

and are available through the Air Docket (Docket A-91-42, Category IX-B, Background Documents for Notice 11). EPA may list other hydrocarbon blowing agents as acceptable for spray foam applications if companies wishing to distribute or use hydrocarbons in spray foam applications establish safety training programs. Interested parties should contact EPA.

III. Additional Information

Contact the Stratospheric Protection Hotline at (800) 296-1996, Monday-

Friday, between the hours of 10:00 a.m. and 4:00 p.m. (EST). For more information on the Agency's process for administering the SNAP program or criteria for evaluation of substitutes, refer to the SNAP final rulemaking published in the **Federal Register** on March 18, 1994 (59 FR 13044). Notices and rulemakings under the SNAP program, as well as all EPA publications on protection of stratospheric ozone, are available from EPA's Ozone Depletion World Wide Web site at "http://

www.epa.gov/ozone/title6/snap/" and from the Stratospheric Protection Hotline whose number is listed above.

List of Subjects in 40 CFR Part 82

Environmental protection, Administrative practice and procedure, Air pollution control, Reporting and recordkeeping requirements.

Dated: March 29, 2000.

Paul Stolpman,

Director, Office of Atmospheric Programs, Office of Air and Radiation.

APPENDIX A: SUMMARY OF ACCEPTABLE DECISIONS

End-use	Substitute	Decision	Comments
Refrigeration and Air Conditioning Sector			
Uranium Isotope Separation Processing (Retrofit).	Furan for CFC-114	Acceptable	EPA urges industry to continue to search for other long-term alternatives for this end-use that do not contain substances with such high GWPs and long atmospheric lifetimes. In cases where users must adopt PFCs, they should make every effort to minimize emissions. Users are also strongly encouraged to recover, recycle, and/or destroy these fluids during servicing and after the end of the equipment's useful life.
Foam Blowing			
All foam end-uses, except as a HCFC-141b replacement in spray foam applications (see comments).	Saturated Light Hydrocarbons C3-C6 for HCFC-141b.	Acceptable	Today's action does not affect previous decisions made by EPA to list specific hydrocarbon blowing agents as acceptable in spray foam. The acceptability of hydrocarbons as HCFC-141b replacements in spray foam applications will be determined on a product-by-product basis until standard industry practices/training become more established. EPA may list other hydrocarbon blowing agents as acceptable for spray foam applications if companies wishing to distribute or use hydrocarbons in spray foam applications establish safety training programs. Interested parties should contact EPA.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 410, 411, 414, 415, and 485

[HCFA-1065-CN]

RIN 0938-AJ61

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2000

AGENCY: Health Care Financing Administration (HCFA), 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** on

November 2, 1999, entitled "Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2000."

EFFECTIVE DATE: January 1, 2000.

FOR FURTHER INFORMATION CONTACT:

Diane Milstead, (410) 786-3355.

SUPPLEMENTARY INFORMATION:

Background

In FR Doc. 99-28367 of November 2, 1999, (64 FR 59380), there were a number of technical errors. The errors relate to the omission of language discussing payment for pulse oximetry, temperature gradient studies and venous pressure determinations and the removal of the x-ray requirement before chiropractic manipulation; acceptance of the RUC recommendations for work relative value units (RVUs); RUC recommendations for CPT codes 17276 and 95165; a comment on codes in the "zero work" pool; discussion of CPT code 61862 and the correct billing procedures; and regulations text definitions concerning the coverage of

prostate screening. Additionally there are various revisions to Addenda B and C.

The provisions in this correction notice are effective as if they had been included in the document published in the **Federal Register** on November 2, 1999, that is, January 1, 2000.

