

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### 42 CFR Parts 405, 410, 411, 414, and 415

[CMS-1169-CN]

RIN 0938-AK57

#### Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 2002; 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** on November 1, 2001 entitled "Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 2002."

**EFFECTIVE DATE:** January 1, 2002, except for the provisions updating the list of codes used to define certain "designated health services" under the physician self-referral prohibition set forth in section 1877 of the Social Security Act (42 U.S.C. section 1395nn). Those provisions are effective January 4, 2002.

**FOR FURTHER INFORMATION CONTACT:** Diane Milstead, (410) 786-3355.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

In FR Doc. 01-27275 of November 1, 2001 (67 FR 55246), there were a number of technical errors that are identified and corrected in the Correction of Errors section below. Additionally there are various revisions to Addenda B, C and E. The provisions in this correction notice are effective as if they had been included in the document published November 1, 2001. Accordingly, the corrections regarding the update for the list of codes used to define certain "designated health services" under the physician self-referral prohibition set forth in section 1877 of the Social Security Act (42 U.S.C. section 1395nn) are effective January 4, 2002. All other corrections are effective January 1, 2002.

##### II. Discussion of Addenda B, C, and E

1. In Addendum B, we assigned incorrect status indicators for the following codes:

- Page 55334 for CPT codes 10021-26, 10021-TC, 10022-26, and 10022-TC.
- Page 55456 for CPT codes 93613-26 and 93613-TC;
- Page 55468 for HCPCS codes A4263 and A4329.
- Page 55469 for HCPCS code A4550.
- Page 55471 for HCPCS codes A5064, A5074, and A5075.
- Page 55480 for HCPCS code G0025.
- Page 55482 for HCPCS codes G0126, G0126-26, G0126-TC, G0163, G0163-26, G0163-TC, G0164, G0164-26, G0164-TC, G0165, G0165-26, and G0165-TC.
- Page 55483 for HCPCS codes G0203, G0205, G0205-26, G0205-TC, G0207, G0207-26, G0207-TC;
- Page 55489 for HCPCS codes J7193, J7195, J7198, and J7199.
- Page 55492 for HCPCS code Q0187.
- Page 55493 for HCPCS codes Q3014 and Q3017.

These corrections are reflected in correction number 18 to follow.

2. The following CPT codes were inadvertently excluded from addendum B:

- On page 55454, CPT codes 92597 and 92598.
- On page 55466, CPT codes 99375 and 99378.

Correction number 19, which follows, lists these codes and their corresponding RVUs.

3. We also used the incorrect status indicator and included RVUs for CPT codes 76390, 76390-26 and 76390-TC on page 55420, and CPT code 90887 on page 55450 although these services are not covered under Medicare. These corrections are reflected in correction number 20 to follow.

4. On page 55257 of the November 1, 2001 rule we indicated we were adding a catheter to the supply list for CPT code 36533 however, we erroneously omitted this supply from the CPEP data. The corrected practice expense RVUs that reflect the addition of this supply are shown in correction number 21 to follow.

5. On page 55419 of Addendum B and 55498 of Addendum C, we assigned incorrect practice expense RVUs to CPT codes 76085 and 76085-TC. In addition, the global period for 76085-TC was listed incorrectly. Corrections are reflected in correction number 22 to follow.

6. In addendum B on page 55454 we failed to list the professional and technical components for CPT code

93025 and also assigned incorrect practice expense RVUs to 93025. The corrected practice expense RVUs as well as the values for the professional and technical components of this CPT code are listed in correction number 23 to follow.

7. On pages 55456, 55457 and 55461 we indicated the incorrect global period for CPT codes 93613, 93662-TC, 95824 and 95824-TC. The global period is corrected in number 24 to follow.

8. In Addenda B and C, incorrect practice expense RVUs were assigned for CPT codes 76092 and 76092-TC, 92136, 92136-26, 92136-TC, 95250, 95808, 95808-26, 95808-TC, 95810, 95810-26, 95810-TC, 95811, 95811-26, 95811-TC, 95903, 95903-26, 95903-TC, 95951, 95951-TC, 95956, 95956-TC and HCPCS codes G0108, G0109 G0236 and G0236-TC. Entries on the pages listed below are corrected as follows:

- Pages 55420 and 55499 for CPT codes 76092 and 76092-TC.
- Pages 55451 and 55452 for CPT codes 92136, 92136-26, 92136-TC.
- Page 55461 for CPT codes 95250, 95808, 95808-26, 95808-TC, 95810, 95810-26, 95810-TC, 95811, 95811-26, and 95811-TC.
- Page 55462 for CPT codes 95903, 95903-26, 95903-TC, 95951, and 95951-TC.
- Page 55463 for CPT codes 95956 and 95956-TC.
- Page 55481 for HCPCS G0108 and G0109.

