out mastoid cavity	Y		P2		0.793	\$32.83	\$32.83
69222	Clean out mastoid cavity	Y		P3		3.2176	\$133.21	\$133.21
69300	Revise external ear	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
69310	Rebuild outer ear canal	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
69320	Rebuild outer ear canal	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69400	Inflate middle ear canal	Y		P3		2.049	\$84.83	\$84.83
69401	Inflate middle ear canal	Y		P3		1.1355	\$47.01	\$47.01
69405	Catheterize middle ear canal	Y		P3		2.9458	\$121.96	\$121.96
69420	Incision of eardrum	Y		P2		2.5002	\$103.51	\$103.51
69421	Incision of eardrum	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
69424	Remove ventilating tube	Y		P3		1.8596	\$76.99	\$76.99
69433	Create eardrum opening	Y		P3		2.6415	\$109.36	\$109.36
69436	Create eardrum opening	Y		A2	\$510.00	16.3288	\$676.03	\$551.51
69440	Exploration of middle ear	Y		A2	\$510.00	23.9765	\$992.65	\$630.66
69450	Eardrum revision	Y		A2	\$333.00	39.8776	\$1,650.97	\$662.49
69501	Mastoidectomy	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69502	Mastoidectomy	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
69505	Remove mastoid structures	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69511	Extensive mastoid surgery	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69530	Extensive mastoid surgery	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69540	Remove ear lesion	Y		P3		3.1434	\$130.14	\$130.14
69550	Remove ear lesion	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
69552	Remove ear lesion	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69601	Mastoid surgery revision	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69602	Mastoid surgery revision	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69603	Mastoid surgery revision	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69604	Mastoid surgery revision	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69605	Mastoid surgery revision	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69610	Repair of eardrum	Y		P3		4.312	\$178.52	\$178.52
69620	Repair of eardrum	Y		A2	\$446.00	23.9765	\$992.65	\$582.66
69631	Repair eardrum structures	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
69632	Rebuild eardrum structures	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
69633	Rebuild eardrum structures	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
69635	Repair eardrum structures	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69636	Rebuild eardrum structures	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69637	Rebuild eardrum structures	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69641	Revise middle ear & mastoid	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69642	Revise middle ear & mastoid	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69643	Revise middle ear & mastoid	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69644	Revise middle ear & mastoid	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69645	Revise middle ear & mastoid	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69646	Revise middle ear & mastoid	Y		A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69650	Release middle ear bone	Y		A2	\$995.00	23.9765	\$992.65	\$994.41
69660	Revise middle ear bone	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
69661	Revise middle ear bone	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
69662	Revise middle ear bone	Y		A2	\$717.00	39.8776	\$1,650.97	\$950.49
69666	Repair middle ear structures	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
69667	Repair middle ear structures	Y		A2	\$630.00	39.8776	\$1,650.97	\$885.24
69670	Remove mastoid air cells	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
69676	Remove middle ear nerve	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
69700	Close mastoid fistula	Y		A2	\$510.00	39.8776	\$1,650.97	\$795.24
69711	Remove/repair hearing aid	Y		A2	\$333.00	39.8776	\$1,650.97	\$662.49
69714	Implant temple bone w/stimul	Y		A2	\$1,339.00	39.8776	\$1,650.97	\$1,416.99

ADDENDUM AA.—ASC COVERED SURGICAL PROCEDURES FOR CY 2008—Continued
 [Including Surgical Procedures for Which Payment Is Packaged]

HCPCS code	Short descriptor	Subject to multiple procedure discounting	Comment indicator	Payment indicator	CY 2007 ASC payment rate	CY 2008 fully implemented payment weight	CY 2008 fully implemented payment	CY 2008 first transition year payment
69715	Temple bone implant w/stimulat	Y .....	.....	A2	\$1,339.00	39.8776	\$1,650.97	\$1,416.99
69717	Temple bone implant revision	Y .....	.....	A2	\$1,339.00	39.8776	\$1,650.97	\$1,416.99
69718	Revise temple bone implant	Y .....	.....	A2	\$1,339.00	39.8776	\$1,650.97	\$1,416.99
69720	Release facial nerve	Y .....	.....	A2	\$717.00	39.8776	\$1,650.97	\$950.49
69740	Repair facial nerve	Y .....	.....	A2	\$717.00	39.8776	\$1,650.97	\$950.49
69745	Repair facial nerve	Y .....	.....	A2	\$717.00	39.8776	\$1,650.97	\$950.49
69801	Incise inner ear	Y .....	.....	A2	\$717.00	39.8776	\$1,650.97	\$950.49
69802	Incise inner ear	Y .....	.....	A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69805	Explore inner ear	Y .....	.....	A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69806	Explore inner ear	Y .....	.....	A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69820	Establish inner ear window	Y .....	.....	A2	\$717.00	39.8776	\$1,650.97	\$950.49
69840	Revise inner ear window	Y .....	.....	A2	\$717.00	39.8776	\$1,650.97	\$950.49
69905	Remove inner ear	Y .....	.....	A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69910	Remove inner ear & mastoid	Y .....	.....	A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69915	Incise inner ear nerve	Y .....	.....	A2	\$995.00	39.8776	\$1,650.97	\$1,158.99
69930	Implant cochlear device	Y .....	.....	H8	\$995.00	568.8394	\$23,550.52	\$22,213.76
69990	Microsurgery add-on	N .....	.....	N1 .....	.....	.....	.....	.....
C9716	Radiofrequency energy to anu	Y .....	.....	G2 .....	.....	30.1606	\$1,248.68	\$1,248.68
C9724	EPS gast cardia plic	Y .....	.....	G2 .....	.....	25.3233	\$1,048.41	\$1,048.41
C9725	Place endorectal app	N .....	.....	G2 .....	.....	8.6351	\$357.50	\$357.50
C9726	Rxt breast appl place/remov	N .....	.....	G2 .....	.....	10.2051	\$422.50	\$422.50
C9727	Insert palate implants	N .....	.....	G2 .....	.....	13.3451	\$552.50	\$552.50
C9728	Place device/marker, non pro	Y	CH	R2 .....	.....	3.0469	\$126.14	\$126.14
G0104	CA screen;flexi sigmoidoscope	N .....	.....	P3 .....	.....	1.9748	\$81.76	\$81.76
G0105	Colorectal scrn; hi risk ind	Y .....	.....	A2	\$446.00	7.8504	\$325.01	\$415.75
G0121	Colon ca scrn not hi risk ind	Y .....	.....	A2	\$446.00	7.8504	\$325.01	\$415.75
G0127	Trim nail(s)	Y .....	.....	P3 .....	.....	0.2633	\$10.90	\$10.90
G0186	Dstry eye lesn,fdr vssl tech	Y .....	.....	R2 .....	.....	4.1331	\$171.11	\$171.11
G0247	Routine footcare pt w lops	Y .....	.....	P3 .....	.....	0.4937	\$20.44	\$20.44
G0259	Inject for sacroiliac joint	N .....	.....	N1 .....	.....	.....	.....	.....
G0260	Inj for sacroiliac jt anesth	Y .....	.....	A2	\$333.00	7.0546	\$292.07	\$322.77
G0268	Removal of impacted wax md	N	CH	N1 .....	.....	.....	.....	.....
G0269	Occlusive device in vein art	N .....	.....	N1 .....	.....	.....	.....	.....
G0289	Arthro, loose body + chondro	N .....	.....	N1 .....	.....	.....	.....	.....
G0364	Bone marrow aspirate & biopsy	Y .....	.....	P3 .....	.....	0.1234	\$5.11	\$5.11
G0392	AV fistula or graft arterial	Y .....	.....	A2	\$1,339.00	45.3845	\$1,878.96	\$1,473.99
G0393	AV fistula or graft venous	Y .....	.....	A2	\$1,339.00	45.3845	\$1,878.96	\$1,473.99

Note: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

* Refers to codes designated as "office-based," whose designation as office-based is temporary because we have insufficient claims data. We will reconsider this designation when new claims data become available.

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008
 [Including Ancillary Services for Which Payment Is Packaged]

HCPCS code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
0028T	Dexa body composition study		N1		
0042T	Ct perfusion w/contrast, cbf		N1		
0054T	Bone surgery using computer	CH	D5		
0055T	Bone surgery using computer	CH	D5		
0056T	Bone surgery using computer	CH	D5		
0067T	Ct colonography;dx		Z2	3.0109	\$124.65
0071T	U/s leiomyomata ablate <200		Z2	61.6965	\$2,554.30
0072T	U/s leiomyomata ablate >200		Z2	61.6965	\$2,554.30
0073T	Delivery, comp imrt		Z2	5.4582	\$225.97
0126T	Chd risk imt study		N1		
0144T	Ct heart wo dye; qual calc		Z2	1.5839	\$65.58
0145T	Ct heart w/wo dye funct		Z2	4.7005	\$194.61
0146T	Ccta w/wo dye		Z2	4.7005	\$194.61
0147T	Ccta w/wo, quan calcium		Z2	4.7005	\$194.61
0148T	Ccta w/wo, strxr		Z2	4.7005	\$194.61
0149T	Ccta w/wo, strxr quan calc		Z2	4.7005	\$194.61
0150T	Ccta w/wo, disease strxr		Z2	4.7005	\$194.61
0151T	Ct heart funct add-on		Z2	1.5839	\$65.58
0159T	Cad breast mri		N1		
0174T	Cad cxr with interp		N1		
0175T	Cad cxr remote		N1		
0182T	Hdr elect brachytherapy	CH	Z2	27.4752	\$1,137.50
0185T	Comptr probability analysis	NI	N1		
70010	Contrast x-ray of brain	CH	N1		
70015	Contrast x-ray of brain	CH	N1		
70030	X-ray eye for foreign body		Z3	0.3949	\$16.35
70100	X-ray exam of jaw		Z3	0.4526	\$18.74
70110	X-ray exam of jaw		Z3	0.5514	\$22.83
70120	X-ray exam of mastoids		Z3	0.5183	\$21.46
70130	X-ray exam of mastoids		Z2	0.6954	\$28.79
70134	X-ray exam of middle ear		Z3	0.6253	\$25.89
70140	X-ray exam of facial bones		Z3	0.4609	\$19.08
70150	X-ray exam of facial bones		Z3	0.6336	\$26.23
70160	X-ray exam of nasal bones		Z3	0.4773	\$19.76
70170	X-ray exam of tear duct	CH	N1		
70190	X-ray exam of eye sockets		Z3	0.5266	\$21.80
70200	X-ray exam of eye sockets		Z3	0.6418	\$26.57
70210	X-ray exam of sinuses		Z3	0.4691	\$19.42
70220	X-ray exam of sinuses		Z3	0.5925	\$24.53
70240	X-ray exam, pituitary saddle		Z3	0.3949	\$16.35
70250	X-ray exam of skull		Z3	0.5101	\$21.12
70260	X-ray exam of skull		Z3	0.6831	\$28.28
70300	X-ray exam of teeth		Z3	0.1894	\$7.84
70310	X-ray exam of teeth		Z3	0.4855	\$20.10
70320	Full mouth x-ray of teeth		Z2	0.5749	\$23.80
70328	X-ray exam of jaw joint		Z3	0.4362	\$18.06
70330	X-ray exam of jaw joints	CH	Z2	0.6954	\$28.79
70332	X-ray exam of jaw joint	CH	N1		
70336	Magnetic image, jaw joint		Z2	4.883	\$202.16
70350	X-ray head for orthodontia		Z3	0.2715	\$11.24
70355	Panoramic x-ray of jaws		Z3	0.3292	\$13.63
70360	X-ray exam of neck		Z3	0.3785	\$15.67
70370	Throat x-ray & fluoroscopy		Z3	1.1768	\$48.72
70371	Speech evaluation, complex		Z2	1.3271	\$54.94
70373	Contrast x-ray of larynx	CH	N1		
70380	X-ray exam of salivary gland		Z3	0.5925	\$24.53
70390	X-ray exam of salivary duct	CH	N1		
70450	Ct head/brain w/o dye		Z2	3.0109	\$124.65
70460	Ct head/brain w/dye		Z2	4.3564	\$180.36
70470	Ct head/brain w/o & w/dye		Z2	5.1125	\$211.66
70480	Ct orbit/ear/fossa w/o dye		Z2	3.0109	\$124.65
70481	Ct orbit/ear/fossa w/dye		Z2	4.3564	\$180.36
70482	Ct orbit/ear/fossa w/o & w/dye		Z2	5.1125	\$211.66
70486	Ct maxillofacial w/o dye		Z2	3.0109	\$124.65
70487	Ct maxillofacial w/dye		Z2	4.3564	\$180.36
70488	Ct maxillofacial w/o & w/dye		Z2	5.1125	\$211.66
70490	Ct soft tissue neck w/o dye		Z2	3.0109	\$124.65
70491	Ct soft tissue neck w/dye		Z2	4.3564	\$180.36
70492	Ct sft tsue nck w/o & w/dye		Z2	5.1125	\$211.66

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
70496	Ct angiography, head .....	.....	Z2	5.1641	\$213.80
70498	Ct angiography, neck .....	.....	Z2	5.1641	\$213.80
70540	Mri orbit/face/neck w/o dye .....	.....	Z2	5.3933	\$223.29
70542	Mri orbit/face/neck w/dye .....	.....	Z2	6.235	\$258.14
70543	Mri orbit/face/neck w/o & w/dye .....	.....	Z2	8.2463	\$341.41
70544	Mr angiography head w/o dye .....	.....	Z2	5.3933	\$223.29
70545	Mr angiography head w/dye .....	.....	Z2	6.235	\$258.14
70546	Mr angiograph head w/o & w/dye .....	.....	Z2	8.2463	\$341.41
70547	Mr angiography neck w/o dye .....	.....	Z2	5.3933	\$223.29
70548	Mr angiography neck w/dye .....	.....	Z2	6.235	\$258.14
70549	Mr angiograph neck w/o & w/dye .....	.....	Z2	8.2463	\$341.41
70551	Mri brain w/o dye .....	.....	Z2	5.3933	\$223.29
70552	Mri brain w/dye .....	.....	Z2	6.235	\$258.14
70553	Mri brain w/o & w/dye .....	.....	Z2	8.2463	\$341.41
70554	Fmri brain by tech .....	.....	Z2	5.3933	\$223.29
70555	Fmri brain by phys/psych .....	.....	Z2	5.3933	\$223.29
70557	Mri brain w/o dye .....	.....	Z2	5.3933	\$223.29
70558	Mri brain w/dye .....	.....	Z2	6.235	\$258.14
70559	Mri brain w/o & w/dye .....	.....	Z2	8.2463	\$341.41
71010	Chest x-ray .....	.....	Z3	0.3456	\$14.31
71015	Chest x-ray .....	.....	Z3	0.4196	\$17.37
71020	Chest x-ray .....	.....	Z3	0.4609	\$19.08
71021	Chest x-ray .....	.....	Z3	0.5596	\$23.17
71022	Chest x-ray .....	.....	Z3	0.6253	\$25.89
71023	Chest x-ray and fluoroscopy .....	.....	Z3	0.8968	\$37.13
71030	Chest x-ray .....	.....	Z3	0.6582	\$27.25
71034	Chest x-ray and fluoroscopy .....	.....	Z2	1.3271	\$54.94
71035	Chest x-ray .....	.....	Z3	0.5101	\$21.12
71040	Contrast x-ray of bronchi	CH	N1 .....	.....	.....
71060	Contrast x-ray of bronchi	CH	N1 .....	.....	.....
71090	X-ray & pacemaker insertion	CH	N1 .....	.....	.....
71100	X-ray exam of ribs .....	.....	Z3	0.4609	\$19.08
71101	X-ray exam of ribs/chest .....	.....	Z3	0.5514	\$22.83
71110	X-ray exam of ribs .....	.....	Z3	0.6007	\$24.87
71111	X-ray exam of ribs/chest .....	.....	Z3	0.7652	\$31.68
71120	X-ray exam of breastbone .....	.....	Z3	0.5019	\$20.78
71130	X-ray exam of breastbone .....	.....	Z3	0.5679	\$23.51
71250	Ct thorax w/o dye .....	.....	Z2	3.0109	\$124.65
71260	Ct thorax w/dye .....	.....	Z2	4.3564	\$180.36
71270	Ct thorax w/o & w/dye .....	.....	Z2	5.1125	\$211.66
71275	Ct angiography, chest .....	.....	Z2	5.1641	\$213.80
71550	Mri chest w/o dye .....	.....	Z2	5.3933	\$223.29
71551	Mri chest w/dye .....	.....	Z2	6.235	\$258.14
71552	Mri chest w/o & w/dye .....	.....	Z2	8.2463	\$341.41
72010	X-ray exam of spine .....	.....	Z2	0.6954	\$28.79
72020	X-ray exam of spine .....	.....	Z3	0.3456	\$14.31
72040	X-ray exam of neck spine .....	.....	Z3	0.5348	\$22.14
72050	X-ray exam of neck spine .....	.....	Z3	0.7652	\$31.68
72052	X-ray exam of neck spine .....	.....	Z3	0.9874	\$40.88
72069	X-ray exam of trunk spine .....	.....	Z3	0.4773	\$19.76
72070	X-ray exam of thoracic spine .....	.....	Z3	0.5019	\$20.78
72072	X-ray exam of thoracic spine .....	.....	Z3	0.5843	\$24.19
72074	X-ray exam of thoracic spine	CH	Z2	0.6954	\$28.79
72080	X-ray exam of trunk spine .....	.....	Z3	0.5266	\$21.80
72090	X-ray exam of trunk spine .....	.....	Z3	0.65	\$26.91
72100	X-ray exam of lower spine .....	.....	Z3	0.5761	\$23.85
72110	X-ray exam of lower spine .....	.....	Z3	0.7983	\$33.05
72114	X-ray exam of lower spine .....	.....	Z3	1.078	\$44.63
72120	X-ray exam of lower spine .....	.....	Z3	0.7734	\$32.02
72125	Ct neck spine w/o dye .....	.....	Z2	3.0109	\$124.65
72126	Ct neck spine w/dye .....	.....	Z2	4.3564	\$180.36
72127	Ct neck spine w/o & w/dye .....	.....	Z2	5.1125	\$211.66
72128	Ct chest spine w/o dye .....	.....	Z2	3.0109	\$124.65
72129	Ct chest spine w/dye .....	.....	Z2	4.3564	\$180.36
72130	Ct chest spine w/o & w/dye .....	.....	Z2	5.1125	\$211.66
72131	Ct lumbar spine w/o dye .....	.....	Z2	3.0109	\$124.65
72132	Ct lumbar spine w/dye .....	.....	Z2	4.3564	\$180.36
72133	Ct lumbar spine w/o & w/dye .....	.....	Z2	5.1125	\$211.66