Discussion of Addenda B and C

1. On page 39626 of the July 22, 1999 proposed rule, we discussed revising the work RVUs for certain pediatric surgical services to reflect more appropriate data. We inadvertently omitted these work RVU changes from Addendum B of the November 2, 1999 final rule. Entries on the pages listed below are corrected as follows: Page 59451 for CPT code 21740; page 59476 for CPT codes 38550 and 38555; page 59477 for CPT code 39503; page 59479 for CPT codes 42810 and 42815; page 59480 for CPT codes 43305, 43310, 43312, and 43831; page 59482 for CPT codes 45120 and 45121; page 59483 for CPT codes 46715, 46716, 46730, 46735,

46740, and 46751; page 59484 for CPT codes 47700 and 47701; page 59485 for CPT codes 49215, 49495, 49580, 49600, 49605, and 49606; page 59488 for CPT code 51940; and page 59495 for CPT code 60280. These corrections are reflected in correction number 8 to follow.

2. On page 59421 of the November 2, 1999 final rule, we assigned 5.85 work RVUs to CPT code 61885. We inadvertently omitted this value from Addenda B and C. Entries on the pages listed below are corrected as follows: Page 59497 and page 59582 for CPT code 61885. These corrections are reflected in correction number 9 to follow.

3. In Addendum B, we assigned incorrect status indicators for the following CPT codes: Page 59553 for CPT codes 94760 and 94761; and page 59578 for HCFA Common Procedure Coding System (HCPCS) codes Q0183, Q0184, Q0185, Q0186, Q1001, Q1002, Q1003, Q1004, and Q1005. These corrections are reflected in correction number 10 to follow.

4. On page 39630 of the July 22, 1999 proposed rule, we discussed accepting the RUC work RVU recommendations for five CPT codes that were carrier priced for 1999. The status of these codes would also change from Carrier Priced (C) to Active (A) in the final rule. We inadvertently omitted the work RVUs, status indicator, and correct global indicator changes from Addendum B of the final rule. Entries on the pages listed below are corrected as follows: Page 59473 for CPT code 35500; page 59475 for CPT code 36823; page 59476 for CPT code 38792; page 59495 for CPT 60650 (renumbered from CPT code 56321 for which we accepted the RUC recommendation); page 59476 for CPT code 38120 (renumbered from CPT code 56345 for which we accepted the RUC recommendation); and page 59481 for CPT code 44201 (renumbered from CPT code 56347 for which we accepted the RUC recommendation). In addition, we failed to reflect the practice expense values assigned to these codes. These corrections are reflected in correction 11 to follow.

5. In Addendum B, we inadvertently published incorrect global periods for CPT codes 33968, 47560, 62263, 96570 and 96571. Entries on pages listed below are corrected as follows: Pages 59472 and 59582 for CPT code 33968; page 59484 for CPT code 47560; pages 59497 and 59582 for CPT code 62263; and pages 59556 and 59583 for CPT codes 96570 and 96571. These corrections are reflected in correction number 12 to follow.

6. On page 39629 of the July 22, 1999 proposed rule, we proposed changing ventricular assist device insertions, CPT codes 33975 and 33976, to an XXX global and reducing the work RVUs accordingly. In the November 2, 1999 final rule, in Addendum B, we changed the global periods to XXX but inadvertently failed to reduce the work RVUs as stated in the proposed rule. Entries on the page listed below are corrected as follows: Page 59472 for CPT codes 33975 and 33976. In addition, we failed to show the adjustments to the CPEP data made to accommodate the changing global periods. These corrections are reflected in correction number 13 to follow.

7. In Addendum B, we inadvertently assigned incorrect practice expense and malpractice RVUs to HCPCS codes G0102, G0104, G0105, and incorrect malpractice relative value units for CPT codes 59000 through 59899. Entries on the pages listed below are corrected as follows: Page 59571 for HCPCS codes G0102, G0104, and G0105; pages 59494 and 59495 for CPT codes 59000 through 59899. These corrections are reflected in correction number 14 to follow.

8. On pages 59448 and 59582 of Addendum B, we assigned an incorrect procedure status and global period to CPT code 20979. Entries on pages listed below are corrected as follows: Pages 59448 and 59582 for CPT code 20979. These corrections are reflected in correction number 15 to follow.