• Pages 55484 and 55499 for HCPCS codes G0236 and G0236-TC.

Corrections are reflected in correction number 25 to follow.

9. On page 55464 of the November 1, 2001 rule we erroneously included the high-pressure water jet gun and disposable water jet tip in supplies used with code 97601. These supplies should be omitted from the CPEP data. The corrected practice expense RVUs, which reflect the deletion of these supplies, are shown in correction number 26 to follow.

10. On page 55498 of Addendum C, we failed to include the following G codes for respiratory therapy: G0237, G0238, and G0239. These G codes are reflected in correction number 27 to follow.

11. In Addendum E, concerning the physician self-referral prohibition, we mistakenly included three codes and omitted five codes. On page 55502, in the first column, CPT code "76390 MR spectroscopy" is removed. This service is not covered by Medicare (see section 50-13, "Magnetic Resonance Imaging," of the Coverage Issues Manual (HCFA Pub. 6)) and was mistakenly included.

On page 55502, in the second column, HCPCS code "G0188 Xray lwr extrmty-full lngth" is removed from the listing under "Radiology." This code was discontinued under HCPCS effective December 31, 2001. On page 55502, in the third column under the heading "Radiation Therapy Services and Supplies," the subheading that reads "INCLUDE CPT codes for radiation therapy classified elsewhere" is amended by adding the words "HCPCS and" after "INCLUDE". Following the last entry under the revised subheading, the following codes are added: "G0242 Multisource photon ster plan" and "G0243 Multisour photon stero treat".

These codes were inadvertently omitted from the November 1, 2001 rule. On page 55502, in the third column under the heading "Preventive Screening Tests, Immunizations and Vaccines," HCPCS code "Q3018 Hepatitis B vaccine" is removed. This code was never incorporated under HCPCS. Also on page 55502, in the third column under the heading "Preventive Screening Tests, Immunizations and Vaccines," CPT codes "90744 Hepb vacc ped/adol 3 dose im", "90746 Hep b vaccine, adult, im", and "90747 Hepb vacc, ill pat 4 dose im" are added in

numerical order. These three codes were mistakenly removed. The additions and deletions to Addendum E are shown in correction number 28 and 29 to follow.

**Note:** To view the updated list of codes in its entirety, refer to our physician self-referral website at [www.hcfa.gov/medlearn/refphys.htm](http://www.hcfa.gov/medlearn/refphys.htm).

**III. Correction of Errors**

In FR Doc. 01-27275 of November 1, 2001 (67 FR 55246), make the following corrections:

1. On page 55246, in column two, the "Effective date" section is corrected to read as follows:

"Effective date: This rule is effective January 1, 2002 except for the provisions updating the list of codes used to define certain "designated health services" under the physician self-referral prohibition set forth in section 1877 of the Social Security Act (42 U.S.C. section 1395nn). Those provisions appear in Addendum E and are effective January 4, 2002."

As we explained in the preamble to the November 1, 2001 rule (66 FR 55311), the updated list of codes regarding certain designated health services under the physician self-referral prohibition would become

effective on January 4, 2002 because that is the effective date for the relevant provisions of the physician self-referral final rule that was published on January 4, 2001. We inadvertently omitted the January 4, 2002 effective date from the Effective date section of the November 1, 2001 rule.

2. On page 55256, we failed to specify that we were not including certain supplies for CPT code 97601. Add the following at the top of the third column on this page:

"• For CPT code 97601, *Wound(s), care selective*, we deleted the hi pressure water jet gun and the disposable water jet tip from the supplies as these are not typically used in this procedure."

3. On page 55269, column one in the table of codes the ASA base unit value for code 01916 should be "5" rather than "6". Also under the discussion concerning anesthesia base units in the Result of Evaluation of Comments replace the word "proposed" in lines 11 and 16 with the word "assigned as interim values".