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
72141	Mri neck spine w/o dye .....	.....	Z2	5.3933	\$223.29
72142	Mri neck spine w/dye .....	.....	Z2	6.235	\$258.14
72146	Mri chest spine w/o dye .....	.....	Z2	5.3933	\$223.29
72147	Mri chest spine w/dye .....	.....	Z2	6.235	\$258.14
72148	Mri lumbar spine w/o dye .....	.....	Z2	5.3933	\$223.29
72149	Mri lumbar spine w/dye .....	.....	Z2	6.235	\$258.14
72156	Mri neck spine w/o & w/dye .....	.....	Z2	8.2463	\$341.41
72157	Mri chest spine w/o & w/dye .....	.....	Z2	8.2463	\$341.41
72158	Mri lumbar spine w/o & w/dye .....	.....	Z2	8.2463	\$341.41
72170	X-ray exam of pelvis .....	.....	Z3	0.3949	\$16.35
72190	X-ray exam of pelvis .....	.....	Z3	0.5925	\$24.53
72191	Ct angiograph pelv w/o & w/dye .....	.....	Z2	5.1641	\$213.80
72192	Ct pelvis w/o dye .....	.....	Z2	3.0109	\$124.65
72193	Ct pelvis w/dye .....	.....	Z2	4.3564	\$180.36
72194	Ct pelvis w/o & w/dye .....	.....	Z2	5.1125	\$211.66
72195	Mri pelvis w/o dye .....	.....	Z2	5.3933	\$223.29
72196	Mri pelvis w/dye .....	.....	Z2	6.235	\$258.14
72197	Mri pelvis w/o & w/dye .....	.....	Z2	8.2463	\$341.41
72200	X-ray exam sacroiliac joints .....	.....	Z3	0.4362	\$18.06
72202	X-ray exam sacroiliac joints .....	.....	Z3	0.5348	\$22.14
72220	X-ray exam of tailbone .....	.....	Z3	0.4526	\$18.74
72240	Contrast x-ray of neck spine	CH	N1 .....	.....	.....
72255	Contrast x-ray, thorax spine	CH	N1 .....	.....	.....
72265	Contrast x-ray, lower spine	CH	N1 .....	.....	.....
72270	Contrast x-ray, spine	CH	N1 .....	.....	.....
72275	Epidurography	CH	N1 .....	.....	.....
72285	X-ray c/t spine disk	CH	N1 .....	.....	.....
72291	Perq vertebroplasty, fluor	CH	N1 .....	.....	.....
72292	Perq vertebroplasty, ct	CH	N1 .....	.....	.....
72295	X-ray of lower spine disk	CH	N1 .....	.....	.....
73000	X-ray exam of collar bone .....	.....	Z3	0.4196	\$17.37
73010	X-ray exam of shoulder blade .....	.....	Z3	0.428	\$17.72
73020	X-ray exam of shoulder .....	.....	Z3	0.3539	\$14.65
73030	X-ray exam of shoulder .....	.....	Z3	0.4444	\$18.40
73040	Contrast x-ray of shoulder	CH	N1 .....	.....	.....
73050	X-ray exam of shoulders .....	.....	Z3	0.5432	\$22.49
73060	X-ray exam of humerus .....	.....	Z3	0.4444	\$18.40
73070	X-ray exam of elbow .....	.....	Z3	0.4196	\$17.37
73080	X-ray exam of elbow .....	.....	Z3	0.5183	\$21.46
73085	Contrast x-ray of elbow	CH	N1 .....	.....	.....
73090	X-ray exam of forearm .....	.....	Z3	0.4196	\$17.37
73092	X-ray exam of arm, infant .....	.....	Z3	0.4196	\$17.37
73100	X-ray exam of wrist .....	.....	Z3	0.428	\$17.72
73110	X-ray exam of wrist .....	.....	Z3	0.5101	\$21.12
73115	Contrast x-ray of wrist	CH	N1 .....	.....	.....
73120	X-ray exam of hand .....	.....	Z3	0.4113	\$17.03
73130	X-ray exam of hand .....	.....	Z3	0.4691	\$19.42
73140	X-ray exam of finger(s) .....	.....	Z3	0.4362	\$18.06
73200	Ct upper extremity w/o dye .....	.....	Z2	3.0109	\$124.65
73201	Ct upper extremity w/dye .....	.....	Z2	4.3564	\$180.36
73202	Ct uppr extremity w/o & w/dye .....	.....	Z2	5.1125	\$211.66
73206	Ct angio upr extrm w/o & w/dye .....	.....	Z2	5.1641	\$213.80
73218	Mri upper extremity w/o dye .....	.....	Z2	5.3933	\$223.29
73219	Mri upper extremity w/dye .....	.....	Z2	6.235	\$258.14
73220	Mri uppr extremity w/o & w/dye .....	.....	Z2	8.2463	\$341.41
73221	Mri joint upr extrem w/o dye .....	.....	Z2	5.3933	\$223.29
73222	Mri joint upr extrem w/dye .....	.....	Z2	6.235	\$258.14
73223	Mri joint upr extr w/o & w/dye .....	.....	Z2	8.2463	\$341.41
73500	X-ray exam of hip .....	.....	Z3	0.3703	\$15.33
73510	X-ray exam of hip .....	.....	Z3	0.5266	\$21.80
73520	X-ray exam of hips .....	.....	Z3	0.5596	\$23.17
73525	Contrast x-ray of hip	CH	N1 .....	.....	.....
73530	X-ray exam of hip	CH	N1 .....	.....	.....
73540	X-ray exam of pelvis & hips .....	.....	Z3	0.5348	\$22.14
73542	X-ray exam, sacroiliac joint	CH	N1 .....	.....	.....
73550	X-ray exam of thigh .....	.....	Z3	0.4362	\$18.06
73560	X-ray exam of knee, 1 or 2 .....	.....	Z3	0.428	\$17.72
73562	X-ray exam of knee, 3 .....	.....	Z3	0.5101	\$21.12

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
73564	X-ray exam, knee, 4 or more .....	.....	Z3	0.5761	\$23.85
73565	X-ray exam of knees .....	.....	Z3	0.4444	\$18.40
73580	Contrast x-ray of knee joint	CH	N1 .....	.....	.....
73590	X-ray exam of lower leg .....	.....	Z3	0.4113	\$17.03
73592	X-ray exam of leg, infant .....	.....	Z3	0.4196	\$17.37
73600	X-ray exam of ankle .....	.....	Z3	0.4113	\$17.03
73610	X-ray exam of ankle .....	.....	Z3	0.4691	\$19.42
73615	Contrast x-ray of ankle	CH	N1 .....	.....	.....
73620	X-ray exam of foot .....	.....	Z3	0.4031	\$16.69
73630	X-ray exam of foot .....	.....	Z3	0.4691	\$19.42
73650	X-ray exam of heel .....	.....	Z3	0.3949	\$16.35
73660	X-ray exam of toe(s) .....	.....	Z3	0.4196	\$17.37
73700	Ct lower extremity w/o dye .....	.....	Z2	3.0109	\$124.65
73701	Ct lower extremity w/dye .....	.....	Z2	4.3564	\$180.36
73702	Ct lwr extremity w/o & w/dye .....	.....	Z2	5.1125	\$211.66
73706	Ct angio lwr extr w/o & w/dye .....	.....	Z2	5.1641	\$213.80
73718	Mri lower extremity w/o dye .....	.....	Z2	5.3933	\$223.29
73719	Mri lower extremity w/dye .....	.....	Z2	6.235	\$258.14
73720	Mri lwr extremity w/o & w/dye .....	.....	Z2	8.2463	\$341.41
73721	Mri jnt of lwr extre w/o dye .....	.....	Z2	5.3933	\$223.29
73722	Mri joint of lwr extr w/dye .....	.....	Z2	6.235	\$258.14
73723	Mri joint lwr extr w/o & w/dye .....	.....	Z2	8.2463	\$341.41
74000	X-ray exam of abdomen .....	.....	Z3	0.3785	\$15.67
74010	X-ray exam of abdomen .....	.....	Z3	0.5266	\$21.80
74020	X-ray exam of abdomen .....	.....	Z3	0.5514	\$22.83
74022	X-ray exam series, abdomen .....	.....	Z3	0.6582	\$27.25
74150	Ct abdomen w/o dye .....	.....	Z2	3.0109	\$124.65
74160	Ct abdomen w/dye .....	.....	Z2	4.3564	\$180.36
74170	Ct abdomen w/o & w/dye .....	.....	Z2	5.1125	\$211.66
74175	Ct angio abdom w/o & w/dye .....	.....	Z2	5.1641	\$213.80
74181	Mri abdomen w/o dye .....	.....	Z2	5.3933	\$223.29
74182	Mri abdomen w/dye .....	.....	Z2	6.235	\$258.14
74183	Mri abdomen w/o & w/dye .....	.....	Z2	8.2463	\$341.41
74190	X-ray exam of peritoneum	CH	N1 .....	.....	.....
74210	Contrst x-ray exam of throat .....	.....	Z3	1.1686	\$48.38
74220	Contrast x-ray, esophagus .....	.....	Z3	1.2507	\$51.78
74230	Cine/vid x-ray, throat/esoph .....	.....	Z3	1.2674	\$52.47
74235	Remove esophagus obstruction	CH	N1 .....	.....	.....
74240	X-ray exam, upper gi tract	CH	Z2	1.3834	\$57.27
74241	X-ray exam, upper gi tract .....	.....	Z2	1.3834	\$57.27
74245	X-ray exam, upper gi tract .....	.....	Z2	2.2222	\$92.00
74246	Contrst x-ray uppr gi tract .....	.....	Z2	1.3834	\$57.27
74247	Contrst x-ray uppr gi tract .....	.....	Z2	1.3834	\$57.27
74249	Contrst x-ray uppr gi tract .....	.....	Z2	2.2222	\$92.00
74250	X-ray exam of small bowel	CH	Z2	1.3834	\$57.27
74251	X-ray exam of small bowel .....	.....	Z2	2.2222	\$92.00
74260	X-ray exam of small bowel .....	.....	Z2	1.3834	\$57.27
74270	Contrast x-ray exam of colon .....	.....	Z2	1.3834	\$57.27
74280	Contrast x-ray exam of colon .....	.....	Z2	2.2222	\$92.00
74283	Contrast x-ray exam of colon .....	.....	Z2	1.3834	\$57.27
74290	Contrast x-ray, gallbladder .....	.....	Z3	0.9053	\$37.48
74291	Contrast x-rays, gallbladder .....	.....	Z3	0.7816	\$32.36
74300	X-ray bile ducts/pancreas	CH	N1 .....	.....	.....
74301	X-rays at surgery add-on	CH	N1 .....	.....	.....
74305	X-ray bile ducts/pancreas	CH	N1 .....	.....	.....
74320	Contrast x-ray of bile ducts	CH	N1 .....	.....	.....
74327	X-ray bile stone removal	CH	N1 .....	.....	.....
74328	X-ray bile duct endoscopy .....	.....	N1 .....	.....	.....
74329	X-ray for pancreas endoscopy .....	.....	N1 .....	.....	.....
74330	X-ray bile/panc endoscopy .....	.....	N1 .....	.....	.....
74340	X-ray guide for gi tube	CH	N1 .....	.....	.....
74350	X-ray guide, stomach tube	CH	D5 .....	.....	.....
74355	X-ray guide, intestinal tube	CH	N1 .....	.....	.....
74360	X-ray guide, gi dilation	CH	N1 .....	.....	.....
74363	X-ray, bile duct dilation	CH	N1 .....	.....	.....
74400	Contrst x-ray, urinary tract .....	.....	Z3	1.6869	\$69.84
74410	Contrst x-ray, urinary tract .....	.....	Z3	1.835	\$75.97
74415	Contrst x-ray, urinary tract .....	.....	Z3	2.1478	\$88.92