9. In Addendum B, we inadvertently assigned incorrect practice expense RVUs for HCPCS codes G0106, G0106-26, G0106-TC, G0120, G0120-26, G0120-TC, G0170, G0171 and CPT code 45378-53. Entries on pages listed below are corrected as follows: Page 59571 for HCPCS codes G0106, G0106-26, G0106-TC, G0120, G0120-26 and G0120-TC; page 59572 and page 59583 for G0170 and G0171; and page 59482 for CPT 45378-53. These corrections are reflected in correction number 16 to follow.

10. We incorrectly denoted that CPT code 40814 was not applicable in a non-facility setting. On page 59477 of Addendum B, the applicable practice expense values are included for the nonfacility setting for CPT code 40814. These corrections are reflected in correction number 17 to follow.

11. In Addendum B, we assigned incorrect practice expense and/or malpractice RVUs for HCPCS codes G0163, G0163-26, G0163-TC, G0164, G0164-26, G0164-TC, G0165, G0165-26, and G0165-TC. Entries on the pages listed below are corrected as follows: Page 59571 for HCPCS codes G0163, G0163-26, and G0163-TC and page

59572 for G0164, G0164-26, G0164-TC, G0165, G0165-26 and G0165-TC. These corrections are reflected in correction number 18 to follow.

Correction of Errors

In FR Doc. 99-28367 of November 2, 1999, make the following corrections:

1. On page 59395, second column, after the sixth full paragraph, add the following:

CPT code 17276, Destruction, malignant lesion, any method scalp, neck, hands, feet, genitalia; lesion diameter over 4.0cm

The RUC forwarded a recommendation for supplies. We accepted the recommendation but deleted what appeared to be duplicated gauze supplies."

2. On page 59398, first column, after the last paragraph insert the following:

"CPT Code 95165, professional services for the supervision and provision of antigens for allergen immunotherapy.

The nature of the RUC's recommendation regarding this code was significantly different than its recommendations regarding other codes. The RUC did not examine the direct expense inputs for code 95165 but commented on the definition of dose used for claims involving this code. Because the direct expense inputs have not been reviewed, we believe that it is not appropriate to revise the practice expense value at this time."

3. On page 59406, in the last line of column two, insert the words ", in Table 7," between the words "95956" and "should".

4. On page 59413, column three, after line 7, add the following:

"Result of Evaluation of Comments:

We are adopting our proposal to bundle payment for these services beginning January 2000 with the exception of code 94762, which we will continue to pay separately when continuous overnight monitoring is medically necessary as a separate procedure.

M. Removal of Requirement for X-ray Before Chiropractic Manipulation

We are conforming our regulations to section 4513(a) of the BBA that deleted the requirement that a spinal subluxation be demonstrated by an x-ray for a chiropractor to receive payment under Medicare Part B for manual manipulation of the spine to correct a subluxation.

Comment: We received one comment requesting we revise § 410.22 (Limitations on services of a chiropractor) to recognize chiropractors as physicians for purposes of ordering and furnishing diagnostic tests and other services and supplies related to manual manipulation for treatment of subluxation of the spine.

Response: We believe that extending the scope of services of the chiropractor to include other services, such as ordering and furnishing diagnostic tests, is inconsistent with section 1861(r) of the Act. Thus, we cannot implement this comment.

CPT / HCPCS ²	MOD	Status	Description	Physician work RVUs ³	Fully implemented non-facility PE RVUs ⁴	Year 2000 transitional non-facility PE RVUs ⁴	Fully implemented facility PE RVUs ⁴	Year 2000 transitional facility PE RVUs ⁴	Mal-practice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
Q1001		X	Ntiol category 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1002		X	Ntiol category 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1003		X	Ntiol category 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1004		X	Ntiol category 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1005		X	Ntiol category 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94760		T	Measure blood oxygen level	0.00	0.08	0.18	0.08	0.18	0.02	0.10	0.20	0.10	0.20	XXX
94761		T	Measure blood oxygen level	0.00	0.15	0.42	0.15	0.42	0.05	0.20	0.47	0.20	0.47	XXX

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³ + Indicates RVUs are not used for Medicare payment.

⁴ PE RVUs = Practice Expense Relative Value Units.