4. On page 55272, the following corrections are made to Table 3.—2002 MAMMOGRAPHY PAYMENTS

CPT 1/HCPCS	MOD	Descriptor	Work RVU	Practice expense RVU	Malpractice RVU	Total
76092 .....		Mammogram, screening .....	0.70	1.47	0.09	2.26
76092 .....	26	Mammogram, screening .....	0.70	0.25	0.03	0.98
76092 .....	TC	Mammogram, screening .....	0.00	1.22	0.06	1.28
G0236 .....		Computer aided detect, diag .....	0.06	0.41	0.02	0.49
G0236 .....	26	Computer aided detect, diag .....	0.06	0.02	0.01	0.09
G0236 .....	TC	Computer aided detect, diag .....	0.00	0.39	0.01	0.40
76085 .....		Computer aided detection .....	0.06	0.41	0.02	0.49
76085 .....	26	Computer aided detection .....	0.06	0.02	0.01	0.09
76085 .....	TC	Computer aided detection .....	0.00	0.39	0.01	0.40

<sup>1</sup> CPT codes and descriptions only are copyright 2001 American Medical Association.

5. On page 55274, column two, in the second sentence of the response replace "compared to the key components of a level III evaluation and management (CPT code 99213)" with the following "compared to the key components of an evaluation and management service (CPT code 99213).

6. On page 55287, the footnote for table 4 is revised to reference the correct copyright date and should read as follows "CPT codes and descriptions

only are copyright 2001 American Medical Association."

7. On page 55291 in column one and column two after the discussions summarizing what was in the proposed notice and before the Comment discussion for CPT codes 43259 and 43263, 43265, and 43269 add the following sentence "We disagreed and proposed to maintain the current RVUs."

8. On page 55295, the footnote for table 5 is revised to reference the correct copyright date and should read as follows "CPT codes and descriptions only are copyright 2001 American Medical Association."

9. On page 55304, add the following information concerning CPT code 90474 in Table 6 between CPT code 90473 and CPT code 90939:

*CPT Code	Mod	Description	RUC recommendation	HCPAC recommendation	CMS Decision	2002 work RVU
90474# .....		Immune admin oral/nasal addl .....	0.15	.....	Disagree .....	0.00

10. On page 55305, the last footnote for table 6 and the two footnotes for

table 7 are revised to reference the correct copyright date and should read

as follows "CPT codes and descriptions

only are copyright 2001 American Medical Association.”

11. On page 55307, in the discussion of new and revised codes, language was inadvertently omitted from our discussion of CPT code 53853. Replace existing language beginning at first paragraph in column three (“We note \* \* \*”) and the table in the middle of the page with the following:

We note that although the intraservice time for CPT code 53853 is sixty

minutes, most of that time is spent monitoring the flow of hot water through a catheter and balloon and checking the water’s temperature. We estimate that the maximum amount of time spent on activities other than monitoring is 20 minutes. This means that the work intensity for the intraservice portion of this procedure is significantly less than it is for most other surgical procedures and,

specifically, the reference codes examined by the RUC. Therefore we compared CPT code 53853 to 90-day global procedures with less than 30 minutes of intraservice time and to zero-day globals involving insertion of catheters with similar intraservice times. For these reasons we compared CPT code 58350 to the following procedures:

CPT <sup>1</sup> Code	Global period	Work RVU	Intraservice time (minutes)	Pre/post service time
53853 Transurethral destruction of prostate tissue; by water induced thermotherapy.	90	RUC–6.41 ..... CMS assigned RVU–4.14. 3.38 .....	60	113 (see below)
30130 Excision turbinate, partial or complete, any method.	90	3.38 .....	27	78
36520 Therapeutic Apheresis; plasma and/or cell exchange.	000	1.74 .....	60	40
42826 Tonsillectomy, primary or secondary; age 12 or over.	90	3.38 .....	28	82
46045 Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia.	90	4.32 .....	25	206
49420 intraperitoneal cannula or catheter for drainage or dialysis; temporary.	000	2.22 .....	48	39
46946 Ligation of internal hemorrhoids; multiple procedures.	90	3.0 .....	25	75
53675 Catheterization, urethra; complicated (may include difficult removal of balloon catheter).	000	1.47 .....	30	26
58800 Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach.	90	4.14 .....	23	100
61105 Twist burr hole for subdural or ventricular puncture.	90	5.14 .....	27	97
65810 Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discussion of anterior hyaloid membrane, with or without air injection.	90	4.87 .....	28	104
67031 Severing of vitreous strands, vitreous face adhesions, sheets, membranes, or opacities, laser surgery (one or more stages).	90	3.67 .....	26	79

<sup>1</sup> CPT codes and descriptions only are copyright 2001 American Medical Association.