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
74420	Contrst x-ray, urinary tract .....	.....	Z2	2.6121	\$108.14
74425	Contrst x-ray, urinary tract	CH	N1 .....	.....	.....
74430	Contrast x-ray, bladder	CH	N1 .....	.....	.....
74440	X-ray, male genital tract	CH	N1 .....	.....	.....
74445	X-ray exam of penis	CH	N1 .....	.....	.....
74450	X-ray, urethra/bladder	CH	N1 .....	.....	.....
74455	X-ray, urethra/bladder	CH	N1 .....	.....	.....
74470	X-ray exam of kidney lesion	CH	N1 .....	.....	.....
74475	X-ray control, cath insert	CH	N1 .....	.....	.....
74480	X-ray control, cath insert	CH	N1 .....	.....	.....
74485	X-ray guide, gu dilation	CH	N1 .....	.....	.....
74710	X-ray measurement of pelvis .....	.....	Z3	0.65	\$26.91
74740	X-ray, female genital tract	CH	N1 .....	.....	.....
74742	X-ray, fallopian tube	CH	N1 .....	.....	.....
74775	X-ray exam of perineum .....	.....	Z2	2.6121	\$108.14
75552	Heart mri for morph w/o dye	CH	D5 .....	.....	.....
75553	Heart mri for morph w/dye	CH	D5 .....	.....	.....
75554	Cardiac MRI/function	CH	D5 .....	.....	.....
75555	Cardiac MRI/limited study	CH	D5 .....	.....	.....
75557	Cardiac mri for morph	NI	Z2	5.3933	\$223.29
75559	Cardiac mri w/stress img	NI	Z2	5.3933	\$223.29
75561	Cardiac mri for morph w/dye	NI	Z2	8.2463	\$341.41
75563	Card mri w/stress img & dye	NI	Z2	8.2463	\$341.41
75600	Contrast x-ray exam of aorta	CH	N1 .....	.....	.....
75605	Contrast x-ray exam of aorta	CH	N1 .....	.....	.....
75625	Contrast x-ray exam of aorta	CH	N1 .....	.....	.....
75630	X-ray aorta, leg arteries	CH	N1 .....	.....	.....
75635	Ct angio abdominal arteries	CH	N1 .....	.....	.....
75650	Artery x-rays, head & neck	CH	N1 .....	.....	.....
75658	Artery x-rays, arm	CH	N1 .....	.....	.....
75660	Artery x-rays, head & neck	CH	N1 .....	.....	.....
75662	Artery x-rays, head & neck	CH	N1 .....	.....	.....
75665	Artery x-rays, head & neck	CH	N1 .....	.....	.....
75671	Artery x-rays, head & neck	CH	N1 .....	.....	.....
75676	Artery x-rays, neck	CH	N1 .....	.....	.....
75680	Artery x-rays, neck	CH	N1 .....	.....	.....
75685	Artery x-rays, spine	CH	N1 .....	.....	.....
75705	Artery x-rays, spine	CH	N1 .....	.....	.....
75710	Artery x-rays, arm/leg	CH	N1 .....	.....	.....
75716	Artery x-rays, arms/legs	CH	N1 .....	.....	.....
75722	Artery x-rays, kidney	CH	N1 .....	.....	.....
75724	Artery x-rays, kidneys	CH	N1 .....	.....	.....
75726	Artery x-rays, abdomen	CH	N1 .....	.....	.....
75731	Artery x-rays, adrenal gland	CH	N1 .....	.....	.....
75733	Artery x-rays, adrenals	CH	N1 .....	.....	.....
75736	Artery x-rays, pelvis	CH	N1 .....	.....	.....
75741	Artery x-rays, lung	CH	N1 .....	.....	.....
75743	Artery x-rays, lungs	CH	N1 .....	.....	.....
75746	Artery x-rays, lung	CH	N1 .....	.....	.....
75756	Artery x-rays, chest	CH	N1 .....	.....	.....
75774	Artery x-ray, each vessel	CH	N1 .....	.....	.....
75790	Visualize a-v shunt	CH	N1 .....	.....	.....
75801	Lymph vessel x-ray, arm/leg	CH	N1 .....	.....	.....
75803	Lymph vessel x-ray, arms/legs	CH	N1 .....	.....	.....
75805	Lymph vessel x-ray, trunk	CH	N1 .....	.....	.....
75807	Lymph vessel x-ray, trunk	CH	N1 .....	.....	.....
75809	Nonvascular shunt, x-ray	CH	N1 .....	.....	.....
75810	Vein x-ray, spleen/liver	CH	N1 .....	.....	.....
75820	Vein x-ray, arm/leg	CH	N1 .....	.....	.....
75822	Vein x-ray, arms/legs	CH	N1 .....	.....	.....
75825	Vein x-ray, trunk	CH	N1 .....	.....	.....
75827	Vein x-ray, chest	CH	N1 .....	.....	.....
75831	Vein x-ray, kidney	CH	N1 .....	.....	.....
75833	Vein x-ray, kidneys	CH	N1 .....	.....	.....
75840	Vein x-ray, adrenal gland	CH	N1 .....	.....	.....
75842	Vein x-ray, adrenal glands	CH	N1 .....	.....	.....
75860	Vein x-ray, neck	CH	N1 .....	.....	.....
75870	Vein x-ray, skull	CH	N1 .....	.....	.....

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
75872	Vein x-ray, skull	CH	N1 .....	.....	.....
75880	Vein x-ray, eye socket	CH	N1 .....	.....	.....
75885	Vein x-ray, liver	CH	N1 .....	.....	.....
75887	Vein x-ray, liver	CH	N1 .....	.....	.....
75889	Vein x-ray, liver	CH	N1 .....	.....	.....
75891	Vein x-ray, liver	CH	N1 .....	.....	.....
75893	Venous sampling by catheter .....	.....	N1 .....	.....	.....
75894	X-rays, transcath therapy	CH	N1 .....	.....	.....
75896	X-rays, transcath therapy	CH	N1 .....	.....	.....
75898	Follow-up angiography	CH	N1 .....	.....	.....
75901	Remove cva device obstruct	CH	N1 .....	.....	.....
75902	Remove cva lumen obstruct	CH	N1 .....	.....	.....
75940	X-ray placement, vein filter	CH	N1 .....	.....	.....
75945	Intravascular us	CH	N1 .....	.....	.....
75946	Intravascular us add-on	CH	N1 .....	.....	.....
75960	Transcath iv stent rs & i	CH	N1 .....	.....	.....
75961	Retrieval, broken catheter	CH	N1 .....	.....	.....
75962	Repair arterial blockage	CH	N1 .....	.....	.....
75964	Repair artery blockage, each	CH	N1 .....	.....	.....
75966	Repair arterial blockage	CH	N1 .....	.....	.....
75968	Repair artery blockage, each	CH	N1 .....	.....	.....
75970	Vascular biopsy	CH	N1 .....	.....	.....
75978	Repair venous blockage	CH	N1 .....	.....	.....
75980	Contrast xray exam bile duct	CH	N1 .....	.....	.....
75982	Contrast xray exam bile duct	CH	N1 .....	.....	.....
75984	Xray control catheter change	CH	N1 .....	.....	.....
75989	Abscess drainage under x-ray .....	.....	N1 .....	.....	.....
75992	Atherectomy, x-ray exam	CH	N1 .....	.....	.....
75993	Atherectomy, x-ray exam	CH	N1 .....	.....	.....
75994	Atherectomy, x-ray exam	CH	N1 .....	.....	.....
75995	Atherectomy, x-ray exam	CH	N1 .....	.....	.....
75996	Atherectomy, x-ray exam	CH	N1 .....	.....	.....
76000	Fluoroscope examination	CH	N1 .....	.....	.....
76001	Fluoroscope exam, extensive .....	.....	N1 .....	.....	.....
76010	X-ray, nose to rectum .....	.....	Z3	0.4113	\$17.03
76080	X-ray exam of fistula	CH	N1 .....	.....	.....
76098	X-ray exam, breast specimen .....	.....	Z3	0.2797	\$11.58
76100	X-ray exam of body section .....	.....	Z2	1.157	\$47.90
76101	Complex body section x-ray .....	.....	Z2	2.6838	\$111.11
76102	Complex body section x-rays .....	.....	Z2	2.6838	\$111.11
76120	Cine/video x-rays .....	.....	Z3	1.1521	\$47.70
76125	Cine/video x-rays add-on	CH	N1 .....	.....	.....
76150	X-ray exam, dry process .....	.....	Z3	0.4526	\$18.74
76350	Special x-ray contrast study .....	.....	N1 .....	.....	.....
76376	3d render w/o postprocess	CH	N1 .....	.....	.....
76377	3d rendering w/postprocess	CH	N1 .....	.....	.....
76380	Cat scan follow-up study .....	.....	Z2	1.5839	\$65.58
76496	Fluoroscopic procedure .....	.....	Z2	1.3271	\$54.94
76497	Ct procedure .....	.....	Z2	1.5839	\$65.58
76498	Mri procedure .....	.....	Z2	4.883	\$202.16
76499	Radiographic procedure .....	.....	Z2	0.6954	\$28.79
76506	Echo exam of head .....	.....	Z2	0.957	\$39.62
76510	Ophth us, b & quant a	CH	Z3	1.5963	\$66.09
76511	Ophth us, quant a only .....	.....	Z3	1.2589	\$52.12
76512	Ophth us, b w/non-quant a .....	.....	Z3	1.0862	\$44.97
76513	Echo exam of eye, water bath .....	.....	Z3	1.1604	\$48.04
76514	Echo exam of eye, thickness .....	.....	Z3	0.0659	\$2.73
76516	Echo exam of eye .....	.....	Z3	0.9053	\$37.48
76519	Echo exam of eye .....	.....	Z3	0.9874	\$40.88
76529	Echo exam of eye .....	.....	Z3	0.8558	\$35.43
76536	Us exam of head and neck	CH	Z2	1.5094	\$62.49
76604	Us exam, chest .....	.....	Z2	0.957	\$39.62
76645	Us exam, breast(s) .....	.....	Z2	0.957	\$39.62
76700	Us exam, abdom, complete .....	.....	Z2	1.5094	\$62.49
76705	Echo exam of abdomen .....	.....	Z3	1.4647	\$60.64
76770	Us exam abdo back wall, comp .....	.....	Z2	1.5094	\$62.49
76775	Us exam abdo back wall, lim .....	.....	Z3	1.4893	\$61.66
76776	Us exam k transpl w/doppler .....	.....	Z2	1.5094	\$62.49

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
76800	Us exam, spinal canal .....	.....	Z3	1.4154	\$58.60
76801	Ob us < 14 wks, single fetus .....	.....	Z2	1.5094	\$62.49
76802	Ob us < 14 wks, add'l fetus .....	.....	Z3	0.7241	\$29.98
76805	Ob us >= 14 wks, snl fetus .....	.....	Z2	1.5094	\$62.49
76810	Ob us >= 14 wks, addl fetus .....	.....	Z3	0.9874	\$40.88
76811	Ob us, detailed, snl fetus	CH	Z2	2.3792	\$98.50
76812	Ob us, detailed, addl fetus .....	.....	Z2	0.957	\$39.62
76813	Ob us nuchal meas, 1 gest .....	.....	Z3	1.4893	\$61.66
76814	Ob us nuchal meas, add-on .....	.....	Z3	0.7077	\$29.30
76815	Ob us, limited, fetus(s) .....	.....	Z2	0.957	\$39.62
76816	Ob us, follow-up, per fetus .....	.....	Z2	0.957	\$39.62
76817	Transvaginal us, obstetric .....	.....	Z2	0.957	\$39.62
76818	Fetal biophys profile w/nst .....	.....	Z3	1.4483	\$59.96
76819	Fetal biophys profil w/o nst .....	.....	Z3	1.2343	\$51.10
76820	Umbilical artery echo .....	.....	Z3	0.8311	\$34.41
76821	Middle cerebral artery echo .....	.....	Z3	1.3495	\$55.87
76825	Echo exam of fetal heart .....	.....	Z2	1.5094	\$62.49
76826	Echo exam of fetal heart	CH	Z2	0.957	\$39.62
76827	Echo exam of fetal heart	CH	Z2	0.957	\$39.62
76828	Echo exam of fetal heart .....	.....	Z3	0.65	\$26.91
76830	Transvaginal us, non-ob .....	.....	Z2	1.5094	\$62.49
76831	Echo exam, uterus .....	.....	Z3	1.6623	\$68.82
76856	Us exam, pelvic, complete .....	.....	Z2	1.5094	\$62.49
76857	Us exam, pelvic, limited .....	.....	Z2	0.957	\$39.62
76870	Us exam, scrotum .....	.....	Z2	1.5094	\$62.49
76872	Us, transrectal .....	.....	Z2	1.5094	\$62.49
76873	Echograp trans r, pros study .....	.....	Z2	1.5094	\$62.49
76880	Us exam, extremity .....	.....	Z2	1.5094	\$62.49
76885	Us exam infant hips, dynamic .....	.....	Z2	0.957	\$39.62
76886	Us exam infant hips, static .....	.....	Z2	0.957	\$39.62
76930	Echo guide, cardiocentesis	CH	N1 .....	.....	.....
76932	Echo guide for heart biopsy	CH	N1 .....	.....	.....
76936	Echo guide for artery repair	CH	N1 .....	.....	.....
76937	Us guide, vascular access .....	.....	N1 .....	.....	.....
76940	Us guide, tissue ablation	CH	N1 .....	.....	.....
76941	Echo guide for transfusion	CH	N1 .....	.....	.....
76942	Echo guide for biopsy	CH	N1 .....	.....	.....
76945	Echo guide, villus sampling	CH	N1 .....	.....	.....
76946	Echo guide for amniocentesis	CH	N1 .....	.....	.....
76948	Echo guide, ova aspiration	CH	N1 .....	.....	.....
76950	Echo guidance radiotherapy	CH	N1 .....	.....	.....
76965	Echo guidance radiotherapy	CH	N1 .....	.....	.....
76970	Ultrasound exam follow-up .....	.....	Z2	0.957	\$39.62
76975	Gi endoscopic ultrasound	CH	N1 .....	.....	.....
76977	Us bone density measure .....	.....	Z3	0.3785	\$15.67
76998	Us guide, intraop	CH	N1 .....	.....	.....
76999	Echo examination procedure .....	.....	Z2	0.957	\$39.62
77001	Fluoroguide for vein device .....	.....	N1 .....	.....	.....
77002	Needle localization by xray .....	.....	N1 .....	.....	.....
77003	Fluoroguide for spine inject .....	.....	N1 .....	.....	.....
77011	Ct scan for localization	CH	N1 .....	.....	.....
77012	Ct scan for needle biopsy	CH	N1 .....	.....	.....
77013	Ct guide for tissue ablation	CH	N1 .....	.....	.....
77014	Ct scan for therapy guide	CH	N1 .....	.....	.....
77021	Mr guidance for needle place	CH	N1 .....	.....	.....
77022	Mri for tissue ablation	CH	N1 .....	.....	.....
77031	Stereotact guide for brst bx	CH	N1 .....	.....	.....
77032	Guidance for needle, breast	CH	N1 .....	.....	.....
77053	X-ray of mammary duct	CH	N1 .....	.....	.....
77054	X-ray of mammary ducts	CH	N1 .....	.....	.....
77071	X-ray stress view .....	.....	Z3	0.3949	\$16.35
77072	X-rays for bone age .....	.....	Z3	0.2961	\$12.26
77073	X-rays, bone length studies .....	.....	Z3	0.5596	\$23.17
77074	X-rays, bone survey, limited .....	.....	Z3	0.9381	\$38.84
77075	X-rays, bone survey complete .....	.....	Z2	1.157	\$47.90
77076	X-rays, bone survey, infant .....	.....	Z2	0.6954	\$28.79
77077	Joint survey, single view .....	.....	Z3	0.6831	\$28.28
77078	Ct bone density, axial .....	.....	Z2	1.1384	\$47.13