11. In the table of Addendum B, the following CPT codes are corrected to read as follows:

CPT / HCPCS ²	MOD	Status	Description	Physician work RVUs ³	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Mal-practice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
35500		A	Harvest vein for bypass	6.45	NA	NA	2.43	2.43	0.73	NA	NA	9.61	9.61	ZZZ
36823		A	Insert cannula(s)	21.00	NA	NA	11.54	11.54	0.67	NA	NA	33.21	33.21	090
38120		A	Laparoscopic splenectomy	17.00	NA	NA	7.83	7.83	1.04	NA	NA	25.87	25.87	090
38792		A	Identify sentinel node	0.52	NA	NA	0.20	0.20	0.01	NA	NA	0.73	0.73	000
44201		A	Laparoscopic jejunostomy	9.78	NA	NA	3.61	3.61	1.35	NA	NA	14.74	14.74	090
60650		A	Laparoscopy adrenalectomy	20.00	NA	NA	9.10	9.10	1.35	NA	NA	30.45	30.45	090

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⁴ PE RVUs = Practice Expense Relative Value Units.

12. In the table of Addenda's B and/or C, the following CPT codes are corrected to read as follows:

CPT / HCPCS ²	MOD	Status	Description	Physician work RVUs ³	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Mal-practice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
33968		A	Remove aortic assist device	0.64	0.25	0.25	0.25	0.25	0.27	1.16	1.16	1.16	1.16	000
47560		A	Laparoscopy w/ cholangio	4.89	N/A	N/A	1.95	2.48	0.46	N/A	N/A	7.30	7.83	000
62263		A	Lysis epidural adhesions	6.02	4.61	4.61	2.18	2.18	0.88	11.51	11.51	9.08	9.08	010
96570		A	Photodynamic tx, 30 min	1.10	0.71	0.71	0.43	0.43	0.28	2.09	2.09	1.81	1.81	ZZZ
96571		A	Photodynamic tx, addl 15 min	0.55	0.31	0.31	0.21	0.21	0.28	1.14	1.14	1.04	1.04	ZZZ

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13. In table of Addendum B, the following CPT codes are corrected to read as follows:

CPT / HCPCS ²	MOD	Status	Description	Physician work RVUs ³	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Mal-practice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
33975		A	Implant ventricular device	21.00	NA	NA	16.80	16.10	2.86	NA	NA	40.66	39.96	XXX
33976		A	Implant ventricular device	23.00	NA	NA	18.65	19.82	3.91	NA	NA	45.56	46.73	XXX

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³ + Indicates RVUs are not used for Medicare payment.

⁴ PE RVUs = Practice Expense Relative Value Units.

14. In table of Addendum B, the following CPT codes are corrected to read as follows:

CPT / HCPCS ²	MOD	Status	Description	Physician work RVUs ³	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Mal-practice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
G0102		A	Prostate ca screening; dre	0.17	0.51	0.37	0.06	0.09	0.01	0.69	0.55	0.24	0.27	XXX
G0104		A	CA screen; flexi sigmoidoscope	0.96	1.35	1.34	0.33	0.46	0.07	2.38	2.37	1.36	1.49	000
G0105		A	Colorectal scrn; hi risk ind	3.70	5.99	5.24	1.29	2.86	0.26	9.95	9.20	5.25	6.82	000
59000		A	Amniocentesis	1.30	1.54	1.30	0.49	0.77	0.19	3.03	2.79	1.98	2.26	000
59012		A	Fetal cord puncture, prenatal	3.45	NA	NA	1.38	2.11	0.51	NA	NA	5.34	6.07	000
59015		A	Chorion biopsy	2.20	1.27	1.29	0.85	1.08	0.32	3.79	3.81	3.37	3.60	000
59020		A	Fetal contract stress test	0.66	0.78	1.06	0.78	1.06	0.21	1.65	1.93	1.65	1.93	000
59020	26	A	Fetal contract stress test	0.66	0.26	0.53	0.26	0.53	0.13	1.05	1.32	1.05	1.32	000
59020	TC	A	Fetal contract stress test	0.00	0.52	0.53	0.52	0.53	0.08	0.60	0.61	0.60	0.61	000
59025		A	Fetal non-stress test	0.53	0.43	0.55	0.43	0.55	0.10	1.06	1.18	1.06	1.18	000
59025	26	A	Fetal non-stress test	0.53	0.20	0.31	0.20	0.31	0.08	0.81	0.92	0.81	0.92	000
59025	TC	A	Fetal non-stress test	0.00	0.23	0.24	0.23	0.24	0.02	0.25	0.26	0.25	0.26	000
59030		A	Fetal scalp blood sample	1.99	NA	NA	0.77	1.24	0.30	NA	NA	3.06	3.53	000
59050		A	Fetal monitor w/ report	0.89	NA	NA	0.34	0.61	0.12	NA	NA	1.35	1.62	XXX
59051		A	Fetal monitor/interpret only	0.74	NA	NA	0.28	0.58	0.10	NA	NA	1.12	1.12	XXX
59100		A	Remove uterus lesion	12.35	NA	NA	6.05	5.27	1.80	NA	NA	20.20	19.42	090