**Additions and Deletions to the Physician Self-Referral Codes**

12. On page 55312, Table 8—“Additions and Deletions to the Physician Self-Referral Codes” is amended as follows and is shown below:

a. Under the subheading “Additions,” by removing the periods after every entry; by removing spaces between words in the description of HCPCS codes G0202, G0204 and G0206; by adding in alphanumeric order the codes “G0242 Multisource photon ster plan” and “G0243 Multisour photon stereo treat”; and by removing code “Q3018 Hepatitis B vaccine.”

b. Under the subheading “Deletions,” by removing the three entries under the subheading; and by adding the codes “76390 MR spectroscopy” and “G0188 Xray lwr extrmty-full lngth.”

c. By revising the footnote to read “CPT codes and descriptions only are copyright 2001 American Medical Association. All rights are reserved and applicable FARS/DFARS clauses apply.”

TABLE 8.—ADDITIONS AND DELETIONS TO THE PHYSICIAN SELF-REFERRAL CODES

Codes	Description
<b>Additions CPT<sup>1</sup> or HCPCS Codes:</b>	
76085 ..	Computer mammogram add-on
77301 ..	Radioltherapy dos plan, imrt
77418 ..	Radiation tx delivery, imrt
92974 ..	Cath place, cardio brachytx
96000 ..	Motion analysis, video/3d
96001 ..	Motion test w/ft press meas
96002 ..	Dynamic surface emg
96003 ..	Dynamic fine wire emg
G0202	Screeningmammographydigital
G0204	Diagnosticmammographydigital

TABLE 8.—ADDITIONS AND DELETIONS TO THE PHYSICIAN SELF-REFERRAL CODES—Continued

Codes	Description
G0206	Diagnosticmammographydigital
G0236	Digital film convert diag ma
G0242	Multisource photon ster plan
G0243	Multisour photon stereo treat
J1270 ..	Injection, doxercalciferol
J1755 ..	Injection, iron sucrose
<b>Deletions: CPT<sup>1</sup> or HCPCS Codes:</b>	
76390 ..	MR spectroscopy
G0188	Xray lwr extrmty-full lngth

<sup>1</sup> CPT codes and descriptions only are copyright 2001 American Medical Association. All rights are reserved and applicable FARS/DFARS clauses apply.

13. On page 55312 in the second column, the first paragraph is amended by revising the third sentence to read as follows: “Table 8 also includes 2 codes

(G0202 and 76085) that we have identified as screening tests.”

14. On page 55329, 42 CFR 410.26(a)(3) is revised to read:

(a) \* \* \*  
 (3) Independent contractor means an individual (or an entity that has hired such an individual) who performs part-time or full-time work for which the individual (or the entity that has hired such an individual) receives an IRS-1099 form.

\* \* \* \* \*

15. On page 55331, 42 CFR 410.134(d)(ii) the word “dietician” is revised to read “dietitian”.

16. On page 55333 in Addendum B, in column three add the following after the entry for status indicator “E”:

\* \* \* \* \*

F = Deleted/discontinued codes. (Code not subject to a 90-day grace period).

\* \* \* \* \*

17. On page 55334 in Addendum B, in the first and second columns of the key describing Addenda B and C descriptions for the columns for practice expense RVUs (items 6 and 7) and totals (items 9 and 10) do not agree with the layout of the addenda. These descriptions are corrected as follows:

\* \* \* \* \*

6. *Non-facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for non-facility settings.

7. *Facility practice expense RVUs.* These are the fully implemented

resource-based practice expense RVUs for facility settings.

\* \* \* \* \*

9. *Non-facility total.* This is the sum of the work, fully implemented non-facility practice expense, and malpractice expense RVUs.

10. *Facility total.* This is the sum of the work, fully implemented facility practice expense, and malpractice expense RVUs.