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
77079	Ct bone density, peripheral .....	.....	Z3	1.5224	\$63.03
77080	Dxa bone density, axial .....	.....	Z2	1.1384	\$47.13
77081	Dxa bone density/peripheral	CH	Z3	0.4773	\$19.76
77082	Dxa bone density, vert fx .....	.....	Z3	0.5019	\$20.78
77083	Radiographic absorptiometry .....	.....	Z3	0.4362	\$18.06
77084	Magnetic image, bone marrow .....	.....	Z2	4.883	\$202.16
77280	Set radiation therapy field .....	.....	Z2	1.5576	\$64.49
77285	Set radiation therapy field .....	.....	Z2	3.9276	\$162.61
77290	Set radiation therapy field .....	.....	Z2	3.9276	\$162.61
77295	Set radiation therapy field	CH	Z2	13.5621	\$561.48
77299	Radiation therapy planning .....	.....	Z2	1.5576	\$64.49
77300	Radiation therapy dose plan .....	.....	Z3	0.9546	\$39.52
77301	Radiotherapy dose plan, imrt .....	.....	Z2	13.5621	\$561.48
77305	Teletx isodose plan simple .....	.....	Z3	1.0451	\$43.27
77310	Teletx isodose plan intermed .....	.....	Z3	1.3331	\$55.19
77315	Teletx isodose plan complex .....	.....	Z3	1.7444	\$72.22
77321	Special teletx port plan .....	.....	Z3	2.156	\$89.26
77326	Brachytx isodose calc simp .....	.....	Z2	1.5576	\$64.49
77327	Brachytx isodose calc interm .....	.....	Z3	2.9294	\$121.48
77328	Brachytx isodose plan compl .....	.....	Z3	3.9168	\$162.16
77331	Special radiation dosimetry .....	.....	Z3	0.4196	\$17.37
77332	Radiation treatment aid(s) .....	.....	Z3	1.1191	\$46.33
77333	Radiation treatment aid(s) .....	.....	Z3	0.8804	\$36.45
77334	Radiation treatment aid(s) .....	.....	Z3	2.2876	\$94.71
77336	Radiation physics consult .....	.....	Z2	1.5576	\$64.49
77370	Radiation physics consult .....	.....	Z2	1.5576	\$64.49
77371	Srs, multisource .....	.....	Z3	24.7769	\$1,025.79
77399	External radiation dosimetry .....	.....	Z2	1.5576	\$64.49
77401	Radiation treatment delivery .....	.....	Z3	0.9217	\$38.16
77402	Radiation treatment delivery .....	.....	Z2	1.4229	\$58.91
77403	Radiation treatment delivery .....	.....	Z2	1.4229	\$58.91
77404	Radiation treatment delivery .....	.....	Z2	1.4229	\$58.91
77406	Radiation treatment delivery .....	.....	Z2	1.4229	\$58.91
77407	Radiation treatment delivery .....	.....	Z2	1.4229	\$58.91
77408	Radiation treatment delivery .....	.....	Z2	1.4229	\$58.91
77409	Radiation treatment delivery .....	.....	Z2	1.4229	\$58.91
77411	Radiation treatment delivery .....	.....	Z2	2.2167	\$91.77
77412	Radiation treatment delivery .....	.....	Z2	2.2167	\$91.77
77413	Radiation treatment delivery .....	.....	Z2	2.2167	\$91.77
77414	Radiation treatment delivery .....	.....	Z2	2.2167	\$91.77
77416	Radiation treatment delivery .....	.....	Z2	2.2167	\$91.77
77417	Radiology port film(s)	CH	N1 .....	.....	.....
77418	Radiation tx delivery, imrt .....	.....	Z2	5.4582	\$225.97
77421	Stereoscopic x-ray guidance	CH	N1 .....	.....	.....
77422	Neutron beam tx, simple .....	.....	Z2	2.2167	\$91.77
77423	Neutron beam tx, complex .....	.....	Z2	2.2167	\$91.77
77435	Sbvt management .....	.....	N1 .....	.....	.....
77470	Special radiation treatment .....	.....	Z3	5.1018	\$211.22
77520	Proton trmt, simple w/o comp .....	.....	Z2	12.8205	\$530.78
77522	Proton trmt, simple w/comp .....	.....	Z2	12.8205	\$530.78
77523	Proton trmt, intermediate .....	.....	Z2	15.3404	\$635.11
77525	Proton treatment, complex .....	.....	Z2	15.3404	\$635.11
77600	Hyperthermia treatment	CH	Z3	5.2665	\$218.04
77605	Hyperthermia treatment .....	.....	Z2	5.7996	\$240.11
77610	Hyperthermia treatment .....	.....	Z2	5.7996	\$240.11
77615	Hyperthermia treatment .....	.....	Z2	5.7996	\$240.11
77620	Hyperthermia treatment	CH	Z3	5.4146	\$224.17
77750	Infuse radioactive materials .....	.....	Z3	1.7529	\$72.57
77761	Apply intrcav radiat simple .....	.....	Z3	3.127	\$129.46
77762	Apply intrcav radiat interm .....	.....	Z3	3.8511	\$159.44
77763	Apply intrcav radiat compl .....	.....	Z3	4.9455	\$204.75
77776	Apply interstit radiat simpl .....	.....	Z3	3.2833	\$135.93
77777	Apply interstit radiat inter .....	.....	Z3	3.991	\$165.23
77778	Apply interstit radiat compl .....	.....	Z3	5.2501	\$217.36
77781	High intensity brachytherapy .....	.....	Z3	10.0063	\$414.27
77782	High intensity brachytherapy .....	.....	Z2	11.6779	\$483.48
77783	High intensity brachytherapy .....	.....	Z2	11.6779	\$483.48
77784	High intensity brachytherapy .....	.....	Z2	11.6779	\$483.48

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
77789	Apply surface radiation .....	.....	Z3	0.8558	\$35.43
77790	Radiation handling .....	.....	N1 .....	.....	.....
77799	Radium/radioisotope therapy .....	.....	Z2	8.514	\$352.49
78000	Thyroid, single uptake .....	.....	Z3	1.1355	\$47.01
78001	Thyroid, multiple uptakes .....	.....	Z3	1.4483	\$59.96
78003	Thyroid suppress/stimul .....	.....	Z3	1.1437	\$47.35
78006	Thyroid imaging with uptake .....	.....	Z2	3.4513	\$142.89
78007	Thyroid image, mult uptakes .....	.....	Z3	2.2466	\$93.01
78010	Thyroid imaging	CH	Z2	2.0471	\$84.75
78011	Thyroid imaging with flow .....	.....	Z2	2.0471	\$84.75
78015	Thyroid met imaging .....	.....	Z3	3.168	\$131.16
78016	Thyroid met imaging/studies	CH	Z3	4.8303	\$199.98
78018	Thyroid met imaging, body .....	.....	Z2	5.0681	\$209.82
78020	Thyroid met uptake	CH	N1 .....	.....	.....
78070	Parathyroid nuclear imaging	CH	Z3	3.0777	\$127.42
78075	Adrenal nuclear imaging	CH	Z3	6.9122	\$286.17
78099	Endocrine nuclear procedure .....	.....	Z2	2.0471	\$84.75
78102	Bone marrow imaging, ltd .....	.....	Z3	2.4852	\$102.89
78103	Bone marrow imaging, mult .....	.....	Z3	3.4398	\$142.41
78104	Bone marrow imaging, body .....	.....	Z2	3.9293	\$162.68
78110	Plasma volume, single .....	.....	Z3	1.2425	\$51.44
78111	Plasma volume, multiple .....	.....	Z3	1.9091	\$79.04
78120	Red cell mass, single .....	.....	Z3	1.5471	\$64.05
78121	Red cell mass, multiple .....	.....	Z3	2.0654	\$85.51
78122	Blood volume .....	.....	Z3	2.7567	\$114.13
78130	Red cell survival study .....	.....	Z3	2.5263	\$104.59
78135	Red cell survival kinetics	CH	Z3	5.4885	\$227.23
78140	Red cell sequestration .....	.....	Z3	2.7403	\$113.45
78185	Spleen imaging .....	.....	Z3	3.0528	\$126.39
78190	Platelet survival, kinetics .....	.....	Z2	2.9022	\$120.15
78191	Platelet survival .....	.....	Z2	2.9022	\$120.15
78195	Lymph system imaging .....	.....	Z2	3.9293	\$162.68
78199	Blood/lymph nuclear exam .....	.....	Z2	3.9293	\$162.68
78201	Liver imaging .....	.....	Z3	2.8142	\$116.51
78202	Liver imaging with flow .....	.....	Z3	3.3161	\$137.29
78205	Liver imaging (3d)	CH	Z2	4.4603	\$184.66
78206	Liver image (3d) with flow .....	.....	Z2	4.4603	\$184.66
78215	Liver and spleen imaging .....	.....	Z3	3.127	\$129.46
78216	Liver & spleen image/flow .....	.....	Z3	2.5263	\$104.59
78220	Liver function study .....	.....	Z3	2.7321	\$113.11
78223	Hepatobiliary imaging .....	.....	Z2	4.4603	\$184.66
78230	Salivary gland imaging .....	.....	Z3	2.5509	\$105.61
78231	Serial salivary imaging .....	.....	Z3	2.3864	\$98.80
78232	Salivary gland function exam .....	.....	Z3	2.5345	\$104.93
78258	Esophageal motility study .....	.....	Z3	3.3492	\$138.66
78261	Gastric mucosa imaging .....	.....	Z2	3.7911	\$156.96
78262	Gastroesophageal reflux exam .....	.....	Z2	3.7911	\$156.96
78264	Gastric emptying study .....	.....	Z2	3.7911	\$156.96
78270	Vit b-12 absorption exam .....	.....	Z3	1.4072	\$58.26
78271	Vit b-12 absrp exam, int fac .....	.....	Z3	1.4318	\$59.28
78272	Vit b-12 absorp, combined .....	.....	Z3	1.7775	\$73.59
78278	Acute gi blood loss imaging .....	.....	Z2	3.7911	\$156.96
78282	Gi protein loss exam .....	.....	Z2	3.7911	\$156.96
78290	Meckel's divert exam .....	.....	Z2	3.7911	\$156.96
78291	Leveen/shunt patency exam .....	.....	Z3	3.67	\$151.94
78299	Gi nuclear procedure .....	.....	Z2	3.7911	\$156.96
78300	Bone imaging, limited area .....	.....	Z3	2.6743	\$110.72
78305	Bone imaging, multiple areas .....	.....	Z3	3.6453	\$150.92
78306	Bone imaging, whole body	CH	Z2	3.8039	\$157.49
78315	Bone imaging, 3 phase .....	.....	Z2	3.8039	\$157.49
78320	Bone imaging (3d) .....	.....	Z2	3.8039	\$157.49
78399	Musculoskeletal nuclear exam .....	.....	Z2	3.8039	\$157.49
78414	Non-imaging heart function .....	.....	Z2	4.862	\$201.29
78428	Cardiac shunt imaging .....	.....	Z3	2.9458	\$121.96
78445	Vascular flow imaging	CH	Z3	2.5427	\$105.27
78456	Acute venous thrombus image .....	.....	Z2	3.1433	\$130.14
78457	Venous thrombosis imaging	CH	Z3	2.913	\$120.60
78458	Ven thrombosis images, bilat .....	.....	Z2	3.1433	\$130.14

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
78459	Heart muscle imaging (pet) .....	.....	Z2	21.9955	\$910.64
78460	Heart muscle blood, single .....	.....	Z3	2.7567	\$114.13
78461	Heart muscle blood, multiple .....	.....	Z3	3.4313	\$142.06
78464	Heart image (3d), single	CH	Z3	5.1182	\$211.90
78465	Heart image (3d), multiple	CH	Z3	9.2739	\$383.95
78466	Heart infarct image .....	.....	Z3	2.8473	\$117.88
78468	Heart infarct image (ef) .....	.....	Z3	3.7605	\$155.69
78469	Heart infarct image (3d)	CH	Z3	4.5588	\$188.74
78472	Gated heart, planar, single	CH	Z3	4.5835	\$189.76
78473	Gated heart, multiple .....	.....	Z2	4.862	\$201.29
78478	Heart wall motion add-on	CH	N1 .....	.....	.....
78480	Heart function add-on	CH	N1 .....	.....	.....
78481	Heart first pass, single .....	.....	Z3	4.032	\$166.93
78483	Heart first pass, multiple .....	.....	Z2	4.862	\$201.29
78491	Heart image (pet), single .....	.....	Z2	21.9955	\$910.64
78492	Heart image (pet), multiple .....	.....	Z2	21.9955	\$910.64
78494	Heart image, spect .....	.....	Z2	4.862	\$201.29
78496	Heart first pass add-on	CH	N1 .....	.....	.....
78499	Cardiovascular nuclear exam .....	.....	Z2	4.862	\$201.29
78580	Lung perfusion imaging .....	.....	Z2	3.3954	\$140.57
78584	Lung v/q image single breath .....	.....	Z3	2.4193	\$100.16
78585	Lung v/q imaging .....	.....	Z2	4.9509	\$204.97
78586	Aerosol lung image, single .....	.....	Z3	2.7238	\$112.77
78587	Aerosol lung image, multiple .....	.....	Z3	3.3246	\$137.64
78588	Perfusion lung image .....	.....	Z3	4.7233	\$195.55
78591	Vent image, 1 breath, 1 proj .....	.....	Z3	2.8306	\$117.19
78593	Vent image, 1 proj, gas .....	.....	Z3	3.3328	\$137.98
78594	Vent image, mult proj, gas .....	.....	Z2	3.3954	\$140.57
78596	Lung differential function .....	.....	Z2	4.9509	\$204.97
78599	Respiratory nuclear exam .....	.....	Z2	3.3954	\$140.57
78600	Brain image < 4 views .....	.....	Z3	2.9294	\$121.28
78601	Brain image w/flow < 4 views	CH	Z2	3.2295	\$133.70
78605	Brain image 4+ views	CH	Z2	3.2295	\$133.70
78606	Brain image w/flow 4 + views	CH	Z3	5.0197	\$207.82
78607	Brain imaging (3d)	CH	Z3	6.081	\$251.76
78608	Brain imaging (pet) .....	.....	Z2	16.6001	\$687.26
78610	Brain flow imaging only .....	.....	Z3	3.382	\$140.02
78615	Cerebral vascular flow image	CH	D5 .....	.....	.....
78630	Cerebrospinal fluid scan	CH	Z3	5.538	\$229.28
78635	Csf ventriculography	CH	Z3	4.5835	\$189.76
78645	Csf shunt evaluation .....	.....	Z2	3.2295	\$133.70
78647	Cerebrospinal fluid scan	CH	Z3	5.8259	\$241.20
78650	Csf leakage imaging	CH	Z3	5.3487	\$221.44
78660	Nuclear exam of tear flow .....	.....	Z3	2.5509	\$105.61
78699	Nervous system nuclear exam .....	.....	Z2	3.2295	\$133.70
78700	Kidney imaging, morphol .....	.....	Z3	2.9953	\$124.01
78701	Kidney imaging with flow .....	.....	Z3	3.6125	\$149.56
78707	K flow/funct image w/o drug	CH	Z3	3.9581	\$163.87
78708	K flow/funct image w/drug .....	.....	Z3	3.0941	\$128.10
78709	K flow/funct image, multiple .....	.....	Z2	5.0824	\$210.42
78710	Kidney imaging (3d)	CH	Z3	4.5175	\$187.03
78725	Kidney function study	CH	Z3	1.6541	\$68.48
78730	Urinary bladder retention	CH	Z3	1.3908	\$57.58
78740	Ureteral reflux study .....	.....	Z3	3.1188	\$129.12
78761	Testicular imaging w/flow .....	.....	Z3	3.2915	\$136.27
78799	Genitourinary nuclear exam .....	.....	Z2	5.0824	\$210.42
78800	Tumor imaging, limited area .....	.....	Z3	3.1023	\$128.44
78801	Tumor imaging, mult areas .....	.....	Z3	4.1144	\$170.34
78802	Tumor imaging, whole body	CH	Z3	5.5052	\$227.92
78803	Tumor imaging (3d)	CH	Z3	6.0564	\$250.74
78804	Tumor imaging, whole body	CH	Z3	10.5082	\$435.05
78805	Abscess imaging, ltd area .....	.....	Z3	3.0364	\$125.71
78806	Abscess imaging, whole body	CH	Z3	5.9658	\$246.99
78807	Nuclear localization/abscess	CH	Z3	6.0482	\$250.40
78811	Pet image, ltd area .....	.....	Z2	16.6001	\$687.26
78812	Pet image, skull-thigh .....	.....	Z2	16.6001	\$687.26
78813	Pet image, full body .....	.....	Z2	16.6001	\$687.26
78814	Pet image w/ct, lmted .....	.....	Z2	16.6001	\$687.26