CPT 1/ HCPC 2	MOD	Status	Description	Physician work RVUs ³	Fully im- plement- ed non- facility PE RVUs	Year 2000 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2000 transi- tional facil- ity PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2000 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2000 transi- tional facil- ity total	Global
59120		A	Treat ectopic pregnancy	11.49	NA	NA	5.73	7.13	1.67	NA	NA	18.89	20.29	090
59121		A	Treat ectopic pregnancy	11.67	NA	NA	5.84	5.84	1.70	NA	NA	19.21	19.21	090
59130		A	Treat ectopic pregnancy	14.22	NA	NA	6.89	6.68	2.07	NA	NA	23.18	22.97	090
59135		A	Treat ectopic pregnancy	13.88	NA	NA	6.76	8.73	2.01	NA	NA	22.65	24.62	090
59136		A	Treat ectopic pregnancy	13.18	NA	NA	6.49	6.62	1.92	NA	NA	21.59	21.72	090
59140		A	Treat ectopic pregnancy	5.46	NA	NA	3.40	4.23	0.79	NA	NA	9.65	10.48	090
59150		A	Treat ectopic pregnancy	6.89	NA	NA	3.95	4.44	1.00	NA	NA	11.84	12.33	090
59151		A	Treat ectopic pregnancy	7.86	NA	NA	4.01	6.68	1.15	NA	NA	13.02	15.69	090
59160		A	D & C after delivery	2.71	3.30	3.24	2.07	2.63	0.39	6.40	6.34	5.17	5.73	010
59200		A	Insert cervical dilator	0.79	1.19	0.89	0.29	0.3	0.11	2.09	1.79	1.19	1.20	000
59300		A	Episiotomy or vaginal repair	2.41	1.56	1.32	0.92	0.73	0.34	4.31	4.07	3.67	3.48	000
59320		A	Revision of cervix	2.48	NA	NA	1.30	1.62	0.36	NA	NA	4.14	4.46	000
59325		A	Revision of cervix	4.07	NA	NA	1.92	2.53	0.59	NA	NA	6.58	7.19	000
59350		A	Repair of uterus	4.95	NA	NA	1.84	2.84	0.73	NA	NA	7.52	8.52	000
59400		A	Obstetrical care	23.06	NA	NA	13.44	14.86	3.35	NA	NA	39.85	41.27	MMM
59409		A	Obstetrical care	13.50	NA	NA	5.08	7.69	1.97	NA	NA	20.55	23.16	MMM
59410		A	Obstetrical care	14.78	NA	NA	6.01	8.6	2.15	NA	NA	22.94	25.53	MMM
59412		A	Antepartum manipulation	1.71	1.16	1.24	0.65	0.99	0.25	3.12	3.20	2.61	2.95	MMM
59414		A	Deliver placenta	1.61	NA	NA	1.13	1.19	0.24	NA	NA	2.98	3.04	MMM
59425		A	Antepartum care only	4.81	4.62	3.88	4.62	3.1	0.71	10.14	9.40	10.14	8.62	MMM
59426		A	Antepartum care only	8.28	7.85	6.61	7.81	5.25	1.20	17.33	16.09	17.29	14.73	MMM
59430		A	Care after delivery	2.13	1.14	0.78	1.14	0.68	0.32	3.59	3.23	3.59	3.13	MMM