\* \* \* \* \*

**IV. Addenda B and C [Corrected]**

In the Tables of Addenda B and C the following HCPCS codes are corrected to read as follows:

INSERT EXCEL TABLES HERE FOR ADDENDA B and C corrections FILE: CN1169rev130.xls

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

CPT <sup>1</sup> HCPCS2	MOD	Status	Description	Physi- cian Work RVUs	Fully imple- mented non-fa- cility PE RVUs	Fully imple- mented facility PE RVUs	Mal- prac- tice RVUs	Fully imple- mented non-fa- cility total	Fully imple- mented facility total	Global	
10021	.....	26	H	Fna w/o image .....	1.27	0.55	0.55	0.07	1.89	1.89	XXX
10021	.....	TC	H	Fna w/o image .....	0.00	0.47	NA	0.03	0.50	NA	XXX
10022	.....	26	H	Fna w/ image .....	1.27	0.48	0.48	0.05	1.80	1.80	XXX
10022	.....	TC	H	Fna w/ image .....	0.00	0.63	NA	0.03	0.66	NA	XXX
93613	.....	26	H	Electrophys map, 3d, add-on .....	7.00	2.79	2.79	0.52	10.31	10.31	XXX
93613	.....	TC	H	Electrophys map, 3d, add-on .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4263	.....		B	Permanent tear duct plug .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329	.....		F	External catheter start set .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550	.....		B	Surgical trays .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064	.....		F	Drain ostomy pouch w/ceplite .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074	.....		F	Urinary pouch w/faceplate .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075	.....		F	Urinary pouch on faceplate .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0025	.....		B	Collagen skin test kit .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0126	.....		F	Lung image (PET) staging .....	0.00	0.00	NA	0.00	0.00	NA	XXX
G0126	.....	26	F	Lung image (PET) staging .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0126	.....	TC	F	Lung image (PET) staging .....	0.00	0.00	NA	0.00	0.00	NA	XXX
G0163	.....		F	Pet for rec of colorectal ca .....	0.00	0.00	NA	0.00	0.00	NA	XXX
G0163	.....	26	F	Pet for rec of colorectal ca .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0163	.....	TC	F	Pet for rec of colorectal ca .....	0.00	0.00	NA	0.00	0.00	NA	XXX
G0164	.....		F	Pet for lymphoma staging .....	0.00	0.00	NA	0.00	0.00	NA	XXX
G0164	.....	26	F	Pet for lymphoma staging .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0164	.....	TC	F	Pet for lymphoma staging .....	0.00	0.00	NA	0.00	0.00	NA	XXX
G0165	.....		F	Pet, rec melanoma/met ca .....	0.00	0.00	NA	0.00	0.00	NA	XXX
G0165	.....	26	F	Pet, rec melanoma/met ca .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0165	.....	TC	F	Pet, rec melanoma/met ca .....	0.00	0.00	NA	0.00	0.00	NA	XXX
G0203	.....		F	Screenmamammographyfilmdigital .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0205	.....		F	Diagnostic mammography filmpro .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0205	.....	26	F	Diagnostic mammographyfilmpro .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0205	.....	TC	F	Diagnostic mammographyfilmpro .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0207	.....		F	Diagnostic mammographyfilm .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0207	.....	26	F	Diagnostic mammographyfilm .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0207	.....	TC	F	Diagnostic mammographyfilm .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7193	.....		X	Factor IX non-recombinant .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7195	.....		X	Factor IX recombinant .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7198	.....		X	Anti-inhibitor .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7199	.....		X	Hemophilia clot factor noc .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0187	.....		X	Factor via recombinant .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3014	.....		X	Telehealth facility fee .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3017	.....		X	ALS assessment .....	0.00	0.00	0.00	0.00	0.00	0.00	XXX

19. In the Table of Addendum B the following HCPCS codes are corrected to read as follows:

CPT <sup>1</sup> HCPCS2	MOD	Status	Description	Physi- cian Work RVUs	Fully imple- mented non-fa- cility PE RVUs	Fully imple- mented facility PE RVUs	Mal- prac- tice RVUs	Fully imple- mented non-fa- cility total	Fully imple- mented facility total	Global
92597 .....		.....	Oral speech device eval .....	+1.35	1.49	0.54	0.05	2.89	1.94	XXX
92598 .....		.....	Modify oral speech device .....	+0.99	0.76	0.40	0.04	1.79	1.43	XXX
99375 .....		.....	Home health care supervision .....	+1.73	1.57	NA	0.06	3.36	NA	XXX
99378 .....		.....	Hospice care supervision .....	+1.73	1.97	NA	0.06	3.76	NA	XXX