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
78815	Pet image w/ct, skull-thigh .....	.....	Z2	16.6001	\$687.26
78816	Pet image w/ct, full body .....	.....	Z2	16.6001	\$687.26
78890	Nuclear medicine data proc .....	.....	N1 .....	.....	.....
78891	Nuclear med data proc .....	.....	N1 .....	.....	.....
78999	Nuclear diagnostic exam .....	.....	Z2	1.819	\$75.31
79005	Nuclear rx, oral admin .....	.....	Z3	1.6046	\$66.43
79101	Nuclear rx, iv admin .....	.....	Z3	1.6705	\$69.16
79200	Nuclear rx, intracav admin .....	.....	Z3	1.728	\$71.54
79300	Nuclr rx, interstit colloid .....	.....	Z2	3.302	\$136.71
79403	Hematopoietic nuclear tx .....	.....	Z3	2.6497	\$109.70
79440	Nuclear rx, intra-articular .....	.....	Z3	1.5553	\$64.39
79445	Nuclear rx, intra-arterial .....	.....	Z2	3.302	\$136.71
79999	Nuclear medicine therapy .....	.....	Z2	3.302	\$136.71
90296	Diphtheria antitoxin	CH	N1 .....	.....	.....
90371	Hep b ig, im .....	.....	K2 .....	.....	\$122.02
90375	Rabies ig, im/sc .....	.....	K2 .....	.....	\$68.22
90376	Rabies ig, heat treated .....	.....	K2 .....	.....	\$71.69
90385	Rh ig, minidose, im	CH	N1 .....	.....	.....
90393	Vaccina ig, im	CH	N1 .....	.....	.....
90396	Varicella-zoster ig, im .....	.....	K2 .....	.....	\$122.74
90476	Adenovirus vaccine, type 4	CH	N1 .....	.....	.....
90477	Adenovirus vaccine, type 7	CH	N1 .....	.....	.....
90581	Anthrax vaccine, sc	CH	N1 .....	.....	.....
90585	Bcg vaccine, percut .....	.....	K2 .....	.....	\$118.98
90632	Hep a vaccine, adult im	CH	N1 .....	.....	.....
90633	Hep a vacc, ped/adol, 2 dose	CH	N1 .....	.....	.....
90634	Hep a vacc, ped/adol, 3 dose	CH	N1 .....	.....	.....
90636	Hep a/hep b vacc, adult im	CH	N1 .....	.....	.....
90645	Hib vaccine, hboc, im	CH	N1 .....	.....	.....
90646	Hib vaccine, prp-d, im	CH	N1 .....	.....	.....
90647	Hib vaccine, prp-omp, im	CH	N1 .....	.....	.....
90648	Hib vaccine, prp-t, im	CH	N1 .....	.....	.....
90665	Lyme disease vaccine, im	CH	N1 .....	.....	.....
90675	Rabies vaccine, im .....	.....	K2 .....	.....	\$150.80
90676	Rabies vaccine, id .....	.....	K2 .....	.....	\$119.86
90680	Rotavirus vacc 3 dose, oral	CH	N1 .....	.....	.....
90690	Typhoid vaccine, oral	CH	N1 .....	.....	.....
90691	Typhoid vaccine, im	CH	N1 .....	.....	.....
90692	Typhoid vaccine, h-p, sc/id	CH	N1 .....	.....	.....
90698	Dtap-hib-ip vaccine, im	CH	N1 .....	.....	.....
90700	Dtap vaccine, < 7 yrs, im	CH	N1 .....	.....	.....
90701	Dtp vaccine, im	CH	N1 .....	.....	.....
90702	Dt vaccine < 7, im	CH	N1 .....	.....	.....
90703	Tetanus vaccine, im	CH	N1 .....	.....	.....
90704	Mumps vaccine, sc	CH	N1 .....	.....	.....
90705	Measles vaccine, sc	CH	N1 .....	.....	.....
90706	Rubella vaccine, sc	CH	N1 .....	.....	.....
90707	Mmr vaccine, sc	CH	N1 .....	.....	.....
90708	Measles-rubella vaccine, sc .....	.....	K2 .....	.....	\$45.53
90710	Mmr vaccine, sc	CH	N1 .....	.....	.....
90712	Oral poliovirus vaccine	CH	N1 .....	.....	.....
90713	Poliovirus, ipv, sc/im	CH	N1 .....	.....	.....
90714	Td vaccine no prsrv >= 7 im	CH	N1 .....	.....	.....
90715	Tdap vaccine >7 im	CH	N1 .....	.....	.....
90717	Yellow fever vaccine, sc	CH	N1 .....	.....	.....
90718	Td vaccine > 7, im	CH	N1 .....	.....	.....
90719	Diphtheria vaccine, im	CH	N1 .....	.....	.....
90720	Dtp/hib vaccine, im	CH	N1 .....	.....	.....
90721	Dtap/hib vaccine, im	CH	N1 .....	.....	.....
90725	Cholera vaccine, injectable	CH	N1 .....	.....	.....
90727	Plague vaccine, im	CH	N1 .....	.....	.....
90733	Meningococcal vaccine, sc .....	.....	K2 .....	.....	\$85.29
90734	Meningococcal vaccine, im .....	.....	K2 .....	.....	\$82.00
90735	Encephalitis vaccine, sc .....	.....	K2 .....	.....	\$98.17
90749	Vaccine toxoid	CH	N1 .....	.....	.....
A4218	Sterile saline or water .....	.....	N1 .....	.....	.....
A4220	Infusion pump refill kit .....	.....	N1 .....	.....	.....
A4248	Chlorhexidine antisept .....	.....	N1 .....	.....	.....

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
A4262	Temporary tear duct plug .....	.....	N1 .....	.....	.....
A4263	Permanent tear duct plug .....	.....	N1 .....	.....	.....
A4270	Disposable endoscope sheath .....	.....	N1 .....	.....	.....
A4300	Cath impl vasc access portal .....	.....	N1 .....	.....	.....
A4301	Implantable access syst perc .....	.....	N1 .....	.....	.....
A4305	Drug delivery system >=50 ML .....	.....	N1 .....	.....	.....
A4306	Drug delivery system <=50 ml .....	.....	N1 .....	.....	.....
A4648	Implantable tissue marker	NI	N1 .....	.....	.....
A4650	Implant radiation dosimeter	NI	N1 .....	.....	.....
A9527	Iodine I-125 sodium iodide	CH	H2	0.4325	\$27.55
A9535	Injection, methylene blue	CH	N1 .....	.....	.....
A9576	Inj prohance multipack	NI	N1 .....	.....	.....
A9577	Inj multihance	NI	N1 .....	.....	.....
A9578	Inj multihance multipack	NI	N1 .....	.....	.....
A9579	Gad-base MR contrast NOS,1ml	NI	N1 .....	.....	.....
A9698	Non-rad contrast materialNOC .....	.....	N1 .....	.....	.....
C1713	Anchor/screw bn/bn,tis/bn .....	.....	N1 .....	.....	.....
C1714	Cath, trans atherectomy, dir .....	.....	N1 .....	.....	.....
C1715	Brachytherapy needle .....	.....	N1 .....	.....	.....
C1716	Brachytx, non-str, Gold-198	CH	H2	0.5228	\$33.30
C1717	Brachytx, non-str,HDR Ir-192	CH	H2	2.7505	\$175.19
C1719	Brachytx, NS, Non-HDRIr-192	CH	H2	1.0226	\$65.13
C1721	AICD, dual chamber .....	.....	N1 .....	.....	.....
C1722	AICD, single chamber .....	.....	N1 .....	.....	.....
C1724	Cath, trans atherec,rotation .....	.....	N1 .....	.....	.....
C1725	Cath, translumin non-laser .....	.....	N1 .....	.....	.....
C1726	Cath, bal dil, non-vascular .....	.....	N1 .....	.....	.....
C1727	Cath, bal tis dis, non-vas .....	.....	N1 .....	.....	.....
C1728	Cath, brachytx seed adm .....	.....	N1 .....	.....	.....
C1729	Cath, drainage .....	.....	N1 .....	.....	.....
C1730	Cath, EP, 19 or few elect .....	.....	N1 .....	.....	.....
C1731	Cath, EP, 20 or more elec .....	.....	N1 .....	.....	.....
C1732	Cath, EP, diag/abl, 3D/vect .....	.....	N1 .....	.....	.....
C1733	Cath, EP, othr than cool-tip .....	.....	N1 .....	.....	.....
C1750	Cath, hemodialysis,long-term .....	.....	N1 .....	.....	.....
C1751	Cath, inf, per/cent/midline .....	.....	N1 .....	.....	.....
C1752	Cath,hemodialysis,short-term .....	.....	N1 .....	.....	.....
C1753	Cath, intravas ultrasound .....	.....	N1 .....	.....	.....
C1754	Catheter, intradiscal .....	.....	N1 .....	.....	.....
C1755	Catheter, intraspinal .....	.....	N1 .....	.....	.....
C1756	Cath, pacing, transesoph .....	.....	N1 .....	.....	.....
C1757	Cath, thrombectomy/embolect .....	.....	N1 .....	.....	.....
C1758	Catheter, ureteral .....	.....	N1 .....	.....	.....
C1759	Cath, intra echocardiography .....	.....	N1 .....	.....	.....
C1760	Closure dev, vasc .....	.....	N1 .....	.....	.....
C1762	Conn tiss, human(inc fascia) .....	.....	N1 .....	.....	.....
C1763	Conn tiss, non-human .....	.....	N1 .....	.....	.....
C1764	Event recorder, cardiac .....	.....	N1 .....	.....	.....
C1765	Adhesion barrier .....	.....	N1 .....	.....	.....
C1766	Intro/sheath,strble,non-peel .....	.....	N1 .....	.....	.....
C1767	Generator, neuro non-recharg .....	.....	N1 .....	.....	.....
C1768	Graft, vascular .....	.....	N1 .....	.....	.....
C1769	Guide wire .....	.....	N1 .....	.....	.....
C1770	Imaging coil, MR, insertable .....	.....	N1 .....	.....	.....
C1771	Rep dev, urinary, w/sling .....	.....	N1 .....	.....	.....
C1772	Infusion pump, programmable .....	.....	N1 .....	.....	.....
C1773	Ret dev, insertable .....	.....	N1 .....	.....	.....
C1776	Joint device (implantable) .....	.....	N1 .....	.....	.....
C1777	Lead, AICD, endo single coil .....	.....	N1 .....	.....	.....
C1778	Lead, neurostimulator .....	.....	N1 .....	.....	.....
C1779	Lead, pmkr, transvenous VDD .....	.....	N1 .....	.....	.....
C1780	Lens, intraocular (new tech) .....	.....	N1 .....	.....	.....
C1781	Mesh (implantable) .....	.....	N1 .....	.....	.....
C1782	Morcellator .....	.....	N1 .....	.....	.....
C1783	Ocular imp, aqueous drain de .....	.....	N1 .....	.....	.....
C1784	Ocular dev, intraop, det ret .....	.....	N1 .....	.....	.....
C1785	Pmkr, dual, rate-resp .....	.....	N1 .....	.....	.....
C1786	Pmkr, single, rate-resp .....	.....	N1 .....	.....	.....

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
C1787	Patient progr, neurostim		N1		
C1788	Port, indwelling, imp		N1		
C1789	Prosthesis, breast, imp		N1		
C1813	Prosthesis, penile, inflatab		N1		
C1814	Retinal tamp, silicone oil		N1		
C1815	Pros, urinary sph, imp		N1		
C1816	Receiver/transmitter, neuro		N1		
C1817	Septal defect imp sys		N1		
C1818	Integrated keratoprosthesis		N1		
C1819	Tissue localization-excision		N1		
C1820	Generator neuro rechg bat sy	CH	N1		
C1821	Interspinous implant		J7		
C1874	Stent, coated/cov w/del sys		N1		
C1875	Stent, coated/cov w/o del sy		N1		
C1876	Stent, non-coa/non-cov w/del		N1		
C1877	Stent, non-coat/cov w/o del		N1		
C1878	Matrl for vocal cord		N1		
C1879	Tissue marker, implantable		N1		
C1880	Vena cava filter		N1		
C1881	Dialysis access system		N1		
C1882	AICD, other than sing/dual		N1		
C1883	Adapt/ext, pacing/neuro lead		N1		
C1884	Embolization Protect syst		N1		
C1885	Cath, translumin angio laser		N1		
C1887	Catheter, guiding		N1		
C1888	Endovas non-cardiac abl cath		N1		
C1891	Infusion pump,non-prog, perm		N1		
C1892	Intro/sheath, fixed, peel-away		N1		
C1893	Intro/sheath, fixed, non-peel		N1		
C1894	Intro/sheath, non-laser		N1		
C1895	Lead, AICD, endo dual coil		N1		
C1896	Lead, AICD, non sing/dual		N1		
C1897	Lead, neurostim test kit		N1		
C1898	Lead, pmkr, other than trans		N1		
C1899	Lead, pmkr/AICD combination		N1		
C1900	Lead, coronary venous		N1		
C2614	Probe, perc lumb disc		N1		
C2615	Sealant, pulmonary, liquid		N1		
C2616	Brachytx, non-str, Yttrium-90	CH	H2	184.7105	\$11,764.95
C2617	Stent, non-cor, tem w/o del		N1		
C2618	Probe, cryoablation		N1		
C2619	Pmkr, dual, non rate-resp		N1		
C2620	Pmkr, single, non rate-resp		N1		
C2621	Pmkr, other than sing/dual		N1		
C2622	Prosthesis, penile, non-inf		N1		
C2625	Stent, non-cor, tem w/del sy		N1		
C2626	Infusion pump, non-prog, temp		N1		
C2627	Cath, suprapubic/cystoscopic		N1		
C2628	Catheter, occlusion		N1		
C2629	Intro/sheath, laser		N1		
C2630	Cath, EP, cool-tip		N1		
C2631	Rep dev, urinary, w/o sling		N1		
C2634	Brachytx, non-str, HA, I-125	CH	H2	0.4858	\$30.94
C2635	Brachytx, non-str, HA, P-103	CH	H2	0.7366	\$46.92
C2636	Brachy linear, non-str, P-103	CH	H2	0.66	\$42.04
C2638	Brachytx, stranded, I-125	CH	H2	0.7113	\$45.31
C2639	Brachytx, non-stranded, I-125	CH	H2	0.5039	\$32.10
C2640	Brachytx, stranded, P-103	CH	H2	1.0308	\$65.66
C2641	Brachytx, non-stranded, P-103	CH	H2	0.8077	\$51.45
C2642	Brachytx, stranded, C-131	CH	H2	1.5342	\$97.72
C2643	Brachytx, non-stranded, C-131	CH	H2	1.006	\$64.08
C2698	Brachytx, stranded, NOS	CH	H2	0.7113	\$45.31
C2699	Brachytx, non-stranded, NOS	CH	H2	0.4858	\$30.94
C8900	MRA w/cont, abd		Z2	6.235	\$258.14
C8901	MRA w/o cont, abd		Z2	5.3933	\$223.29
C8902	MRA w/o fol w/cont, abd		Z2	8.2463	\$341.41
C8903	MRI w/cont, breast, uni		Z2	6.235	\$258.14
C8904	MRI w/o cont, breast, uni		Z2	5.3933	\$223.29

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
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[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
C8905	MRI w/o fol w/cont, brst, un		Z2	8.2463	\$341.41
C8906	MRI w/cont, breast, bi		Z2	6.235	\$258.14
C8907	MRI w/o cont, breast, bi		Z2	5.3933	\$223.29
C8908	MRI w/o fol w/cont, breast,		Z2	8.2463	\$341.41
C8909	MRA w/cont, chest		Z2	6.235	\$258.14
C8910	MRA w/o cont, chest		Z2	5.3933	\$223.29
C8911	MRA w/o fol w/cont, chest		Z2	8.2463	\$341.41
C8912	MRA w/cont, lwr ext		Z2	6.235	\$258.14
C8913	MRA w/o cont, lwr ext		Z2	5.3933	\$223.29
C8914	MRA w/o fol w/cont, lwr ext		Z2	8.2463	\$341.41
C8918	MRA w/cont, pelvis		Z2	6.235	\$258.14
C8919	MRA w/o cont, pelvis		Z2	5.3933	\$223.29
C8920	MRA w/o fol w/cont, pelvis		Z2	8.2463	\$341.41
C9003	Palivizumab, per 50 mg		K2		\$810.67
C9113	Inj pantoprazole sodium, via		N1		
C9121	Injection, argatroban		K2		\$18.96
C9232	Injection, idursulfase	CH	D5		
C9233	Injection, ranibizumab	CH	D5		
C9234	Inj, alglucosidase alfa	CH	D5		
C9235	Injection, panitumumab	CH	D5		
C9238	Inj, levetiracetam	NI	K2		\$6.30
C9239	Inj, temsirolimus	NI	K2		\$48.41
C9350	Porous collagen tube per cm	CH	D5		
C9351	Acellular derm tissue percm2	CH	D5		
C9352	Neuragen nerve guide, per cm	NI	K2		\$482.56
C9353	Neurawrap nerve protector,cm	NI	K2		\$482.56
C9399	Unclassified drugs or biolog		K7		
E0616	Cardiac event recorder		N1		
E0749	Elec osteogen stim implanted		N1		
E0782	Non-programable infusion pump		N1		
E0783	Programmable infusion pump		N1		
E0785	Replacement impl pump cathet		N1		
E0786	Implantable pump replacement		N1		
G0130	Single energy x-ray study		Z3	0.5348	\$22.14
G0173	Linear acc stereo radsur com		Z2	61.6965	\$2,554.30
G0251	Linear acc based stero radio		Z2	16.5911	\$686.89
G0288	Recon, CTA for surg plan	CH	N1		
G0339	Robot lin-radsurg com, first		Z2	61.6965	\$2,554.30
G0340	Robt lin-radsurg fractx 2-5		Z2	45.0693	\$1,865.91
J0120	Tetracyclin injection		N1		
J0128	Abarelix injection		K2		\$67.97
J0129	Abatacept injection		K2		\$18.69
J0130	Abciximab injection		K2		\$420.17
J0132	Acetylcysteine injection	CH	N1		
J0133	Acyclovir injection		N1		
J0135	Adalimumab injection		K2		\$329.58
J0150	Injection adenosine 6 MG		K2		\$25.10
J0152	Adenosine injection		K2		\$67.89
J0170	Adrenalin epinephrin inject		N1		
J0180	Agalsidase beta injection		K2		\$126.00
J0190	Inj biperiden lactate/5 mg		K2		\$88.15
J0200	Alatrofloxacin mesylate		N1		
J0205	Alglucerase injection		K2		\$38.85
J0207	Amifostine		K2		\$490.93
J0210	Methyldopate hcl injection		K2		\$13.04
J0215	Alefaccept		K2		\$26.47
J0220	Aglycosidase alfa injection	NI	K2		\$126.00
J0256	Alpha 1 proteinase inhibitor		K2		\$3.28
J0278	Amikacin sulfate injection		N1		
J0280	Aminophyllin 250 MG inj		N1		
J0282	Amiodarone HCl		N1		
J0285	Amphotericin B		N1		
J0287	Amphotericin b lipid complex		K2		\$10.40
J0288	Ampho b cholesteryl sulfate		K2		\$11.89
J0289	Amphotericin b liposome inj		K2		\$16.21
J0290	Ampicillin 500 MG inj		N1		
J0295	Ampicillin sodium per 1.5 gm		N1		
J0300	Amobarbital 125 MG inj		N1		