59510		A	Cesarean delivery	26.22	NA	NA	15.40	16.87	3.82	NA	NA	45.44	46.91	MMM
59514		A	Cesarean delivery only	15.97	NA	NA	6.01	8.97	2.32	NA	NA	24.30	27.26	MMM
59515		A	Cesarean delivery	17.37	NA	NA	7.56	10.2	2.53	NA	NA	27.46	30.10	MMM
59525		A	Remove uterus after cesarean	8.54	NA	NA	3.19	3.66	1.24	NA	NA	12.97	13.44	ZZZ
59610		A	Vbac delivery	24.62	NA	NA	9.36	12.82	3.58	NA	NA	37.56	41.02	MMM
59612		A	Vbac delivery only	15.06	NA	NA	5.77	8.03	2.20	NA	NA	23.03	25.29	MMM
59614		A	Vbac care after delivery	16.34	NA	NA	6.29	8.74	2.38	NA	NA	25.01	27.46	MMM
59618		A	Attempted Vbac delivery	27.78	NA	NA	10.51	14.43	4.05	NA	NA	42.34	46.26	MMM
59620		A	Attempted Vbac delivery only	17.53	NA	NA	6.67	9.30	2.55	NA	NA	26.75	29.38	MMM
59622		A	Attempted Vbac after care	18.93	NA	NA	7.27	10.05	2.76	NA	NA	28.96	31.74	MMM
59812		A	Treatment of miscarriage	3.25	4.21	4.07	2.23	3.06	0.48	7.94	7.80	5.96	6.79	090
59820		A	Care of miscarriage	4.01	4.40	4.24	2.52	3.3	0.59	9.00	8.84	7.12	7.90	090
59821		A	Treatment of miscarriage	4.47	4.87	3.91	2.71	2.83	0.66	10.00	9.04	7.84	7.96	090
59830		A	Treat uterus infection	6.11	NA	NA	3.64	4.28	0.89	NA	NA	10.64	11.28	090
59840		R	Abortion	3.01	4.64	4.07	2.14	2.82	0.44	8.09	7.52	5.59	6.27	010
59841		R	Abortion	5.24	6.01	5.04	3.35	3.71	0.75	12.00	11.03	9.34	9.70	010
59850		R	Abortion	5.91	NA	NA	2.52	3.43	0.86	NA	NA	9.29	10.20	090
59851		R	Abortion	5.93	NA	NA	2.87	3.76	0.86	NA	NA	9.66	10.55	090
59852		R	Abortion	8.24	NA	NA	4.34	5.16	1.19	NA	NA	13.77	14.59	090
59855		R	Abortion	6.12	NA	NA	3.17	3.83	0.89	NA	NA	10.18	10.84	090
59856		R	Abortion	7.48	NA	NA	3.55	4.55	1.09	NA	NA	12.12	13.12	090
59857		R	Abortion	9.29	NA	NA	4.28	5.52	1.36	NA	NA	14.93	16.17	090
59866		R	Abortion (mpr)	4.00	NA	NA	1.55	2.33	0.58	NA	NA	6.13	6.91	000
59870		A	Evacuate mole of uterus	4.28	NA	NA	2.85	3.01	0.62	NA	NA	7.75	7.91	090
59871		A	Remove cerclage suture	2.13	1.89	1.91	0.81	1.37	0.32	4.34	4.36	3.26	3.82	000
59898		C	Laparo proc, ob care/delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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³ + Indicates RVUs are not used for Medicare payment.