20. In the Table of Addendum B the following HCPCS codes are corrected to read as follows:

CPT <sup>1</sup> HCPCS2	MOD	Status	Description	Physi- cian Work RVUs	Fully imple- mented non-fa- cility PE RVUs	Fully imple- mented facility PE RVUs	Mal- prac- tice RVUs	Fully imple- mented non-fa- cility total	Fully imple- mented facility total	Global
76390 .....		N	Mr spectroscopy .....	1.40	11.14	NA	0.55	13.09	NA	XXX
76390 .....	26	N	Mr spectroscopy .....	1.40	0.50	0.50	0.06	1.96	1.96	XXX
76390 .....	TC	N	Mr spectroscopy .....	0.00	10.64	NA	0.49	11.13	NA	XXX
90887 .....		N	Consultation with family .....	+1.48	0.83	0.59	0.03	2.34	2.10	XXX

21. In the Table of Addendum B the following HCPCS codes are corrected to read as follows:

CPT <sup>1</sup> HCPCS2	MOD	Status	Description	Physi- cian Work RVUs	Fully imple- mented non-fa- cility PE RVUs	Fully imple- mented facility PE RVUs	Mal- prac- tice RVUs	Fully imple- mented non-fa- cility total	Fully imple- mented facility total	Global
36533 .....		A	insertion of access device .....	5.32	15.34	3.50	0.49	21.15	9.31	000

22. In the Tables of Addendum B and C the following CPT codes are corrected to read as follows:

CPT <sup>1</sup> HCPCS2	MOD	Status	Description	Physi- cian Work RVUs	Fully imple- mented non-fa- cility PE RVUs	Fully imple- mented facility PE RVUs	Mal- prac- tice RVUs	Fully imple- mented non-fa- cility total	Fully imple- mented facility total	Global
76085 .....		A	Computer mammogram add-on .....	0.06	0.41	NA	0.02	0.49	NA	ZZZ
76085 .....	TC	A	Computer mammogram add-on .....	0.00	0.39	NA	0.01	0.40	NA	ZZZ

23. In the Tables of Addendum B and C the following CPT codes are corrected to read as follows:

CPT <sup>1</sup> HCPCS2	MOD	Status	Description	Physi- cian Work RVUs	Fully imple- mented non-fa- cility PE RVUs	Fully imple- mented facility PE RVUs	Mal- prac- tice RVUs	Fully imple- mented non-fa- cility total	Fully imple- mented facility total	Global
93025 .....		A	Microvolt t-wave assess .....	0.75	6.51	NA	0.11	7.37	NA	XXX
93025 .....	26	A	Microvolt t-wave assess .....	0.75	0.32	0.32	0.02	1.09	1.09	XXX
93025 .....	TC	A	Microvolt t-wave assess .....	0.00	6.19	NA	0.09	6.28	NA	XXX

24. In the Tables of Addenda B and C the following CPT codes are corrected to read as follows:

CPT <sup>1</sup> HCPCS2	MOD	Sta- tus	Description	Physi- cian work RVUs	Fully imple- mented non-fa- cility PE RVUs	Fully imple- mented facility PE RVUs	Mal- prac- tice RVUs	Fully imple- mented non-fa- cility total	Fully imple- mented facility total	Global
93613 .....		C	Electrophys map, 3d, add-on .....	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93662 .....	TC	C	Intracardiac ecg (ice) .....	0.00	0.00	NA	0.00	0.00	NA	ZZZ



**V. Addendum E [Corrected]**

28. In the table of Addendum E, the following HCPCS codes for Radiation Therapy Services and Supplies are added immediately following HCPCS code 92974 and the following HCPCS codes for Preventive Screening Tests, Immunizations and Vaccines are added immediately following HCPCS code 90732:

**RADIATION THERAPY SERVICES AND SUPPLIES**

G0242	Multisource photon stero plan.
G0243	Multisource photon stero treat.

**PREVENTIVE SCREENING TESTS, IMMUNIZATIONS AND VACCINES**

90744 ..	Hep b vacc ped/adol 3 dose im.
90746 ..	Hep b vaccine, adult im.
90747 ..	Hep b vacc, ill pat 4 dose im.

29. In the table of Addendum E, the following HCPCS codes are removed:

**RADIOLOGY**

76390 ..	MR spectroscopy.
G0188	Xray lwr extrmty-full lngth.