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
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[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
J0330	Succinylcholine chloride inj .....	.....	N1 .....	.....	.....
J0348	Anadulafungin injection .....	.....	K2 .....	.....	\$1.91
J0350	Injection anistreplase 30 u .....	.....	K2 .....	.....	\$2,693.80
J0360	Hydralazine hcl injection .....	.....	N1 .....	.....	.....
J0364	Apomorphine hydrochloride	CH	N1 .....	.....	.....
J0365	Aprotonin, 10,000 kiu .....	.....	K2 .....	.....	\$2.66
J0380	Inj metaraminol bitartrate	CH	N1 .....	.....	.....
J0390	Chloroquine injection .....	.....	N1 .....	.....	.....
J0395	Arbutamine HCl injection	CH	N1 .....	.....	.....
J0400	Aripiprazole injection	NI	K2 .....	.....	\$0.28
J0456	Azithromycin .....	.....	N1 .....	.....	.....
J0460	Atropine sulfate injection .....	.....	N1 .....	.....	.....
J0470	Dimecaprol injection .....	.....	N1 .....	.....	.....
J0475	Baclofen 10 MG injection .....	.....	K2 .....	.....	\$193.29
J0476	Baclofen intrathecal trial .....	.....	K2 .....	.....	\$69.73
J0480	Basiliximab .....	.....	K2 .....	.....	\$1,541.03
J0500	Dicyclomine injection .....	.....	N1 .....	.....	.....
J0515	Inj bethtropine mesylate .....	.....	N1 .....	.....	.....
J0520	Bethanechol chloride inject .....	.....	N1 .....	.....	.....
J0530	Penicillin g benzathine inj .....	.....	N1 .....	.....	.....
J0540	Penicillin g benzathine inj .....	.....	N1 .....	.....	.....
J0550	Penicillin g benzathine inj .....	.....	N1 .....	.....	.....
J0560	Penicillin g benzathine inj .....	.....	N1 .....	.....	.....
J0570	Penicillin g benzathine inj .....	.....	N1 .....	.....	.....
J0580	Penicillin g benzathine inj .....	.....	N1 .....	.....	.....
J0583	Bivalirudin .....	.....	K2 .....	.....	\$1.84
J0585	Botulinum toxin a per unit .....	.....	K2 .....	.....	\$5.21
J0587	Botulinum toxin type B .....	.....	K2 .....	.....	\$8.63
J0592	Buprenorphine hydrochloride .....	.....	N1 .....	.....	.....
J0594	Busulfan injection .....	.....	K2 .....	.....	\$9.17
J0595	Butorphanol tartrate 1 mg .....	.....	N1 .....	.....	.....
J0600	Edetate calcium disodium inj .....	.....	K2 .....	.....	\$49.64
J0610	Calcium gluconate injection .....	.....	N1 .....	.....	.....
J0620	Calcium glycer & lact/10 ML .....	.....	N1 .....	.....	.....
J0630	Calcitonin salmon injection .....	.....	N1 .....	.....	.....
J0636	Inj calcitriol per 0.1 mcg .....	.....	N1 .....	.....	.....
J0637	Caspofungin acetate .....	.....	K2 .....	.....	\$24.05
J0640	Leucovorin calcium injection .....	.....	N1 .....	.....	.....
J0670	Inj mepivacaine HCL/10 ml .....	.....	N1 .....	.....	.....
J0690	Cefazolin sodium injection .....	.....	N1 .....	.....	.....
J0692	Cefepime HCl for injection .....	.....	N1 .....	.....	.....
J0694	Cefoxitin sodium injection .....	.....	N1 .....	.....	.....
J0696	Ceftriaxone sodium injection .....	.....	N1 .....	.....	.....
J0697	Sterile cefuroxime injection .....	.....	N1 .....	.....	.....
J0698	Cefotaxime sodium injection .....	.....	N1 .....	.....	.....
J0702	Betamethasone acet & sod phosp .....	.....	N1 .....	.....	.....
J0704	Betamethasone sod phosp/4 MG .....	.....	N1 .....	.....	.....
J0706	Caffeine citrate injection	CH	N1 .....	.....	.....
J0710	Cephapirin sodium injection .....	.....	N1 .....	.....	.....
J0713	Inj ceftazidime per 500 mg .....	.....	N1 .....	.....	.....
J0715	Ceftizoxime sodium/500 MG .....	.....	N1 .....	.....	.....
J0720	Chloramphenicol sodium injec .....	.....	N1 .....	.....	.....
J0725	Chorionic gonadotropin/1000u .....	.....	N1 .....	.....	.....
J0735	Clonidine hydrochloride .....	.....	K2 .....	.....	\$62.78
J0740	Cidofovir injection .....	.....	K2 .....	.....	\$754.39
J0743	Cilastatin sodium injection .....	.....	N1 .....	.....	.....
J0744	Ciprofloxacin iv .....	.....	N1 .....	.....	.....
J0745	Inj codeine phosphate /30 MG .....	.....	N1 .....	.....	.....
J0760	Colchicine injection .....	.....	N1 .....	.....	.....
J0770	Colistimethate sodium inj .....	.....	N1 .....	.....	.....
J0780	Prochlorperazine injection .....	.....	N1 .....	.....	.....
J0795	Corticotropin ovine triflutal .....	.....	K2 .....	.....	\$4.43
J0800	Corticotropin injection .....	.....	K2 .....	.....	\$169.77
J0835	Inj cosyntropin per 0.25 MG .....	.....	K2 .....	.....	\$64.01
J0850	Cytomegalovirus imm IV /vial .....	.....	K2 .....	.....	\$870.53
J0878	Daptomycin injection .....	.....	K2 .....	.....	\$0.35
J0881	Darbepoetin alfa, non-esrd .....	.....	K2 .....	.....	\$2.88
J0885	Epoetin alfa, non-esrd .....	.....	K2 .....	.....	\$8.97

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
J0894	Decitabine injection .....	.....	K2 .....	.....	\$26.48
J0895	Deferoxamine mesylate inj	CH	N1 .....	.....	.....
J0900	Testosterone enanthate inj .....	.....	N1 .....	.....	.....
J0945	Brompheniramine maleate inj .....	.....	N1 .....	.....	.....
J0970	Estradiol valerate injection .....	.....	N1 .....	.....	.....
J1000	Depo-estradiol cypionate inj .....	.....	N1 .....	.....	.....
J1020	Methylprednisolone 20 MG inj .....	.....	N1 .....	.....	.....
J1030	Methylprednisolone 40 MG inj .....	.....	N1 .....	.....	.....
J1040	Methylprednisolone 80 MG inj .....	.....	N1 .....	.....	.....
J1051	Medroxyprogesterone inj .....	.....	N1 .....	.....	.....
J1060	Testosterone cypionate 1 ML .....	.....	N1 .....	.....	.....
J1070	Testosterone cypionat 100 MG .....	.....	N1 .....	.....	.....
J1080	Testosterone cypionat 200 MG .....	.....	N1 .....	.....	.....
J1094	Inj dexamethasone acetate .....	.....	N1 .....	.....	.....
J1100	Dexamethasone sodium phos .....	.....	N1 .....	.....	.....
J1110	Inj dihydroergotamine mesylt .....	.....	N1 .....	.....	.....
J1120	Acetazolamid sodium injectio .....	.....	N1 .....	.....	.....
J1160	Digoxin injection .....	.....	N1 .....	.....	.....
J1162	Digoxin immune fab (ovine) .....	.....	K2 .....	.....	\$478.88
J1165	Phenytoin sodium injection .....	.....	N1 .....	.....	.....
J1170	Hydromorphone injection .....	.....	N1 .....	.....	.....
J1180	Dyphylline injection .....	.....	N1 .....	.....	.....
J1190	Dexrazoxane HCl injection .....	.....	K2 .....	.....	\$162.11
J1200	Diphenhydramine hcl injectio .....	.....	N1 .....	.....	.....
J1205	Chlorothiazide sodium inj .....	.....	K2 .....	.....	\$141.07
J1212	Dimethyl sulfoxide 50% 50 ML .....	.....	N1 .....	.....	.....
J1230	Methadone injection .....	.....	N1 .....	.....	.....
J1240	Dimenhydrinate injection .....	.....	N1 .....	.....	.....
J1245	Dipyridamole injection .....	.....	N1 .....	.....	.....
J1250	Inj dobutamine HCL/250 mg .....	.....	N1 .....	.....	.....
J1260	Dolasetron mesylate .....	.....	K2 .....	.....	\$4.66
J1265	Dopamine injection .....	.....	N1 .....	.....	.....
J1270	Injection, doxercalciferol .....	.....	N1 .....	.....	.....
J1300	Eculizumab injection	NI	K2 .....	.....	\$176.38
J1320	Amitriptyline injection .....	.....	N1 .....	.....	.....
J1324	Enfuvirtide injection .....	.....	K2 .....	.....	\$0.40
J1325	Epoprostenol injection .....	.....	N1 .....	.....	.....
J1327	Eptifibatide injection .....	.....	K2 .....	.....	\$17.67
J1330	Ergonovine maleate injection	CH	N1 .....	.....	.....
J1335	Ertapenem injection .....	.....	N1 .....	.....	.....
J1364	Erythro lactobionate /500 MG .....	.....	N1 .....	.....	.....
J1380	Estradiol valerate 10 MG inj .....	.....	N1 .....	.....	.....
J1390	Estradiol valerate 20 MG inj .....	.....	N1 .....	.....	.....
J1410	Inj estrogen conjugate 25 MG .....	.....	K2 .....	.....	\$66.64
J1430	Ethanolamine oleate 100 mg .....	.....	K2 .....	.....	\$79.23
J1435	Injection estrone per 1 MG .....	.....	N1 .....	.....	.....
J1436	Etidronate disodium inj .....	.....	K2 .....	.....	\$70.73
J1438	Etanercept injection .....	.....	K2 .....	.....	\$167.12
J1440	Filgrastim 300 mcg injection .....	.....	K2 .....	.....	\$193.79
J1441	Filgrastim 480 mcg injection .....	.....	K2 .....	.....	\$298.39
J1450	Fluconazole .....	.....	N1 .....	.....	.....
J1451	Fomepizole, 15 mg .....	.....	K2 .....	.....	\$12.80
J1452	Intraocular Fomivirsen na	CH	N1 .....	.....	.....
J1455	Foscarnet sodium injection	CH	N1 .....	.....	.....
J1457	Gallium nitrate injection	CH	K2 .....	.....	\$1.61
J1458	Galsulfase injection .....	.....	K2 .....	.....	\$306.88
J1460	Gamma globulin 1 CC inj .....	.....	K2 .....	.....	\$11.91
J1470	Gamma globulin 2 CC inj	CH	K2 .....	.....	\$23.82
J1480	Gamma globulin 3 CC inj	CH	K2 .....	.....	\$35.72
J1490	Gamma globulin 4 CC inj	CH	K2 .....	.....	\$47.64
J1500	Gamma globulin 5 CC inj	CH	K2 .....	.....	\$59.54
J1510	Gamma globulin 6 CC inj	CH	K2 .....	.....	\$71.50
J1520	Gamma globulin 7 CC inj	CH	K2 .....	.....	\$83.30
J1530	Gamma globulin 8 CC inj	CH	K2 .....	.....	\$95.27
J1540	Gamma globulin 9 CC inj	CH	K2 .....	.....	\$107.25
J1550	Gamma globulin 10 CC inj	CH	K2 .....	.....	\$119.09
J1560	Gamma globulin > 10 CC inj	CH	K2 .....	.....	\$119.09
J1561	Gamunex injection	NI	K2 .....	.....	\$32.06

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
J1562	Vivaglobin, inj .....	.....	K2 .....	.....	\$7.01
J1565	RSV-ivig .....	.....	K2 .....	.....	\$16.02
J1566	Immune globulin, powder .....	.....	K2 .....	.....	\$26.89
J1567	Immune globulin, liquid	CH	D5 .....	.....	.....
J1568	Octagam injection	NI	K2 .....	.....	\$33.19
J1569	Gammagard liquid injection	NI	K2 .....	.....	\$31.06
J1570	Ganciclovir sodium injection .....	.....	N1 .....	.....	.....
J1571	Hepagam B IM injection	NI	K2 .....	.....	\$63.51
J1572	Flebogamma injection	NI	K2 .....	.....	\$32.27
J1573	Hepagam B intravenous, inj	NI	K2 .....	.....	\$63.51
J1580	Garamycin gentamicin inj .....	.....	N1 .....	.....	.....
J1590	Gatifloxacin injection .....	.....	N1 .....	.....	.....
J1595	Injection glatiramer acetate	CH	K2 .....	.....	\$52.04
J1600	Gold sodium thiomaleate inj .....	.....	N1 .....	.....	.....
J1610	Glucagon hydrochloride/1 MG .....	.....	K2 .....	.....	\$68.84
J1620	Gonadorelin hydroch/ 100 mcg .....	.....	K2 .....	.....	\$178.59
J1626	Granisetron HCl injection .....	.....	K2 .....	.....	\$5.74
J1630	Haloperidol injection .....	.....	N1 .....	.....	.....
J1631	Haloperidol decanoate inj .....	.....	N1 .....	.....	.....
J1640	Hemin, 1 mg .....	.....	K2 .....	.....	\$7.08
J1642	Inj heparin sodium per 10 u .....	.....	N1 .....	.....	.....
J1644	Inj heparin sodium per 1000u .....	.....	N1 .....	.....	.....
J1645	Dalteparin sodium .....	.....	N1 .....	.....	.....
J1650	Inj enoxaparin sodium .....	.....	N1 .....	.....	.....
J1652	Fondaparinux sodium	CH	K2 .....	.....	\$5.92
J1655	Tinzaparin sodium injection	CH	N1 .....	.....	.....
J1670	Tetanus immune globulin inj .....	.....	K2 .....	.....	\$103.46
J1700	Hydrocortisone acetate inj .....	.....	N1 .....	.....	.....
J1710	Hydrocortisone sodium ph inj .....	.....	N1 .....	.....	.....
J1720	Hydrocortisone sodium succ i .....	.....	N1 .....	.....	.....
J1730	Diazoxide injection .....	.....	K2 .....	.....	\$113.24
J1740	Ibandronate sodium injection .....	.....	K2 .....	.....	\$138.96
J1742	Ibutilide fumarate injection .....	.....	K2 .....	.....	\$287.15
J1743	Idursulfase injection	NI	K2 .....	.....	\$455.03
J1745	Infliximab injection .....	.....	K2 .....	.....	\$54.42
J1751	Iron dextran 165 injection .....	.....	K2 .....	.....	\$11.82
J1752	Iron dextran 267 injection .....	.....	K2 .....	.....	\$10.30
J1756	Iron sucrose injection .....	.....	K2 .....	.....	\$0.36
J1785	Injection imiglucerase /unit .....	.....	K2 .....	.....	\$3.89
J1790	Droperidol injection .....	.....	N1 .....	.....	.....
J1800	Propranolol injection .....	.....	N1 .....	.....	.....
J1815	Insulin injection .....	.....	N1 .....	.....	.....
J1817	Insulin for insulin pump use .....	.....	N1 .....	.....	.....
J1830	Interferon beta-1b/.25 MG .....	.....	K2 .....	.....	\$106.57
J1835	Itraconazole injection .....	.....	K2 .....	.....	\$39.68
J1840	Kanamycin sulfate 500 MG inj .....	.....	N1 .....	.....	.....
J1850	Kanamycin sulfate 75 MG inj .....	.....	N1 .....	.....	.....
J1885	Ketorolac tromethamine inj .....	.....	N1 .....	.....	.....
J1890	Cephalothin sodium injection .....	.....	N1 .....	.....	.....
J1931	Laronidase injection .....	.....	K2 .....	.....	\$23.64
J1940	Furosemide injection .....	.....	N1 .....	.....	.....
J1945	Lepirudin .....	.....	K2 .....	.....	\$159.44
J1950	Leuprolide acetate /3.75 MG .....	.....	K2 .....	.....	\$452.58
J1956	Levofloxacin injection .....	.....	N1 .....	.....	.....
J1960	Levorphanol tartrate inj .....	.....	N1 .....	.....	.....
J1980	Hyoscyamine sulfate inj .....	.....	N1 .....	.....	.....
J1990	Chlordiazepoxide injection .....	.....	N1 .....	.....	.....
J2001	Lidocaine injection .....	.....	N1 .....	.....	.....
J2010	Lincomycin injection .....	.....	N1 .....	.....	.....
J2020	Linezolid injection .....	.....	K2 .....	.....	\$25.17
J2060	Lorazepam injection .....	.....	N1 .....	.....	.....
J2150	Mannitol injection .....	.....	N1 .....	.....	.....
J2170	Mecasermin injection .....	.....	K2 .....	.....	\$15.62
J2175	Meperidine hydrochl /100 MG .....	.....	N1 .....	.....	.....
J2180	Meperidine/promethazine inj .....	.....	N1 .....	.....	.....
J2185	Meropenem	CH	N1 .....	.....	.....
J2210	Methylethylgonovin maleate inj .....	.....	N1 .....	.....	.....
J2248	Micafungin sodium injection .....	.....	K2 .....	.....	\$1.44