⁴ PE RVUs = Practice Expense Relative Value Units.

15. In table of Addenda B and C, the following CPT code is corrected to read as follows:

CPT 1/ HCPCS 2	MOD	Status	Description	Physician work RVUs ³	Fully im- plement- ed non- facility PE RVUs	Year 2000 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2000 transi- tional facil- ity PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2000 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2000 transi- tional facil- ity total	Global
20979		N	U.S. bone stimulation	0.17	0.25	0.25	0.07	0.07	0.01	0.43	0.43	0.25	0.25	XXX

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³ + Indicates RVUs are not used for Medicare payment.

⁴ PE RVUs = Practice Expense Relative Value Units.

16. In the table of Addendum B, the following CPT codes are corrected to read as follows:

CPT 1/ HCPCS 2	MOD	Status	Description	Physician work RVUs ³	Fully im- plement- ed non- facility PE RVUs	Year 2000 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2000 Transi- tional non- facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2000 Transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2000 Transi- tional facil- ity total	Global
G0106		A	Colon CA screen; barium enema	0.99	2.51	2.66	2.51	2.66	0.15	3.65	3.80	3.65	3.80	XXX
G0106	26	A	Colon CA screen; barium enema	0.99	0.27	0.38	0.27	0.38	0.04	1.30	1.41	1.30	1.41	XXX
G0106	TC	A	Colon CA screen; barium enema	0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX
G0120	A	A	Colon ca scrn barium enema	0.99	2.51	2.66	2.51	2.66	0.15	3.65	3.80	3.65	3.80	XXX
G0120	26	A	Colon ca scrn barium enema	0.99	0.27	0.38	0.27	0.38	0.04	1.30	1.41	1.30	1.41	XXX
G0120	TC	A	Colon ca scrn barium enema	0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX
G0170		A	Skin biograft	1.50	3.14	3.14	1.10	1.10	0.39	5.03	5.03	2.99	2.99	10
G0171		A	Skin biograft add-on	0.38	0.30	0.30	0.15	0.15	0.39	1.07	1.07	0.92	0.92	ZZZ
45378	53	A	Diagnostic colonoscopy	0.96	1.35	1.34	0.33	0.46	0.07	2.38	2.37	1.36	1.49	000

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17. In the table of Addendum B, the following CPT code is corrected to read as follows:

CPT 1/ HCPCS ²	MOD	Status	Description	Physi- cian work RVUs ³	Fully im- plem- ent- ed non- facil- ity PE RVUs	Year 2000 transi- tional non- facil- ity PE RVUs	Fully im- plem- ent- ed facil- ity PE RVUs	Year 2000 Transi- tional non- facil- ity PE RVUs	Mal- prac- tice RVUs	Fully im- plem- ent- ed non- facil- ity total	Year 2000 Transi- tional non- facil- ity total	Fully im- plem- ent- ed facil- ity total	Year 2000 Transi- tional facil- ity total	Global
40814		A	Excise/repair mouth lesion	3.42	3.64	3.58	3.64	2.70	0.25	7.31	7.25	7.31	6.37	90

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⁴ PE RVUs = Practice Expense Relative Value Units.