**PREVENTIVE SCREENING TESTS, IMMUNIZATIONS AND VACCINES**

Q3018	Hepatitis B vaccine.
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**VI. Waiver of Proposed Rulemaking**

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 take effect. We can waive this procedure, however, if we find good cause that notice and comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporate a statement of the finding and the reasons for it into the notice issued.

We find it unnecessary to undertake notice and comment rulemaking because this document merely provides technical corrections to the regulations. Therefore, we find good cause, we waive notice and comment procedures.

**Authority:** (Catalog of Federal Domestic Assistance Program No. 93.774, Medicare-Supplementary Medical Insurance Program)

Dated: April 11, 2002.

**Ann C. Agnew,**

*Executive Secretary to the Department.*

[FR Doc. 02-9395 Filed 4-25-02; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF DEFENSE****48 CFR Parts 208 and 210**

**[DFARS Case 2002-D003]**

**Defense Federal Acquisition Regulation Supplement; Competition Requirements for Purchases From a Required Source**

**AGENCY:** Department of Defense (DoD).

**ACTION:** Interim rule with request for comments.

**SUMMARY:** DoD has issued an interim rule amending the Defense Federal Acquisition Regulation Supplement (DFARS) to implement Section 811 of the Fiscal Year 2002 National Defense Authorization Act. Section 811 requires DoD to conduct market research before purchasing a product listed in the Federal Prison Industries (FPI) catalog, to determine whether the FPI product is comparable in price, quality, and time of delivery to products available from the private sector.

**DATES:** Effective date: April 26, 2002.

Comment date: Comments on the interim rule should be submitted to the address shown below on or before June 25, 2002, to be considered in the formation of the final rule.

**ADDRESSES:** Respondents may submit comments directly on the World Wide Web at <http://emissary.acq.osd.mil/dar/dfars.nsf/pubcomm>. As an alternative, respondents may e-mail comments to: [dfars@acq.osd.mil](mailto:dfars@acq.osd.mil). Please cite DFARS Case 2002-D003 in the subject line of e-mailed comments.

Respondents that cannot submit comments using either of the above methods may submit comments to: Defense Acquisition Regulations Council, Attn: Ms. Susan Schneider, OUSD(AT&L)DP(DAR), IMD 3C132, 3062 Defense Pentagon, Washington, DC 20301-3062; facsimile (703) 602-0350. Please cite DFARS Case 2002-D003.

As a test, public comments will be posted on the World Wide Web as they are received. Interested parties may view the public comments at <http://emissary.acq.osd.mil/dar/dfars.nsf>.

**FOR FURTHER INFORMATION CONTACT:** Ms. Susan Schneider, (703) 602-0326.

**SUPPLEMENTARY INFORMATION:**

**A. Background**

This interim rule amends the DFARS to implement Section 811 of the Fiscal Year 2002 National Defense Authorization Act (Public Law 107-107). Section 811 requires DoD to conduct market research before purchasing a product listed in the FPI catalog, to determine whether the FPI

product is comparable in price, quality, and time of delivery to products available from the private sector. If the FPI product is not comparable, DoD must use competitive procedures to acquire the product. In conducting such a competition, DoD must consider a timely offer from FPI for award in accordance with the specifications and evaluation factors in the solicitation.

This rule was subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

**B. Regulatory Flexibility Act**

This rule may have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, et seq., because the rule will permit small entities to compete with FPI for DoD contract awards under certain conditions. An initial regulatory flexibility analysis has been prepared and is summarized as follows: This interim rule amends DoD policy pertaining to the acquisition of products from FPI. The rule implements new statutory requirements. The impact of the rule is unknown at this time. However, the rule could benefit small business concerns that offer products comparable to those listed in the FPI catalog, by permitting those concerns to compete for DoD contract awards.

A copy of the analysis may be obtained from the point of contact specified herein. DoD invites comments from small businesses and other interested parties. DoD also will consider comments from small entities concerning the affected DFARS subparts in accordance with 5 U.S.C. 610. Such comments should be submitted separately and should cite DFARS Case 2002-D003.

**C. Paperwork Reduction Act**

The Paperwork Reduction Act does not apply because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, et seq.

**D. Determination To Issue an Interim Rule**

A determination has been made under the authority of the Secretary of Defense that urgent and compelling reasons exist to publish an interim rule prior to affording the public an opportunity to comment. This interim rule implements Section 811 of the Fiscal Year 2002 National Defense Authorization Act (Public Law 107-107). Section 811 requires DoD to conduct market research before purchasing a product