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
J2250	Inj midazolam hydrochloride .....	.....	N1 .....	.....	.....
J2260	Inj milrinone lactate/5 MG .....	.....	N1 .....	.....	.....
J2270	Morphine sulfate injection .....	.....	N1 .....	.....	.....
J2271	Morphine so4 injection 100mg .....	.....	N1 .....	.....	.....
J2275	Morphine sulfate injection .....	.....	N1 .....	.....	.....
J2278	Ziconotide injection .....	.....	K2 .....	.....	\$6.46
J2280	Inj, moxifloxacin 100 mg .....	.....	N1 .....	.....	.....
J2300	Inj nalbuphine hydrochloride .....	.....	N1 .....	.....	.....
J2310	Inj naloxone hydrochloride .....	.....	N1 .....	.....	.....
J2315	Naltrexone, depot form .....	.....	K2 .....	.....	\$1.87
J2320	Nandrolone decanoate 50 MG .....	.....	N1 .....	.....	.....
J2321	Nandrolone decanoate 100 MG .....	.....	N1 .....	.....	.....
J2322	Nandrolone decanoate 200 MG .....	.....	N1 .....	.....	.....
J2323	Natalizumab injection	NI	K2 .....	.....	\$7.51
J2325	Nesiritide injection .....	.....	K2 .....	.....	\$32.95
J2353	Octreotide injection, depot .....	.....	K2 .....	.....	\$99.04
J2354	Octreotide inj, non-depot .....	.....	N1 .....	.....	.....
J2355	Oprelvekin injection .....	.....	K2 .....	.....	\$247.02
J2357	Omalizumab injection .....	.....	K2 .....	.....	\$17.12
J2360	Orphenadrine injection .....	.....	N1 .....	.....	.....
J2370	Phenylephrine hcl injection .....	.....	N1 .....	.....	.....
J2400	Chloroprocaine hcl injection .....	.....	N1 .....	.....	.....
J2405	Ondansetron hcl injection .....	.....	K2 .....	.....	\$0.26
J2410	Oxymorphone hcl injection .....	.....	N1 .....	.....	.....
J2425	Palifermin injection .....	.....	K2 .....	.....	\$11.24
J2430	Pamidronate disodium /30 MG .....	.....	K2 .....	.....	\$28.31
J2440	Papaverin hcl injection .....	.....	N1 .....	.....	.....
J2460	Oxytetracycline injection .....	.....	N1 .....	.....	.....
J2469	Palonosetron HCl .....	.....	K2 .....	.....	\$16.45
J2501	Paricalcitol .....	.....	N1 .....	.....	.....
J2503	Pegaptanib sodium injection .....	.....	K2 .....	.....	\$1,035.69
J2504	Pegademase bovine, 25 iu .....	.....	K2 .....	.....	\$197.51
J2505	Injection, pegfilgrastim 6mg .....	.....	K2 .....	.....	\$2,145.12
J2510	Penicillin g procaine inj .....	.....	N1 .....	.....	.....
J2513	Pentastarch 10% solution	CH	K2 .....	.....	\$21.98
J2515	Pentobarbital sodium inj .....	.....	N1 .....	.....	.....
J2540	Penicillin g potassium inj .....	.....	N1 .....	.....	.....
J2543	Piperacillin/tazobactam .....	.....	N1 .....	.....	.....
J2550	Promethazine hcl injection .....	.....	N1 .....	.....	.....
J2560	Phenobarbital sodium inj .....	.....	N1 .....	.....	.....
J2590	Oxytocin injection .....	.....	N1 .....	.....	.....
J2597	Inj desmopressin acetate .....	.....	N1 .....	.....	.....
J2650	Prednisolone acetate inj .....	.....	N1 .....	.....	.....
J2670	Totazoline hcl injection .....	.....	N1 .....	.....	.....
J2675	Inj progesterone per 50 MG .....	.....	N1 .....	.....	.....
J2680	Fluphenazine decanoate 25 MG .....	.....	N1 .....	.....	.....
J2690	Procainamide hcl injection .....	.....	N1 .....	.....	.....
J2700	Oxacillin sodium injection .....	.....	N1 .....	.....	.....
J2710	Neostigmine methylsifte inj .....	.....	N1 .....	.....	.....
J2720	Inj protamine sulfate/10 MG .....	.....	N1 .....	.....	.....
J2724	Protein C concentrate	NI	K2 .....	.....	\$12.08
J2725	Inj protirelin per 250 mcg .....	.....	N1 .....	.....	.....
J2730	Pralidoxime chloride inj	CH	K2 .....	.....	\$35.20
J2760	Phentolaine mesylate inj .....	.....	N1 .....	.....	.....
J2765	Metoclopramide hcl injection .....	.....	N1 .....	.....	.....
J2770	Quinupristin/dalfopristin .....	.....	K2 .....	.....	\$126.44
J2778	Ranibizumab injection	NI	K2 .....	.....	\$2,030.23
J2780	Ranitidine hydrochloride inj .....	.....	N1 .....	.....	.....
J2783	Rasburicase .....	.....	K2 .....	.....	\$144.43
J2788	Rho d immune globulin 50 mcg .....	.....	K2 .....	.....	\$26.41
J2790	Rho d immune globulin inj .....	.....	K2 .....	.....	\$80.79
J2791	Rhophylac injection	NI	K2 .....	.....	\$5.29
J2792	Rho(D) immune globulin h, sd .....	.....	K2 .....	.....	\$15.62
J2794	Risperidone, long acting .....	.....	K2 .....	.....	\$4.86
J2795	Ropivacaine HCl injection .....	.....	N1 .....	.....	.....
J2800	Methocarbamol injection .....	.....	N1 .....	.....	.....
J2805	Sincalide injection .....	.....	N1 .....	.....	.....
J2810	Inj theophylline per 40 MG .....	.....	N1 .....	.....	.....

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
J2820	Sargramostim injection .....	.....	K2 .....	.....	\$24.86
J2850	Inj secretin synthetic human .....	.....	K2 .....	.....	\$20.12
J2910	Aurothioglucose injecton .....	.....	N1 .....	.....	.....
J2916	Na ferric gluconate complex .....	.....	N1 .....	.....	.....
J2920	Methylprednisolone injection .....	.....	N1 .....	.....	.....
J2930	Methylprednisolone injection .....	.....	N1 .....	.....	.....
J2940	Somatrem injection .....	.....	K2 .....	.....	\$168.90
J2941	Somatropin injection .....	.....	K2 .....	.....	\$48.52
J2950	Promazine hcl injection .....	.....	N1 .....	.....	.....
J2993	Retepase injection .....	.....	K2 .....	.....	\$841.28
J2995	Inj streptokinase /250000 IU .....	.....	K2 .....	.....	\$129.75
J2997	Alteplase recombinant .....	.....	K2 .....	.....	\$33.39
J3000	Streptomycin injection .....	.....	N1 .....	.....	.....
J3010	Fentanyl citrate injecton .....	.....	N1 .....	.....	.....
J3030	Sumatriptan succinate/6 MG .....	.....	K2 .....	.....	\$61.27
J3070	Pentazocine injection .....	.....	N1 .....	.....	.....
J3100	Tenecteplase injection .....	.....	K2 .....	.....	\$2,034.65
J3105	Terbutaline sulfate inj .....	.....	N1 .....	.....	.....
J3120	Testosterone enanthate inj .....	.....	N1 .....	.....	.....
J3130	Testosterone enanthate inj .....	.....	N1 .....	.....	.....
J3140	Testosterone suspension inj .....	.....	N1 .....	.....	.....
J3150	Testosteron propionate inj .....	.....	N1 .....	.....	.....
J3230	Chlorpromazine hcl injection .....	.....	N1 .....	.....	.....
J3240	Thyrotropin injection .....	.....	K2 .....	.....	\$834.18
J3243	Tigecycline injection .....	.....	K2 .....	.....	\$0.96
J3246	Tirofiban HCl .....	.....	K2 .....	.....	\$7.56
J3250	Trimethobenzamide hcl inj .....	.....	N1 .....	.....	.....
J3260	Tobramycin sulfate injection .....	.....	N1 .....	.....	.....
J3265	Injection torsemide 10 mg/ml .....	.....	N1 .....	.....	.....
J3280	Thiethylperazine maleate inj .....	.....	N1 .....	.....	.....
J3285	Treprostinil injection .....	.....	K2 .....	.....	\$55.36
J3301	Triamcinolone acetonide inj .....	.....	N1 .....	.....	.....
J3302	Triamcinolone diacetate inj .....	.....	N1 .....	.....	.....
J3303	Triamcinolone hexacetonl inj .....	.....	N1 .....	.....	.....
J3305	Inj trimetrexate glucoronate .....	.....	K2 .....	.....	\$148.30
J3310	Perphenazine injecton .....	.....	N1 .....	.....	.....
J3315	Triptorelin pamoate .....	.....	K2 .....	.....	\$159.38
J3320	Spectinomycin di-hcl inj	CH	N1 .....	.....	.....
J3350	Urea injection .....	.....	K2 .....	.....	\$74.16
J3355	Urofollitropin, 75 iu .....	.....	K2 .....	.....	\$50.22
J3360	Diazepam injection .....	.....	N1 .....	.....	.....
J3364	Urokinase 5000 IU injection .....	.....	N1 .....	.....	.....
J3365	Urokinase 250,000 IU inj .....	.....	K2 .....	.....	\$453.41
J3370	Vancomycin hcl injection .....	.....	N1 .....	.....	.....
J3396	Verteporfin injection .....	.....	K2 .....	.....	\$8.99
J3400	Triflupromazine hcl inj .....	.....	N1 .....	.....	.....
J3410	Hydroxyzine hcl injection .....	.....	N1 .....	.....	.....
J3411	Thiamine hcl 100 mg .....	.....	N1 .....	.....	.....
J3415	Pyridoxine hcl 100 mg .....	.....	N1 .....	.....	.....
J3420	Vitamin b12 injection .....	.....	N1 .....	.....	.....
J3430	Vitamin k phyttonadione inj .....	.....	N1 .....	.....	.....
J3465	Injection, voriconazole .....	.....	K2 .....	.....	\$4.93
J3470	Hyaluronidase injection .....	.....	N1 .....	.....	.....
J3471	Ovine, up to 999 USP units .....	.....	N1 .....	.....	.....
J3472	Ovine, 1000 USP units .....	.....	K2 .....	.....	\$133.77
J3473	Hyaluronidase recombinant .....	.....	K2 .....	.....	\$0.40
J3475	Inj magnesium sulfate .....	.....	N1 .....	.....	.....
J3480	Inj potassium chloride .....	.....	N1 .....	.....	.....
J3485	Zidovudine .....	.....	N1 .....	.....	.....
J3486	Ziprasidone mesylate .....	.....	N1 .....	.....	.....
J3487	Zoledronic acid .....	.....	K2 .....	.....	\$205.76
J3488	Reclast injection	NI	K2 .....	.....	\$220.81
J3490	Drugs unclassified injection .....	.....	N1 .....	.....	.....
J3530	Nasal vaccine inhalation .....	.....	N1 .....	.....	.....
J3590	Unclassified biologics .....	.....	N1 .....	.....	.....
J7030	Normal saline solution infus .....	.....	N1 .....	.....	.....
J7040	Normal saline solution infus .....	.....	N1 .....	.....	.....
J7042	5% dextrose/normal saline .....	.....	N1 .....	.....	.....

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
J7050	Normal saline solution infus .....	.....	N1 .....	.....	.....
J7060	5% dextrose/water .....	.....	N1 .....	.....	.....
J7070	D5w infusion .....	.....	N1 .....	.....	.....
J7100	Dextran 40 infusion .....	.....	N1 .....	.....	.....
J7110	Dextran 75 infusion .....	.....	N1 .....	.....	.....
J7120	Ringers lactate infusion .....	.....	N1 .....	.....	.....
J7130	Hypertonic saline solution .....	.....	N1 .....	.....	.....
J7187	Humate-P, inj .....	.....	K2 .....	.....	\$0.88
J7189	Factor viia .....	.....	K2 .....	.....	\$1.15
J7190	Factor viii .....	.....	K2 .....	.....	\$0.75
J7191	Factor VIII (porcine)	CH	N1 .....	.....	.....
J7192	Factor viii recombinant .....	.....	K2 .....	.....	\$1.07
J7193	Factor IX non-recombinant .....	.....	K2 .....	.....	\$0.89
J7194	Factor ix complex .....	.....	K2 .....	.....	\$0.80
J7195	Factor IX recombinant .....	.....	K2 .....	.....	\$0.99
J7197	Antithrombin iii injection .....	.....	K2 .....	.....	\$1.82
J7198	Anti-inhibitor .....	.....	K2 .....	.....	\$1.42
J7308	Aminolevulinic acid hcl top .....	.....	K2 .....	.....	\$109.92
J7310	Ganciclovir long act implant .....	.....	K2 .....	.....	\$4,707.90
J7311	Fluocinolone acetone implt .....	.....	K2 .....	.....	\$19,162.50
J7321	Hyalgan/supartz inj per dose	NI	K2 .....	.....	\$101.81
J7322	Synvisc inj per dose	NI	K2 .....	.....	\$178.11
J7323	Euflexxa inj per dose	NI	K2 .....	.....	\$110.95
J7324	Orthovisc inj per dose	NI	K2 .....	.....	\$174.50
J7340	Metabolic active D/E tissue .....	.....	K2 .....	.....	\$28.45
J7341	Non-human, metabolic tissue	CH	N1 .....	.....	.....
J7342	Metabolically active tissue .....	.....	K2 .....	.....	\$36.40
J7343	Nonmetabolic act d/e tissue .....	.....	K2 .....	.....	\$20.22
J7344	Nonmetabolic active tissue .....	.....	K2 .....	.....	\$94.53
J7345	Non-human, non-metab tissue	CH	D5 .....	.....	.....
J7346	Injectable human tissue .....	.....	K2 .....	.....	\$774.46
J7347	Integra matrix tissue	NI	K2 .....	.....	\$33.14
J7348	Tissuemend tissue	NI	K2 .....	.....	\$67.96
J7349	Primatrix tissue	NI	K2 .....	.....	\$67.96
J7500	Azathioprine oral 50mg .....	.....	N1 .....	.....	.....
J7501	Azathioprine parenteral .....	.....	K2 .....	.....	\$47.88
J7502	Cyclosporine oral 100 mg .....	.....	K2 .....	.....	\$3.52
J7504	Lymphocyte immune globulin .....	.....	K2 .....	.....	\$336.10
J7505	Monoclonal antibodies .....	.....	K2 .....	.....	\$977.75
J7506	Prednisone oral .....	.....	N1 .....	.....	.....
J7507	Tacrolimus oral per 1 MG .....	.....	K2 .....	.....	\$3.69
J7509	Methylprednisolone oral .....	.....	N1 .....	.....	.....
J7510	Prednisolone oral per 5 mg .....	.....	N1 .....	.....	.....
J7511	Antithymocyte globuln rabbit .....	.....	K2 .....	.....	\$337.82
J7513	Daclizumab, parenteral .....	.....	K2 .....	.....	\$322.28
J7515	Cyclosporine oral 25 mg .....	.....	N1 .....	.....	.....
J7516	Cyclosporin parenteral 250mg .....	.....	N1 .....	.....	.....
J7517	Mycophenolate mofetil oral .....	.....	K2 .....	.....	\$2.66
J7518	Mycophenolic acid .....	.....	K2 .....	.....	\$2.41
J7520	Sirolimus, oral .....	.....	K2 .....	.....	\$7.50
J7525	Tacrolimus injection .....	.....	K2 .....	.....	\$138.64
J7599	Immunosuppressive drug noc .....	.....	N1 .....	.....	.....
J7674	Methacholine chloride, neb .....	.....	N1 .....	.....	.....
J7799	Non-inhalation drug for DME .....	.....	N1 .....	.....	.....
J8501	Oral aprepitant .....	.....	K2 .....	.....	\$4.99
J8510	Oral busulfan .....	.....	K2 .....	.....	\$2.26
J8520	Capecitabine, oral, 150 mg .....	.....	K2 .....	.....	\$4.28
J8521	Capecitabine, oral, 500 mg	CH	K2 .....	.....	\$14.19
J8530	Cyclophosphamide oral 25 MG .....	.....	N1 .....	.....	.....
J8540	Oral dexamethasone .....	.....	N1 .....	.....	.....
J8560	Etoposide oral 50 MG .....	.....	K2 .....	.....	\$29.46
J8597	Antiemetic drug oral NOS .....	.....	N1 .....	.....	.....
J8600	Melphalan oral 2 MG	CH	K2 .....	.....	\$4.14
J8610	Methotrexate oral 2.5 MG .....	.....	N1 .....	.....	.....
J8650	Nabilone oral .....	.....	K2 .....	.....	\$16.80
J8700	Temozolomide .....	.....	K2 .....	.....	\$7.49
J9000	Doxorubic hcl 10 MG vl chemo	CH	N1 .....	.....	.....
J9001	Doxorubicin hcl liposome inj .....	.....	K2 .....	.....	\$396.15