18. In the table of Addendum B, the following HCPCS codes are corrected to read as follows:

CPT 1/ HCPCS ²	MOD	Status	Description	Physi- cian work RVUs ³	Fully im- plem- ent- ed non- facil- ity PE RVUs	Year 2000 transi- tional non- facil- ity PE RVUs	Fully im- plem- ent- ed facil- ity PE RVUs	Year 2000 transi- tional facil- ity PE RVUs	Mal- prac- tice RVUs	Fully im- plem- ent- ed non- facil- ity total	Year 2000 transi- tional non- facil- ity total	Fully im- plem- ent- ed facil- ity total	Year 2000 transi- tional facil- ity total	Global
G0163		A	PET for rec of colorectal ca	1.50	56.21	56.21	56.21	56.21	2.06	59.77	59.77	59.77	59.77	XXX
G0163	26	A	PET for rec of colorectal ca	1.50	0.58	0.58	0.58	0.58	0.05	2.13	2.13	2.13	2.13	XXX
G0163	TC	A	PET for rec of colorectal ca	0.00	55.63	55.63	55.63	55.63	2.01	57.64	57.64	57.64	57.64	XXX
G0164		A	PET for lymphoma staging	1.87	56.35	56.35	56.35	56.35	2.06	60.28	60.28	60.28	60.28	XXX
G0164	26	A	PET for lymphoma staging	1.87	0.72	0.72	0.72	0.72	0.05	2.64	2.64	2.64	2.64	XXX
G0164	TC	A	PET for lymphoma staging	0.00	55.63	55.63	55.63	55.63	2.01	57.64	57.64	57.64	57.64	XXX
G0165		A	PET, rec of melanoma/met ca	1.50	56.21	56.21	56.21	56.21	2.06	59.77	59.77	59.77	59.77	XXX
G0165	26	A	PET, rec of melanoma/met ca	1.50	0.58	0.58	0.58	0.58	0.05	2.13	2.13	2.13	2.13	XXX
G0165	TC	A	PET, rec of melanoma/met ca	0.00	55.63	55.63	55.63	55.63	2.01	57.64	57.64	57.64	57.64	XXX

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(Section 1848 of the Social Security Act (42 U.S.C. 1395w-4)) (Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 23, 2000.

Brian P. Burns,

Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 00-8717 Filed 4-10-00; 8:45 am]

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FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 51

[CC Docket No. 96-98; FCC 99-238]

Revision of the Commission's Rules Specifying the Portions of the Nation's Local Telephone Networks that Incumbent Local Telephone Companies Must Make Available to Competitors

AGENCY: Federal Communications Commission.

ACTION: Final rule; correction.

SUMMARY: The Federal Communications Commission published in the **Federal Register** of January 18, 2000 (65 FR 2542) a report and order and final rule, 47 CFR 51.319, specifying which portions of their telephone networks incumbent local exchange carriers must

make available to competitive telecommunications carriers as unbundled network elements. The document, as published, inadvertently removed a portion of 52.319 that the Commission added to the rule previously on January 10, 2000 (65 FR 1331) addressing the obligation of incumbent local exchange carriers to make available the high frequency portion of the local loop as a new network element. The purpose of this correction is to add this portion of the rule back into 47 CFR 51.319.

DATES: Effective on April 11, 2000.

FOR FURTHER INFORMATION CONTACT: Jodie Donovan-May, Policy and Program Planning Division, Common Carrier Bureau, at (202) 418-1580.

SUPPLEMENTARY INFORMATION: The Federal Communications Commission published a report and order and final rule in the **Federal Register** of January 18, 2000 (65 FR 2542). As published, this final rule inadvertently removed paragraph (h). The Commission had added paragraph (h) to § 51.310 in a report and order and final rule published in the **Federal Register** of January 10, 2000 (65 FR 1331). This correction adds paragraph (h) back into the Commission's final rule.

Specifically, in rule FR Doc. 00-1036 published on January 18, 2000 (65 FR 2542), make the following correction:

1. On page 2554, in the third column, in § 51.319, paragraph (h) is added to read as follows:

§ 51.319 Specific unbundling requirements.

* * * * *

(h) *High frequency portion of the loop.*

(1) The high frequency portion of the loop network element is defined as the frequency range above the voiceband on a copper loop facility that is being used to carry analog circuit-switched voiceband transmissions.

(2) An incumbent LEC shall provide nondiscriminatory access in accordance with § 51.311 of these rules and section 251(c)(3) of the Act to the high frequency portion of a loop to any requesting telecommunications carrier for the provision of a telecommunications service conforming with § 51.230 of these rules.

(3) An incumbent LEC shall only provide a requesting carrier with access to the high frequency portion of the loop if the incumbent LEC is providing, and continues to provide, analog circuit-switched voiceband services on the particular loop for which the requesting carrier seeks access.

(4) *Control of the loop and splitter functionality.* In situations where a requesting carrier is obtaining access to the high frequency portion of the loop, the incumbent LEC may maintain control over the loop and splitter