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
J9010	Alemtuzumab injection .....	.....	K2 .....	.....	\$549.77
J9015	Aldesleukin/single use vial .....	.....	K2 .....	.....	\$788.84
J9017	Arsenic trioxide .....	.....	K2 .....	.....	\$34.44
J9020	Asparaginase injection .....	.....	K2 .....	.....	\$54.26
J9025	Azacitidine injection .....	.....	K2 .....	.....	\$4.35
J9027	Clofarabine injection .....	.....	K2 .....	.....	\$114.41
J9031	Bcg live intravesical vac .....	.....	K2 .....	.....	\$113.75
J9035	Bevacizumab injection .....	.....	K2 .....	.....	\$56.93
J9040	Bleomycin sulfate injection .....	.....	K2 .....	.....	\$42.93
J9041	Bortezomib injection .....	.....	K2 .....	.....	\$33.20
J9045	Carboplatin injection .....	.....	K2 .....	.....	\$7.44
J9050	Carbus bischl nitro inj .....	.....	K2 .....	.....	\$152.24
J9055	Cetuximab injection .....	.....	K2 .....	.....	\$49.43
J9060	Cisplatin 10 MG injection .....	.....	N1 .....	.....	.....
J9062	Cisplatin 50 MG injection	CH	N1 .....	.....	.....
J9065	Inj cladribine per 1 MG .....	.....	K2 .....	.....	\$32.04
J9070	Cyclophosphamide 100 MG inj .....	.....	N1 .....	.....	.....
J9080	Cyclophosphamide 200 MG inj	CH	N1 .....	.....	.....
J9090	Cyclophosphamide 500 MG inj	CH	N1 .....	.....	.....
J9091	Cyclophosphamide 1.0 grm inj	CH	N1 .....	.....	.....
J9092	Cyclophosphamide 2.0 grm inj	CH	N1 .....	.....	.....
J9093	Cyclophosphamide lyophilized	CH	N1 .....	.....	.....
J9094	Cyclophosphamide lyophilized	CH	N1 .....	.....	.....
J9095	Cyclophosphamide lyophilized	CH	N1 .....	.....	.....
J9096	Cyclophosphamide lyophilized	CH	N1 .....	.....	.....
J9097	Cyclophosphamide lyophilized	CH	N1 .....	.....	.....
J9098	Cytarabine liposome .....	.....	K2 .....	.....	\$412.21
J9100	Cytarabine hcl 100 MG inj .....	.....	N1 .....	.....	.....
J9110	Cytarabine hcl 500 MG inj	CH	N1 .....	.....	.....
J9120	Dactinomycin actinomycin d .....	.....	K2 .....	.....	\$488.78
J9130	Dacarbazine 100 mg inj	CH	N1 .....	.....	.....
J9140	Dacarbazine 200 MG inj	CH	N1 .....	.....	.....
J9150	Daunorubicin .....	.....	K2 .....	.....	\$19.33
J9151	Daunorubicin citrate liposom .....	.....	K2 .....	.....	\$55.23
J9160	Denileukin diftitox, 300 mcg .....	.....	K2 .....	.....	\$1,386.59
J9165	Diethylstilbestrol injection .....	.....	N1 .....	.....	.....
J9170	Docetaxel .....	.....	K2 .....	.....	\$310.85
J9175	Elliotts b solution per ml .....	.....	N1 .....	.....	.....
J9178	Inj, epirubicin hcl, 2 mg .....	.....	K2 .....	.....	\$19.79
J9181	Etoposide 10 MG inj .....	.....	N1 .....	.....	.....
J9182	Etoposide 100 MG inj	CH	N1 .....	.....	.....
J9185	Fludarabine phosphate inj .....	.....	K2 .....	.....	\$226.67
J9190	Fluorouracil injection .....	.....	N1 .....	.....	.....
J9200	Floxuridine injection .....	.....	K2 .....	.....	\$54.63
J9201	Gemcitabine HCl .....	.....	K2 .....	.....	\$127.31
J9202	Goserelin acetate implant .....	.....	K2 .....	.....	\$192.29
J9206	Irinotecan injection .....	.....	K2 .....	.....	\$124.61
J9208	Ifosfomide injection .....	.....	K2 .....	.....	\$38.13
J9209	Mesna injection .....	.....	K2 .....	.....	\$7.97
J9211	Idarubicin hcl injection .....	.....	K2 .....	.....	\$302.42
J9212	Interferon alfacon-1 .....	.....	K2 .....	.....	\$4.62
J9213	Interferon alfa-2a inj .....	.....	K2 .....	.....	\$41.37
J9214	Interferon alfa-2b inj .....	.....	K2 .....	.....	\$13.92
J9215	Interferon alfa-n3 inj .....	.....	K2 .....	.....	\$9.03
J9216	Interferon gamma 1-b inj .....	.....	K2 .....	.....	\$306.66
J9217	Leuprolide acetate suspnsion .....	.....	K2 .....	.....	\$236.06
J9218	Leuprolide acetate injection .....	.....	K2 .....	.....	\$7.98
J9219	Leuprolide acetate implant .....	.....	K2 .....	.....	\$1,648.41
J9225	Vantas implant .....	.....	K2 .....	.....	\$1,412.46
J9226	Supprelin LA implant	NI	K7 .....	.....	.....
J9230	Mechlorethamine hcl inj .....	.....	K2 .....	.....	\$143.08
J9245	Inj melphalan hydrochl 50 MG .....	.....	K2 .....	.....	\$1,548.88
J9250	Methotrexate sodium inj .....	.....	N1 .....	.....	.....
J9260	Methotrexate sodium inj	CH	N1 .....	.....	.....
J9261	Nelarabine injection .....	.....	K2 .....	.....	\$86.84
J9263	Oxaliplatin .....	.....	K2 .....	.....	\$9.15
J9264	Paclitaxel protein bound .....	.....	K2 .....	.....	\$8.79
J9265	Paclitaxel injection .....	.....	K2 .....	.....	\$14.57

**ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued**

[Including Ancillary Services for Which Payment Is Packaged]

HCPDS code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
J9266	Pegaspargase/singl dose vial		K2		\$2,080.19
J9268	Pentostatin injection		K2		\$2,051.68
J9270	Plicamycin (mithramycin) inj		K2		\$172.41
J9280	Mitomycin 5 MG inj		K2		\$14.39
J9290	Mitomycin 20 MG inj	CH	K2		\$57.56
J9291	Mitomycin 40 MG inj	CH	K2		\$115.11
J9293	Mitoxantrone hydrochl/5 MG		K2		\$107.96
J9300	Gemtuzumab ozogamicin		K2		\$2,411.98
J9303	Panitumumab injection	NI	K2		\$83.15
J9305	Pemetrexed injection		K2		\$44.49
J9310	Rituximab cancer treatment		K2		\$504.40
J9320	Streptozocin injection		K2		\$146.93
J9340	Thiotepa injection		K2		\$41.12
J9350	Topotecan		K2		\$859.62
J9355	Trastuzumab		K2		\$58.51
J9357	Valrubicin, 200 mg		K2		\$77.96
J9360	Vinblastine sulfate inj		N1		
J9370	Vincristine sulfate 1 MG inj		N1		
J9375	Vincristine sulfate 2 MG inj	CH	N1		
J9380	Vincristine sulfate 5 MG inj	CH	N1		
J9390	Vinorelbine tartrate/10 mg		K2		\$21.41
J9395	Injection, Fulvestrant		K2		\$80.60
J9600	Porfimer sodium		K2		\$2,532.53
J9999	Chemotherapy drug		N1		
L8600	Implant breast silicone/eq		N1		
L8603	Collagen imp urinary 2.5 ml		N1		
L8606	Synthetic implnt urinary 1ml		N1		
L8609	Artificial cornea		N1		
L8610	Ocular implant		N1		
L8612	Aqueous shunt prosthesis		N1		
L8613	Ossicular implant		N1		
L8614	Cochlear device		N1		
L8630	Metacarpophalangeal implant		N1		
L8631	MCP joint repl 2 pc or more		N1		
L8641	Metatarsal joint implant		N1		
L8642	Hallux implant		N1		
L8658	Interphalangeal joint spacer		N1		
L8659	Interphalangeal joint repl		N1		
L8670	Vascular graft, synthetic		N1		
L8682	Implt neurostim radiofq rec		N1		
L8690	Aud osseo dev, int/ext comp		J7		
L8699	Prosthetic implant NOS		N1		
P9041	Albumin (human),5%, 50ml	CH	K2	0.3413	\$21.74
P9045	Albumin (human), 5%, 250 ml	CH	K2	1.0987	\$69.98
P9046	Albumin (human), 25%, 20 ml	CH	K2	0.4118	\$26.23
P9047	Albumin (human), 25%, 50ml	CH	K2	1.1362	\$72.37
Q0163	Diphenhydramine HCl 50mg		N1		
Q0164	Prochlorperazine maleate 5mg		N1		
Q0166	Granisetron HCl 1 mg oral		K2		\$49.96
Q0167	Dronabinol 2.5mg oral		N1		
Q0169	Promethazine HCl 12.5mg oral		N1		
Q0171	Chlorpromazine HCl 10mg oral		N1		
Q0173	Trimethobenzamide HCl 250mg		N1		
Q0174	Thiethylperazine maleate 10mg		N1		
Q0175	Perphenazine 4mg oral		N1		
Q0177	Hydroxyzine pamoate 25mg		N1		
Q0179	Ondansetron HCl 8mg oral		K2		\$18.37
Q0180	Dolasetron mesylate oral		K2		\$43.77
Q0515	Sermorelin acetate injection		K2		\$1.74
Q1003	Ntiol category 3		L6		\$50.00
Q2004	Bladder calculi irrig sol		N1		
Q2009	Fosphenytoin, 50 mg		K2		\$5.76
Q2017	Teniposide, 50 mg		K2		\$280.26
Q3025	IM inj interferon beta 1-a		K2		\$118.84
Q4079	Natalizumab injection	CH	D5		
Q4083	Hyalgan/supartz inj per dose	CH	D5		
Q4084	Synvisc inj per dose	CH	D5		
Q4085	Euflexxa inj per dose	CH	D5		

ADDENDUM BB.—ASC COVERED ANCILLARY SERVICES INTEGRAL TO COVERED SURGICAL PROCEDURES FOR CY 2008—
Continued

[Including Ancillary Services for Which Payment Is Packaged]

HCPSC code	Short descriptor	Comment indicator	Payment indicator	CY 2008 payment weight	CY 2008 payment
Q4086	Orthovisc inj per dose	CH	D5 .....	.....	.....
Q4087	Octagam injection	CH	D5 .....	.....	.....
Q4088	Gammagard liquid injection	CH	D5 .....	.....	.....
Q4089	Rhophylac injection	CH	D5 .....	.....	.....
Q4090	Hepagam B IM injection	CH	D5 .....	.....	.....
Q4091	Flebogamma injection	CH	D5 .....	.....	.....
Q4092	Gamunex injection	CH	D5 .....	.....	.....
Q4095	Reclast injection	CH	D5 .....	.....	.....
Q9945	LOCM <=149 mg/ml iodine, 1ml	CH	D5 .....	.....	.....
Q9946	LOCM 150–199mg/ml iodine,1ml	CH	D5 .....	.....	.....
Q9947	LOCM 200–249mg/ml iodine,1ml	CH	D5 .....	.....	.....
Q9948	LOCM 250–299mg/ml iodine,1ml	CH	D5 .....	.....	.....
Q9949	LOCM 300–349mg/ml iodine,1ml	CH	D5 .....	.....	.....
Q9950	LOCM 350–399mg/ml iodine,1ml	CH	D5 .....	.....	.....
Q9951	LOCM >= 400 mg/ml iodine,1ml	CH	N1 .....	.....	.....
Q9952	Inj Gad-base MR contrast,1ml	CH	D5 .....	.....	.....
Q9953	Inj Fe-based MR contrast,1ml	CH	N1 .....	.....	.....
Q9954	Oral MR contrast, 100 ml	CH	N1 .....	.....	.....
Q9955	Inj perflexane lip micros,ml	CH	N1 .....	.....	.....
Q9956	Inj octafluoropropane mic,ml	CH	N1 .....	.....	.....
Q9957	Inj perflutren lip micros,ml	CH	N1 .....	.....	.....
Q9958	HOCM <=149 mg/ml iodine, 1ml .....	.....	N1 .....	.....	.....
Q9959	HOCM 150–199mg/ml iodine,1ml .....	.....	N1 .....	.....	.....
Q9960	HOCM 200–249mg/ml iodine,1ml .....	.....	N1 .....	.....	.....
Q9961	HOCM 250–299mg/ml iodine,1ml .....	.....	N1 .....	.....	.....
Q9962	HOCM 300–349mg/ml iodine,1ml .....	.....	N1 .....	.....	.....
Q9963	HOCM 350–399mg/ml iodine,1ml .....	.....	N1 .....	.....	.....
Q9964	HOCM>= 400mg/ml iodine, 1ml .....	.....	N1 .....	.....	.....
Q9965	LOCM 100–199mg/ml iodine,1ml	NI	N1 .....	.....	.....
Q9966	LOCM 200–299mg/ml iodine,1ml	NI	N1 .....	.....	.....
Q9967	LOCM 300–399mg/ml iodine,1ml	NI	N1 .....	.....	.....
V2630	Anter chamber intraocul lens .....	.....	N1 .....	.....	.....
V2631	Iris support intraoclr lens .....	.....	N1 .....	.....	.....
V2632	Post chmbr intraocular lens .....	.....	N1 .....	.....	.....
V2785	Corneal tissue processing .....	.....	F4 .....	.....	.....
V2790	Amniotic membrane .....	.....	N1 .....	.....	.....

Note: The Medicare program payment is 80 percent of the total payment amount and beneficiary coinsurance is 20 percent of the total payment amount, except for screening flexible sigmoidoscopies and screening colonoscopies for which the program payment is 75 percent and the beneficiary coinsurance is 25 percent.

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LIST OF PUBLIC LAWS

This is a continuing list of public bills from the current session of Congress which have become Federal laws. It may be used in conjunction with "PLUS" (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.

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